

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 (caring for a younger sibling, doing household tasks, or "looking after" a parent)
- Lack of energy or being very passive
- Frequently unaddressed physical or medical needs (hair, teeth, eyes, ears)
- Irregular school attendance
- Lack of interest in the surrounding sights, sounds, or people
- Refusing to participate in physical activities or dress appropriately for them
- Frequently exhibiting aggressive, angry or hostile behaviour toward others
- Bullying
- Extreme watchfulness
- Wariness of parents' reactions
- Startled abnormally by loud noises or voices
- Physical complaints with no medical basis (headache, nausea, pain, muscle twitches, stomach-aches)
- 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 for which the explanations don't match the injuries
- Bruises or burns that leave a pattern in the outline of 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 his or her age
- A child who behaves sexually around adults or other children
- 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're unsure what you have observed is abuse, consult your local child abuse prevention agency.

Classroom complications

A 1994 study of 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 acting on them. It was found that while teachers had received information on reporting laws 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 talk with a child who might be abused.

Children who live in a threatening environment may become aggressive in other situations, where their fear is outwardly expressed as anger. They may exhibit behaviours such as:

- Defiance
- Impulsive actions
- Angry outbursts

- Acting bossy or pushy
- Bullying or hurting others (not limited to 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”
- Withdraw into a 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 they experience this trauma, the more likely it will affect their future behaviour. Preschoolers exposed to neglect, abuse or violence may exhibit the following symptoms:

- Being anxious and fearful in a way which limits 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, lacking energy
- Becoming unresponsive to others; losing curiosity about the sights and sounds around them
- Regressing to behaviours more typical of younger toddlers
- Becoming more dependent on caregivers outside their home, as a result of an unstable home life

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, she may be copying behaviours she sees at home. Even if she’s not, strangulation is still extremely dangerous, and may result in accidental death, in which case the supervisor is liable. Don’t minimize these behaviours!

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 on the object. However, if the injury has the shape of a hand, paddle, cord, spoon, shoe, or pan, it is unlikely that a child ran into or fell on such objects. Impact marks from falling on toys will mirror the shape of the toy edge that contacted 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 genitals are areas most likely to be injured by caregivers.

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

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

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 much sexual behaviour exhibited by children is neither age inappropriate or abusive. In fact, sexual behaviours of various forms are exhibited by children of all ages.

Behaviours commonly exhibited by young non-abused children include walking around in underwear, scratching their groins, touching their own genitals at home, or undressing in front of others.

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. It is

important to note, however, that as children grow older and gain a greater understanding of societal norms concerning sexuality, the public display of sexual behaviour naturally diminishes. Normal, expected sexual behaviour in children:

- 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 each other in adult-like sexual interactions, particularly when there is a significant difference in the children's ages, when either child uses any type of coercion or force, or both. Problematic sexual behaviour:

- Is forced, coerced, or aggressive
- 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 a child's sexual behaviour has been observed in different settings, by different caregivers, and seems 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 like 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.

Here 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 comes to class with bruises on her back. Discussion with the child reveals 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 tells 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 doesn't 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. No parenting practice should supersede a professional's legal and ethical obligation to ensure the safety of a child. It is essential that all professionals respond by reporting suspected child endangerment, regardless of the ethnic or cultural background of the family. It is Child Protection's responsibility to determine appropriate psycho-educational services, therapeutic services, or other responses, not the educator's responsibility.

The question that must be answered: Is the child at risk for potential or actual physical, sexual, or emotional harm, neglect, or both?

Signs of Child Abuse & Neglect

(The following information is adapted from *Child Abuse: Awareness Information for People in the Workplace*, Health Canada, 1995. Creative Commons copyright may not apply.)

Signs of Physical Abuse

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. Signs of physical abuse may include:

- Bruises, welts or abrasions, especially to the head or face
- Burns, especially in patterns or lines, small, circular burns, rope burns
- Fractures and dislocations, especially in children under two years
- Delays in seeking medical attention

Signs of Neglect

Neglect may best be identified by looking at the overall emotional and physical well-being of a child. Does the child often appear unkempt and uncared for? Signs of neglect may include:

- Inadequate clothing for the weather
- Children who often appear hungry, listless, and tired
- Frequently unattended physical or medical needs (hair, teeth, eyes, ears)
- Inadequate supervision or child care arrangements that place the child at risk
- Irregular attendance at school

Signs of Sexual Abuse

Sexual abuse may leave no physical signs at all, but four main areas of a child's body may show signs of sexual abuse: the vagina, the penis, the anus, and the mouth. Sexual abuse is difficult to identify because children often are abused by a parent, relative, or caregiver who has threatened the child into "keeping the secret." Signs of sexual abuse may include:

- Bruising, sores, or injuries to the genital area
- Detailed knowledge of sexual behaviour inappropriate to the child's age
- Acting out sexual behaviour during play
- Venereal disease
- Anxiety, hopelessness, depression
- Self-mutilation
- Drug and alcohol abuse
- Running away from home
- Promiscuity, prostitution
- Pregnancy
- Suicidal behaviours

Signs of Emotional Abuse

Emotional abuse destroys a child's self-image. Keep in mind that emotional abuse may accompany other forms of abuse, including sexual or physical abuse or neglect. Emotional abuse includes clusters of both physical and behavioural symptoms and occurs over a period of time. However, some of the following signs may also be an indication of other kinds of upset in a child's life, such as loss of a pet, illness, or death in the family. Signs of emotional abuse may include:

- Sleep disturbances
- Physical complaints with no medical basis (headache, nausea, pain, muscle twitches, stomach-aches)
- Behaviour inappropriate to age (acting younger or older than their stage of development)
- Acting out behaviour (aggressive or out-of-control)
- Overly compliant behaviour (anxious to please)
- Low self-esteem
- Depression or suicide attempts

Responding to a Disclosure

- Listen to the child as openly, calmly, and quietly as you can.
- Don't make promises you can't keep.
- Tell the child:
 - That you believe them;
 - That you are glad they told you;
 - That it is not their fault;
 - That you will do your best to find help;
 - That you cannot keep this information a secret (it is the law that this information must be reported).
- Immediately report the disclosure to local child protection services.



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