

Identifying Child Abuse and Neglect: The Child

Although some forms of abuse and neglect are more difficult to detect than others, there always are signs - clues - which, singly or together, suggest that a child might be in need of help. Two types of clues are usually given by an abused or neglected child.

- * **Physical Indicators:** These clues are the easiest to detect and diagnose. Aspects of the child's appearance and the presence of bodily injury are physical indicators.
- * **Behavioral Indicators:** Often children will send messages through their behavior which suggest the occurrence of abuse or neglect. These clues may be a form of "acting out" behaviors or behaviors which reflect the child's attempt to cope with or hide the abuse or neglect. Behavioral indicators are more difficult to detect and interpret than physical indicators.

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**
 - 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**
 - 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**
 - lacerations, abrasions, welts, scars, human bite marks, pinch marks
 - missing, chipped, or loosened teeth, tearing of the gum tissue, lips, tongue, and skin surrounding the mouth

- loss of hair/bald spots
- broken eardrum
- retinal hemorrhage
- abdominal injuries

CLUES TO RECOGNIZING PHYSICAL ABUSE - BEHAVIORAL INDICATORS

- * Behavioral extremes (withdrawal, aggression, regression)
- * Inappropriate or excessive fear of parent or caretaker
- * Unusual shyness, wariness of physical contact
- * Antisocial behavior, such as substance abuse, truancy, 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 thumbsucking, bedwetting, fear of the dark, or reattachment to a favorite toy
- sudden changes in behavior
- promiscuity or seductive behavior
- aggression or delinquency
- truancy or chronic running away

Identifying Child Abuse and Neglect: The Abuser

What we know about ourselves and our behavior tells us that any of us might abuse or neglect our children. Many of us have felt at times that life is more than we can handle. What stops us from giving up or lashing out are skills and mechanisms we have learned to control or divert our anger, accept and assume adult responsibility, recognize realistic boundaries of acceptable behavior and expectation, and seek and accept help and support. When adults are faced with a situation which requires the use of coping skills that have not been developed, child abuse and neglect often results.

Although this explanation is oversimplified, it does help us understand how abuse and neglect can occur. It also explains the term "cycle of abuse and neglect." Children learn from their parents. A child who has been raised in a home where violence is an accepted response to frustration will as an adult tend to react violently. The skills necessary for controlling anger or frustration are never learned. What is learned is violence.

In the same way, a parent who lacks self-esteem or maturity cannot instill these characteristics within his child. Without significant outside influences, the child is likely to become an adult who perceives himself and life in the same manner as his parent does. This is the cycle of child abuse and neglect: **adults tend to repeat the actions and attitudes which they learn as children.**

We can identify many skills as essential for good parenting and use them to identify families who may be experiencing problems of abuse or neglect. Frequently, adults who abuse or neglect children share characteristics which reflect their failure to learn these skills. We must remember, however, that child abuse and neglect is a multifaceted problem created through a mix of many ingredients, each unique and as complex as the individuals involved. An indicator of abuse and neglect is a clue to a child's possible need. As with any clue, it is only a small piece which must be fitted into a larger picture.

Adults who abuse or neglect children usually will share several of the following general characteristics:

ISOLATION: Adults who abuse or neglect children often do not have support from family, friends, neighbors, or groups. They are isolated physically and emotionally and may discourage social contact; they rarely participate in school or community activities.

POOR SELF-CONCEPT: Many of these adults perceive themselves as bad, worthless, or unlovable. Children of parents with a poor self-concept often are regarded by their parents as deserving of abuse or neglect, because they see their children as reflections of themselves. They view abuse and neglect as behavior that is expected of them.

IMMATURITY: This characteristic may be reflected in many ways: impulsive behavior; using the child to meet the adult's own emotional or physical needs; a constant craving for change and excitement.

LACK OF PARENTING KNOWLEDGE: Many times, abuse or neglect results because the adult does not understand the child's developmental needs. Society expects people to know the rights and wrongs of parenthood, but parenthood is a complex and difficult job. Abusive parents are often strict disciplin-

arians who are frustrated from unmet expectations. These parents tend to place unrealistic demands upon their children, and view their child's inability to perform as willful, deliberate disobedience.

SUBSTANCE ABUSE: It has not been clearly established whether substance abuse is a causative or a resulting factor. However, studies consistently have shown a correlation between the misuse of drugs or alcohol and the occurrence of abuse and neglect.

LACK OF INTERPERSONAL SKILLS: The abusive or neglectful adult often has not learned to interact with people. How to form relationships, socialize, and work together are skills we learn in childhood.

UNMET EMOTIONAL NEEDS: Often, the abusive or neglectful parent has not had met the basic emotional needs which we all share - warmth, support, love. Unable to provide the child with these feelings which let us grow and mature, they will, instead, seek fulfillment from the child.

IN THE FAMILY WHERE PHYSICAL ABUSE IS OCCURRING, THE ABUSIVE ADULT MAY:

- * have unrealistically high standards and expectations for himself/his children
- * be rigid or compulsive
- * be hostile and aggressive
- * be impulsive with poor emotional control
- * be authoritative and demanding
- * fear or resent authority
- * lack control or fear losing control
- * be cruel or sadistic
- * be irrational
- * be incapable of child rearing
- * trust no one
- * believe in the necessity of harsh physical discipline
- * accept violence as a viable means of problem resolution
- * have an undue fear of spoiling the child
- * consistently react to the child with impatience or annoyance
- * be overcritical of the child and seldom discuss the child in positive terms
- * lack understanding of the child's physical and emotional needs
- * lack understanding of the child's developmental capabilities
- * be reluctant or unable to explain the child's injuries or condition or give explanations which are farfetched or inconsistent with the injury
- * over- or underreact to the child's injury

- * avoid contact with the child, seldom touching, holding, or carressing him
- * avoid looking or smiling at the child
- * be overly strict or rigid
- * torture the child
- * physically abuse or neglect the child
- * have been abused or neglected himself

IN THE FAMILY WHERE NEGLECT IS OCCURRING, THE NEGLECTING ADULT MAY:

- * be apathetic
- * have a constant craving for excitement and change
- * express dissatisfaction with his life
- * express desire to be free of the demands of the child
- * lack interest in the child's activities
- * have a low acceptance of the child's dependency needs
- * be generally unskilled as a parent
- * have little planning or organizational skills
- * frequently appear unkempt
- * perceive the child as a burden or bother
- * be occupied more with his problems than he is with the child's
- * be overcritical of the child and seldom discuss him in positive terms
- * have unrealistic expectations of the child, expecting or demanding behavior beyond the child's years or abilities
- * seldom touch or look at the child
- * ignore the child's crying or react with impatience
- * keep the child confined, perhaps in a crib or playpen, for long periods
- * be hard to locate
- * lack understanding of the child's physical or emotional needs
- * be sad or moody
- * fit the clinical description "passive and dependent"
- * lack understanding of the child's developmental capabilities
- * fail to keep appointments and return phone calls
- * have been neglected himself

- * not consent to diagnostic studies of the child
- * have the child treated by a different hospital or physician each time the child needs medical attention
- * fail to keep appointments
- * perceive himself as alone, without friends or support
- * view seeking or accepting help as a weakness
- * be under pressure
- * have an emotionally dependent spouse
- * be engaged in a dominant-passive marital relationship
- * have been physically abused himself

IN THE FAMILY WHERE SEXUAL ABUSE IS OCCURRING, THE ABUSIVE ADULT MAY:

- * be overly protective of the child
- * refuse to allow the child to participate in social activities
- * be jealous of the child's friends or activities
- * accuse the child of promiscuity
- * distrust the child
- * have marital problems
- * need to be in control or fear losing control
- * be domineering, rigid, or authoritarian
- * favor a "special" child in the family
- * have been sexually abused himself

IN THE FAMILY WHERE EMOTIONAL MALTREATMENT IS OCCURRING, THE MALTREATING ADULT MAY:

- * act irrationally or appear to be out of touch with reality
- * be deeply depressed
- * exhibit extreme mood swings
- * constantly belittle the child or describe the child in terms such as "bad," "different" or "stupid"
- * be cruel or sadistic
- * be ambivalent towards the child
- * expect behavior that is inappropriate to the child's age or developmental capabilities
- * consistently shame the child
- * threaten the child with the withdrawal of love, food, shelter, or clothing
- * consistently threaten the child's health or safety
- * reject the child or discriminate among children in the family
- * be involved in criminal activities
- * use bizarre or extreme methods of punishment

CLUES TO RECOGNIZING NEGLECT

Indicators of neglect must be considered in light of the parent's cultural mores and financial ability to provide. Poverty is not 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 dressed 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

- chronic uncleanliness or poor hygiene, including lice, scabies, severe or untreated diaper rash, bedsores, body odor
- squinting
- unsuitable clothing; missing key articles of clothing such as underwear, socks, shoes, or coat; or overdressed in hot weather
- 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

Behavioral Indicators

- unusual school attendance, such as frequent or chronic absence, lateness, coming to school early or leaving late
- chronic hunger, tiredness, or lethargy
- begging or collecting leftovers
- substance abuse
- assuming adult responsibilities
- reporting no caretaker in home
- vandalism or delinquency

- prostitution
- substance abuse
- difficulty in walking or sitting
- reluctance to participate in recreational activity
- in young children, preoccupation with his sexual organs, his parents', or other children's
- 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

* **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 stomachaches

* **Behavioral Indicators**

- habit disorders, such as biting, rocking, head banging
- regressive behaviors, such as thumbsucking, "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
- firesetting
- age-inappropriate behavior
- loss of touch with reality, frequent daydreaming, hallucinating, over-fantasizing
- behavioral extremes: overly compliant-demanding; withdrawn-aggressive; listless-excitabile