

Signs and Symptoms of Child Abuse

Note: Children rarely exhibit just one sign that they are the victims of abuse. Some symptoms may also represent typical developmental changes or the after-effect of traumas in their lives other than abuse. Conversely, it is possible for abuse to be taking place without the noticeable symptoms because of the child's ability to mask or deny what would otherwise be very confusing and painful to acknowledge. Generally, several signs observed over a period of time suggest that child may be suffering from abuse. This highlights the need for training among volunteers, staff, and program leaders.

1) Infants and Preschool Children

- a) Regression to an earlier stage of behavioral development such as baby talk, thumb sucking, or bedwetting.
- b) Change in social behavior—excessive crying or clinging, or becoming aggressive or withdrawn—that is not associated with normal developmental stages.
- c) Physical manifestations such as loss of bowel control, bedwetting, frequent urination, headaches, stomachaches, breathing difficulties, sore throats accompanied by gagging, stains in the child's underclothes.
- d) Exhibiting signs of fear around a family member or a familiar person, or fear of a familiar place or object.
- e) Fear of being touched, shying away from physical contact. Resistance to being diapered or assisted in the bathroom.
- f) Use of explicit language or sexual behavior that is beyond the child's comprehension or life experience.
- g) Attempting sexual behavior with other children or attending adults.
- h) Unexplained injuries and/or bruises, repeated injuries blamed on the child's carelessness, multiple bruises sustained in one event, or bruises to a child's midsection, back, head, or back of thighs; signs of scalding, burning, or distinctive bruising such as in the shape of a belt buckle; multiple bruises in various stages of healing.
- i) Name calling toward other children, bullying behavior, and sulking/brooding.
- j) Fascination with fires; playing with matches, lighter.

2) School-Age Children

- a) Physical manifestations as above with addition of complaints of pain, irritation, soreness, redness on the child's bottom; smearing feces on walls or objects.
- b) Pattern of injuries, multiple injuries, and injuries about the face or neck, failure to complain about or explain an obvious physical discomfort.
- c) Unusual fears; a familiar person, a particular room, a particular object, or fear of new experiences.
- d) Poor concentration in classroom.
- e) Exhibiting adult-pleasing behaviors, striving for perfection, acting miserable if failing.
- f) Engaging in self-injury; engaging in excessive masturbation or masturbation in public setting.
- g) Acting enraged and out of control; expressing anger through destruction.

- h) Shyness about physical touch.
 - i) Exhibiting sexual behavior beyond comprehension or maturity level; behaving in sexual manner with other children or adults.
 - j) Exhibiting signs of needing to be in control of others or situations; bullying others.
 - k) Hostility and distrust of adults, mood swings and irritability, violent disruptions.
 - l) Acting out, including hoarding food and toys, lying, stealing, assaulting.
 - m) Frequent absences from school or other scheduled events either because of being punished or to hide bruises.
 - n) Low self-esteem, particularly sensitive to criticism.
 - o) Hyper-vigilance—excessive and suspicious watching of other people; is easily startled.
 - p) Preoccupation with setting fires.
- 3) Adolescents
- a) Eating disorders, use of laxatives, unexplained and dramatic changes in weight.
 - b) Change in sleep patterns, including excessive sleeping during the day, and insomnia.
 - c) Performance in school plunges.
 - d) Perfectionist behavior, excessive self-criticism, attempting to please adults, overreacting to any form of criticism or complaint.
 - e) Sexually provocative or asexual behavior, denial of body changes and sexual development; for females, seeking affection from older adult males.
 - f) Experimentation with drugs and alcohol.
 - g) Self-abusive behavior including cutting self, preoccupation with danger and weapons, suicide attempts.
 - h) Truancy from school.
 - i) Cruelty to animals, bullying younger children.
 - j) Emotional numbness, inability to be emotionally supportive to others.
 - k) Having few friends, changing friends often.
 - l) Depression and other signs of withdrawal and avoidance.
 - m) Pregnancy
 - n) Refusing to attend to basic hygiene.
 - o) Rectal and vaginal infections.
 - p) Hyper-vigilance—excessive and suspicious watching of other people; is easily startled.
- 4) Neglect
- a) Appearing to be underfed, constantly hungry, underweight for size and age.
 - b) Begging for food, stealing food, hoarding food.
 - c) Lack of supervision, underage child supervising another child/children.
 - d) Chronic absenteeism from school, unattended educational needs.
 - e) Unattended medical, dental needs.
 - f) Consistent or frequent lack of hygiene, poor hygiene, or lack of cleanliness resulting in odors.
 - g) For infants, failure to thrive.

5) Parental Behaviors and Home Life

- a) Not attending meetings about the child, not showing an interest in the child, critical of child, uncomplimentary.
- b) Constantly putting child down, using harsh words to describe child, using threats and unflattering language.
- c) Describing the child, as an underachiever, complaining that he/she lets people down, is unmotivated, achieves less than brothers and sisters.
- d) Speaking of child in way that sounds romantic, too grown-up, too sugary, and too perfect.
- e) Hostile, closed-minded, overprotective, isolating, doesn't let others in the house, won't participate in activities with other parents, makes excuses about failing to do tasks, talks about things not being good at home.
- f) Reports of past/other suspicious behavior, reports that an older brother or sister may have been mistreated.
- g) Chemical dependency by one or both parents.
- h) Sudden and dramatic changes in family's financial security.