

Detecting Child Abuse and Neglect

POINTS TO REMEMBER

- ❑ Although Ohio law permits corporal punishment in the home, school, and institution, **excessive physical discipline is abuse**. It is difficult to define “excessive,” but there are guidelines you can use. Physical discipline probably is excessive if:
 - ✓ it results in physical injury, including bruises
 - ✓ it is inconsistent, arbitrary punishment designed not to educate, but to instill fear
 - ✓ the caretaker loses control during discipline
 - ✓ it is inappropriate to the age of the child
 - ✓ it is the result of unreasonable expectations or demands on the child by the caretaker
- ❑ **The child is always the victim.**
- ❑ **A perpetrator of child abuse or neglect can be any person** who has care, custody, or control of the child at the relevant time. This could include parent, teacher, babysitter or day care staff person, relative, institution staff person, bus driver, playground attendant, caretaker, boy/girlfriend, or anyone with whom the child has contact. There also are instances when the parent or regular caretaker can be held responsible for abuse or neglect perpetrated by another; for example, when a parent allows the spouse to physically abuse their child, or when a child is left in inappropriate care and subsequently suffers abuse or neglect.
- ❑ **There are no simple answers.** Abuse or neglect rarely occurs in clear, simple, and specific terms. Abuse or neglect usually results from complex combinations of a range of human and situational factors.



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 or 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 child 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 that 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 that 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 child abuse and neglect is a clue to a child's possible need. As with any clue, it is only a small piece that must be fitted into a larger picture.

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

ISOLATION

A shoulder to cry on and a friend to lean on are things most of us need. Adults who abuse or neglect children often do not have this support. They are isolated physically and emotionally from family, friends, neighbors, and organized groups. They may discourage social contact, and rarely will 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 often are strict disciplinarians 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 and love. Unable to provide the child with these feelings which let us grow and mature, they will, instead, seek fulfillment from the child.

The adult may express these characteristics through different attitudes or actions. Certain adult behaviors and attitudes can be correlated with the occurrence of specific types of abuse or neglect.

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 overly critical 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 under react to the child's injury
- 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 marital problems
- have been physically abused himself/herself

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/herself

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
- avoid contact with the child, seldom touching, holding, or caressing him/her
- 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/her 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/her problems than with the child's
- be overly critical of the child and seldom discuss him/her in positive terms
- have unrealistic expectations of the child, expecting or demanding behavior beyond the child's years or ability
- 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 of time
- 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 telephone calls
- have been neglected himself/herself

THE CHILD

Although some forms of abuse and neglect are more difficult to detect than others, there always are signs or 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 and behavioral indicators.



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 in the 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. It is not your responsibility to use these indicators to determine if a child is being abused or neglected. The child's safety and the serious ramifications of alleged child abuse and neglect make it critical that the determination be made by an experienced and trained professional. You can help by asking for the assistance the child may need. Immediately report any suspicion of child abuse or neglect to your local public children services agency.

Remember that child abuse and neglect involves **people**. Every incident is individual in its causes and effects. There is no blueprint for identifying an abused or neglected child. While any of these clues may occur without cause for alarm, you should be especially alert to frequent repetition or the presence of multiple indicators.

Child maltreatment falls in one or more of four general categories:

- 1) Physical Abuse
- 2) Sexual Abuse
- 3) Emotional Maltreatment
- 4) Neglect

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**

Be especially alert to:

- 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**

Skeletal injuries resulting from physical abuse often include:

- 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**

Injuries resulting from physical abuse often include:

- lacerations, abrasions, welts, scars, human bite or pinch marks
- missing, chipped, or loosened teeth, tearing of the gum tissue, lips, tongue, and skin surrounding the mouth
- loss of hair/bald patches
- broken eardrum
- retinal hemorrhage
- abdominal injuries

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 thumb sucking, 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
- prostitution
- substance abuse
- difficulty in walking or sitting
- reluctance to participate in recreational activity
- in young children, preoccupation with his/her 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 the wearing extra layers of clothes
- sudden avoidance of certain familiar adults or places
- sudden decline in school performance

CLUES TO RECOGNIZING EMOTIONAL MALTREATMENT

Except regarding bizarre and deviant behavior, there is a wide range of opinion of what is emotionally abusive or neglectful. Some argue that spanking is a degrading experience, humiliating to a child, while others regard physical discipline as a necessary parental behavior.

The Model Child Protection Act, developed by the National Center on Child Abuse and Neglect, provides criteria to aid in identifying emotional maltreatment:

- ✓ Emotional maltreatment causes emotional or mental injury.
- ✓ The effect of emotional maltreatment can be observed in the child's abnormal behavior and performance.
- ✓ The effect of emotional maltreatment constitutes a handicap to the child.
- ✓ The effect of emotional maltreatment is lasting rather than temporary.

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 thumb sucking, "baby talk," bedwetting by an older child, wetting or soiling by school-age child
- poor relations with peers
- withdrawal or self-isolation
- cruel behavior, appearing to get pleasure from causing harm to children, adults, or animals; seeming to get pleasure from being mistreated
- substance abuse
- excessive risk taking
- suicide attempts
- severe depression
- prostitution
- delinquency
- fire setting
- age-inappropriate behavior
- loss of touch with reality, frequent daydreaming, hallucinating, extreme fantasies
- behavioral extremes: overly compliant-demanding; withdrawn-aggressive; listless-excitable

CLUES TO RECOGNIZING NEGLECT

Indicators of neglect must be considered in light of the parents' 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 and sufficiently clothed for the weather?
- ✓ clean and practicing good hygiene?
- ✓ receiving necessary medical and dental care?
- ✓ having 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 uncleanness 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
- untreated illness or injury
- 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

(courtesy of the Ohio Department of Job and Family Services)