

207(A) Students AP – Child Abuse Investigation – Appendix A

Recognizing Child Abuse

Understanding what child abuse and neglect are and knowing how to take appropriate action are critical to ensure the safety and well-being of children.

The following are possible indicators of child abuse. While they might indicate abuse, they might also indicate other problems. By themselves, they don't prove abuse but do indicate a need for attention. This list does not cover all factors since each situation is unique. In some situations of apparent abuse, the damage might be the result of an accident.

If you have any doubt, call your local Child and Family Services Authority or delegated First Nations Child and Family Services Agency and discuss the situation with a caseworker without initially providing names. Decide with the caseworker whether to make a report.

Neglect

The *Child, Youth and Family Enhancement Act* states that a child is neglected if the guardian is unable or unwilling to:

- a. provide the child with the necessities of life;
- b. to obtain for the child, or to permit the child to receive, essential medical, surgical or other remedial treatment that is necessary for the health or well-being of the child, or;
- c. to provide the child with adequate care or supervision.

Neglect is not always obvious. It can affect the child's maturation process and can have serious, long-term psychological effects.

Physical Indicators	Behavioural Indicators
has unattended medical or dental	demands constant attention
is underweight, dehydrated	indicates that parents/guardians are rarely home to look after them, has inadequate supervision, is left alone or in the care of another child who is too young.
Physical Indicators	Behavioural Indicators
has poor hygiene	has obvious lack of energy has poor school attendance

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is emaciated or has a distended stomach	expresses persistent hunger
lacks clean or appropriate clothing suitable for the weather	

Physical Abuse

Physical abuse is an intentional, substantial and observable injury to a child.

Children often explain injuries by attributing them to accidents in play or sibling conflict. If you have any doubt, call a caseworker for help in deciding whether to make a report.

Physical Indicators	Behavioural Indicators
has unexplained (or poorly explained) bruises and welts has a number of scars in a regular pattern.	is defensive about injuries
has bruises of varying colours in the shape of an object (cord, rope, belt, buckle, clothes hanger)	has low self-esteem
has bald spots or missing teeth	is wary of physical contact with adults
has unexplained burns; for example: cigarette, shaped burns immersion burns; e.g. glove shaped, sock-shaped, electric iron or burner-shaped burns	reports injury by parent/guardian
has unexplained (or poorly explained) fractures, sprains, dislocations or head injuries has unexplained (or poorly explained) cuts and scrapes has inflamed tissue suggesting scalding	wears clothing that covers body even though the weather is warm
has consumed a poisonous, corrosive or non-medical, mind-altering substance	cannot tolerate physical contact or touch
	has behavioural extremes, such as aggression or withdrawal
	runs away often
	is unable to form good peer relationships
	is reluctant to undress when others are around

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Sexual Abuse

Sexual abuse is inappropriate exposure or subjection to sexual contact, activity or behaviour, including prostitution-related activities. Exposing children to child pornography or luring children through the Internet are forms of sexual abuse. Sexual abuse might show itself in a broad range of indicators. Although these indicators might reveal sexual abuse, they might also reveal other psychological or physical

Disclosure

The single most important indicator is a child telling someone about the abuse. The disclosure might be direct or indirect. Children commonly delay telling anyone about chronic or even acute sexual abuse. All disclosures should be taken seriously.

Physical Indicators	Sexual Behavioural Indicators
has a sexually-transmitted disease	expresses premature or inappropriate understanding of sexual behaviour
has genital discharge, infection or bleeding	displays inappropriate, unusual or aggressive sexual behaviour with peers or toys
has physical trauma or irritations in the anal and genital areas	masturbates compulsively
has pain on urinating or defecation	is excessively curious about sexual matters or genitalia of others or self
has difficulty walking or sitting due to genital or anal pain	displays unusually seductive behaviour with teachers, classmates or other adults
has stomach aches, headaches or other psychosomatic complaints	expresses excessive concern about homosexuality (especially in boys)

Behavioural Indicators in Young Children	Behavioural Indicators in Older Children
wets pants (in a previously trained child)	withdraws
soils pants	is depressed
has eating disturbances (overeating or under-eating)	is overly compliant
has fears/compulsive behaviour	has poor hygiene or excessive bathing
has school problems or significant change in school performance	has poor peer relations and social skills, inability to make friends

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displays age-inappropriate behaviour, pseudo-maturity or regressive behaviour, such as bed-wetting and thumb-sucking	acts out: <ul style="list-style-type: none"> - runs away - is aggressive - is delinquent
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Behavioural Indicators in Young Children	Behavioural Indicators in Older Children
is unable to concentrate, has sleep disturbances, such as nightmares, fear of falling asleep and sleeping long hours	abuses alcohol or drugs
	has school problems, frequent absences, sudden drop in school performance
	refuses to undress in front of others
	refuses to participate in sports or social activities
	fears showers or washrooms
	fears or avoids being at home
	suddenly fears new things, such as going outside or participating in activities
	has extraordinary fear of males/females
	is extraordinarily self-conscious about body
	suddenly obtains money, new clothes or gifts without good explanations
	engages in prostitution or promiscuity
	attempts suicide or displays self-destructive behavior, cries without provocation
	excessively on the computer

Emotional Abuse

Emotional abuse is the impairment of a child's mental or emotional functioning or development and there are reasonable and probable grounds to believe that the emotional injury is the result of:

1. rejection;
2. deprivation of affection and/or cognitive stimulation;
3. exposure to domestic violence or severe domestic disharmony;
4. inappropriate criticism, threats, humiliation, accusations or expectations;
5. the mental or emotional condition of the guardian of the child or of anyone living in the same residence as the child;

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6. chronic alcohol or drug abuse by anyone living in the child's home.

A child's appearance might not indicate the existence or extent of the problem. He or she might appear clean, well-groomed and well-nourished. Yet the child might seem sad, depressed, timid, angry or withdrawn. If possible, determine whether the parents/guardians are displaying behaviours that could be causing the child's impairment.

Parent's/Guardian's Behavioural Indicators	Child's Behavioural Indicators
blames or belittles the child in public and/or at home	is overly compliant, passive or shy
withholds comfort when the child is frightened or distressed	has episodes of aggressive, demanding and angry behaviour
treats other children in the family better (more acceptance and less criticism)	fears failure, has trouble concentrating, has trouble learning, gives up easily
tends to describe the child in negative ways (stupid, bad, trouble-maker, useless) and predicts future failure for the child	is either boastful or negative about self
holds the child responsible for the parent's/guardian's problems and disappointments	constantly apologizes, cries without provocation
identifies the child with disliked relatives	is excessively demanding of adult attention

Talking to a Child

If a child discloses abuse to you, do not probe for details. Listen to the information provided and record it as soon as possible in the child's own words. Be supportive and let the child know it is right to tell someone. Here are some suggestions for talking to a child about abuse. It is important to be a good listener and avoid probing the child for information.

Do:	Don't:
find a private, quiet place to	interrupt the child's story
listen	promise to keep disclosure confidential
listen in a calm, non-judgmental manner	ask leading questions

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reassure the child that it is right to tell	show horror or anger
assure the child that what happened was not his or her fault acknowledge the child's feelings	conduct your own investigation
say "I'll try to help"	provide opinions or judgments
write down what you heard and saw: as soon as possible, quoting the child's words as much as possible, using words that describe things you can see or hear	promise the child what the next steps will be
keeping your notes and information confidential and secure	promise that things will get better