

Recognition of child abuse

General comments

Children can be harmed either by deliberate acts or by a failure to provide proper care, or both. Children may suffer neglect, emotional, physical or sexual abuse or a combination of such types of abuse.

Neglect and emotional abuse

Neglect and emotional abuse occur when a child's needs for security, love, praise and recognition are unmet. Basic needs such as food, drink and warmth may not be provided.

Physical abuse

It is important that a professional who sees an injury on a child takes careful note of how the injury allegedly happened, including the informant, the date, time, place, sequence of events, nature of injury etc. The assessment of the plausibility of the explanation should be a medical judgement - other professionals should not make this decision.

Although children do have a variety of accidents, the most common types of injury they sustain are usually different from the injuries caused by abuse.

The following situations, in cases of physical injury, should cause concern about the possibility of physical abuse:

- no explanation.
- inappropriate explanation, e.g. description of a minor accident in relation to a major injury
- different explanations given to different enquirers
- parents touchy or defensive, compared with genuine accidents when parents are usually distressed and blame themselves
- delay in seeking treatment
- child states that a particular adult hurt him, or one parent accuses another

The following injuries should cause concern about the possibility of physical abuse, because they are at classic sites or fit recognisable patterns (e.g.: human hand marks, human bite marks).

General

Multiple injuries of various types and ages.

Bruising and skin marks such as:

- black eyes - these cannot be caused by a fall on a flat surface - two black eyes are particularly suspect, especially if the lids are swollen and tender or there is no bruise to the nose or forehead
- bruised ears, sometimes with bleeding
- bruises of upper lip, torn fraenum of upper lip and injuries under the tongue
- bruising around mouth of child (may have finger bruises: up to three or four on one side and one on the other)
- flat hand marks, particularly on cheeks, buttocks and lateral thighs
- bruises on scalp and "bald patches"
- finger bruises on shoulders, upper arms or on the trunks or legs of babies

- linear marks or bruises - often seen on buttocks or backs of thighs
- bruises or weals curving around the body. Sometimes buckle or loop marks noted
- bizarre-shaped bruises with sharp borders, e.g. from hair brush, comb, slipper
- bruises on abdomen - unlikely to be accidental
- ligature and choke marks - red mark or bruising around wrist, ankles or neck (in the latter area may be due to sudden pulls on tee shirt)
- bite mark - two crescent shaped marks or bruises. If more than three centimetres apart they may be caused by an adult or older child
- human nail marks - these show piled up skin at the end of the marks and are unlike abrasion from falls on rough surfaces; they may just be linear bruises.

Approximate age of bruises from their appearance:

Appearance	Age
Swollen, tender	0-2 days
Red, blue, purple	0-5 days
Green	5-7 days
Yellow	7-10 days
Brown	10-14 days or longer
Cleared	2-4 weeks

Burns

- Scalds - glove or stocking scalds to hands and/or feet caused by dunking in water.
- Scalded buttocks - children cannot scald their buttocks accidentally without also scalding their feet and legs.
- Splash marks - look at direction of splash to see if it is compatible with story or might indicate hot liquid being thrown at child.
- Cigarette burns - small circular burns most typically on the back of hands or forearms, seen in clusters and often of different ages.
- Contact burns - child held against heaters, iron, cookers. These will be well-demarcated burns following contours of hot objects.

Bone and joint injuries

These can be caused by direct blows, twists (from swinging a child round by one limb) or throwing against hard objects.

Sexual abuse

Children of all ages, boys and girls, can be victims of sexual abuse. This abuse often comes to light in a veiled way, for children are reluctant to tell. Many kinds of sexual abuse do not leave any signs of physical injury.

Children may try to tell others that they are being sexually abused. They may do this by hinting in words, play or drawings of sexual activities to "test the waters". If the adult response is empathic they may wish to reveal more, but if the response is angry or evasive, they may remain silent and not try again.

If a child exhibits several signs or types of behaviour as listed below, or a pattern emerges of when or how a child exhibits such signs, the possibility of sexual abuse should be considered. However, it must be emphasised that the following behaviours are descriptions of some very common conditions of childhood indicating that the child is distressed. Only rarely will they be caused by sexual abuse.

- sudden change in mood or behaviour
- change in eating patterns: loss of appetite, faddiness or excessive preoccupation with food
- severe sleep disturbance with fears, vivid dreams or nightmares, sometimes with overt or veiled sexual content
- withdrawal and depression, learning failure, mutism, self injury, suicidal attempts
- temper, aggression, disobedience and attention-seeking, anxiety or restless behaviour
- lack of trust in familiar adults
- girl takes over the mothering role in the family whether or not the mother is present
- absconding; requests to leave home.

Sexualised conduct or inappropriate sexual knowledge in children may be due to direct sexual abuse or other forms of sexual abuse, such as from observing others or watching pornographic videos. The following are possible indications of sexual abuse:

- continual open masturbation; aggressive, inappropriate and explicit drawing and sex play
- precocious knowledge of adult sexual behaviour
- a boy or girl who behaves in a sexually precocious way
- inappropriate displays of affection, e.g. parent and child behaving more like lovers
- marked fear of men
- fear of undressing

Some physical conditions may also be indicators of sexual abuse, but not necessarily so:

- difficulty in walking or sitting
- pain on passing water
- recurrent urine infections
- soiling
- recurrent bed wetting
- psychosomatic problems such as recurrent tummy ache or headaches