Handout 9 - Assessing Possible Signs & Symptoms of Abuse

Child maltreatment is multiply determined, by a variety of factors, operating via transactional processes at various levels of analysis, in the broad ecology of parent-child relations. Causal factors are "multiple, cumulative and interactive." (MacDonald, 2001)

The family is the arena within which children are most likely to be maltreated and it is the balance of intra-familial stressors and supports which determines whether maltreatment takes place. When stressors outweigh supports, where potentiating factors are not balanced by compensatory factors, the probability of maltreatment increases. Child abuse is not caused merely by dysfunctional parenting; abusive incidents are interactional events, occurring at moments of heightened stress in the lives of adults who are caring for vulnerable children.

When making difficult judgments around possible signs and symptoms of abuse and neglect it is crucial that we consider the available information and presenting injuries or behaviours **in context.** What follows must not be considered to be a comprehensive or definitive 'checklist'; children may behave strangely or appear unhappy or distressed for a number of reasons as they move through the stages of development, and as their family circumstances and experiences change.

Physical Abuse

Possible signs of physical abuse include:

- Unexplained injuries, bites, burns, bruises, particularly if recurrent;
- Parental refusal to discuss or inconsistent explanations offered;
- Untreated illnesses or lingering injuries;
- Admission of punishment which is excessive;
- Shrinking from physical contact;
- Fear of returning home or of parents being contacted;
- Fear of undressing;
- Fear of medical help;
- Aggression or bullying;
- Unexplained patterns of absences which may serve to hide injuries;
- Overly-compliant behaviour or watchfulness;
- Significant behavioural change without apparent explanation.

(a) Accidental Injuries

It is useful to start by remembering that children do suffer cuts, bumps and bruises in the course of their everyday activities. Research and experience tell us that these injuries are most commonly found at places on the body where bone is fairly close to the skin, e.g. shins, points of elbows, points of knees, forehead, nose, and chin; there is such a thing as an accident prone child! (That said, where a child is consistently presenting with injuries, however minor, the question of whether supervision is adequate does need to be considered).

It should also be noted that 'Mongolian blue spot' may be observed on some African or Asian children; this is harmless but can easily be mistaken for bruising.

(b) Non-Accidental Injuries (NAIs)

There are certain injuries and possible signs and symptoms of abuse which everyone needs to be aware of and which we should always act upon, ***without delay.***

First, it needs to be acknowledged that diagnosing non-accidental injuries (NAIs) can be very difficult, even for well-trained medical professionals; this is not your job! Similarly, it is notoriously difficult (even for pediatricians) to date bruising and injuries:

- Less research has been devoted to soft tissue injuries than to fractures and head injuries;
- Depth, location and skin complexion affect the time of appearance and colour of a bruise;
- Gravity may result in a bruise appearing in a place remote from the point of injury;
- Several different colours can be present at the same time and bruises can change colour at very different rates, depending on the nature of the injury and the child's (physiological) response to it.

Sites

Non-accidental injuries are frequently present on soft tissue areas of the body e.g. soft parts of the cheek, buttocks, lower back, upper arms, buttocks, upper legs and soft tissue areas surrounding elbows and knees (possible grasp or grab marks). Particularly **uncommon** sites for accidental bruising include:

- Back, back of legs, buttocks;
- Mouth, cheeks, behind the ear;
- Stomach, chest;
- Under the arm;
- Genital/rectal area;
- Neck.

Types of Injury

There are four main types of physical injury which we need to be mindful of:

Injuries of Concern	Caused By
Bruises	Hand Fist Foot Implement
Burns	Accident Neglect Deliberate Action
Breaks	Direct Blow Twisting or Grabbing
Bites	Child or Adult To 'teach' not to bite Sadistic

Bruises

By Grab or Slap: Most common are grab or slap marks, outlines of fingers or finger-marks may be evident.

By Fist: Bruising inflicted by a fist is not usually as defined as that inflicted by a slap or grab. Blows to the mouth or face of a small child may result in tendons inside the lip and/or below the tongue being damaged. Damage in/around the mouth may also be caused by force feeding. Unless an accident has been observed, e.g. where a child has fallen with something in their mouth, causing injury, any such injury should be reported immediately.

By Foot: Bruising will usually be diffuse and there may be marks from/of footwear.

By Implements: Most commonly straps belts or sticks. Bruising or injuries may well be linear, found in a repeat pattern on upper thighs, buttocks or lower back. May be distinguishing features such as buckle marks.

Bites: Bites may leave clear impressions of individual teeth or sometimes a more general, crescent-shaped mark. Adults usually bite children for one of two reasons:

- To 'teach' them not to bite others;
- For sadistic reasons. (It is of note that bite marks have been present in several cases where children have been fatally abused; they should always be taken seriously).

Human bites are oval or crescent shaped. If the distance across the mark is in excess of 3 cm then this indicates a bite by an adult or older child with permanent teeth.

Burns

It can be extremely difficult to differentiate between accidental and non-accidental burns and between deliberate/sadistic burns and those caused by neglect. Simplistically, apart from the most superficial burns and those where an accident has been observed, burns should be recorded and reported.

Broadly speaking, there are two types of burns: contact burns and hot liquid burns. Practitioners should be particularly mindful of:

- burns or scalds where there is a clear outline (e.g. where the burn might be said to be 'glove' or 'sock'-like);
- burns which are symmetrical and/or of uniform depth over a significant area;
- 'splash' marks above the main area of a scald may be indicative of hot liquid having been thrown;
- Cigarette burns (which have been confused with impetigo in the past) tend to be small and circular and have a characteristically thick, dark base. (Accidental burns from a cigarette will usually be superficial and will not be found in locations which would be difficult to brush against).

Fractures

Non-accidental fractures can be caused by direct blows or following twisting or tugging. The obvious signs of a fracture are swelling or deformity although these are not always present and if a child is unwilling or unable to use a limb or digit medical attention should be sought. Skull fractures may present as soft, 'boggy' areas and may also produce 'black eyes' whereby blood seeps and gathers in and around the eye. In these circumstances there may be little or no swelling of the lid.

Considering Parents in Cases Where Physical Abuse is Suspected

The Consultant Paediatrician Nigel Speight, writing for a medical readership in respect of the diagnosis of non accidental injuries, has argued that "there are no hard and fast rules and no easy answers for diagnosis." However, Speight does provide some useful "classic pointers":

The following might reasonably cause us some concern:

- There is a delay is seeking medical help, or it is not sought at all
- The story of the 'accident' is vague, lacking detail and may vary from person to person with each telling of it.
- The account does not tally with the injury observed
- The parent's demeanour is 'abnormal' in the sense that one would Usually expect parents to be full of anxiety for the child
- Parents present as hostile, rebut 'what they perceive to be accusations' which haven't in fact been made.

In addition, one would always want to consider the child's presentation of course and, in particular, any interactions with and responses to parents.

Emotional Abuse

Possible signs and symptoms of emotional abuse include:

- Continual self-deprecation;
- Fear of new situations/persons;
- Inappropriate emotional responses to 'painful' situations;
- Self-harm or mutilation;
- Compulsive stealing or scrounging;
- Drug or solvent abuse;
- 'Neurotic' behaviour – obsessive rocking, thumb-sucking ,etc;
- Air of detachment and 'don't care' attitude;
- Social isolation – few friends, does not join-in;
- Desperate attention-seeking behaviour;
- Eating problems (including lack of appetite);
- Depression, withdrawal.

Neglect

Possible signs and symptoms of neglect include:

- Constant hunger/tiredness;
- Poor personal hygiene or inappropriate clothing;
- Frequent lateness or non attendance at school;
- Untreated medical problems;
- Low self-esteem and poor social relationships/skills;
- Compulsive stealing/scrounging;
- Non-organic failure to thrive.

Sexual Abuse

There are three main ways within which concerns about possible sexual abuse may be brought or come to your attention:

(i) Disclosure from a child

The dynamics of and process for professionals to deal with disclosures from children is detailed elsewhere within this Information Pack (Talking and Listening to Children).

(ii) Physical signs and symptoms

Child sexual abuse produces physical evidence in only a relatively small proportion of cases. However, there are some possible physical signs and symptoms of which we should be mindful and these can be divided into two broad categories:

(i) Those due to injury; and
(ii) Those due to infection.

Possible physical signs of child sexual abuse include:

- Any physical injury may be indicative of physical and another form of abuse, e.g. grab marks may indicate restraint during sexual abuse;
- Scratches/abrasions ;
- Genital/anal infection ;
- Pregnancy;
- Bleeding from anus/vagina;
- Difficulty/pain in passing urine/faeces.

(iii) Behaviour of a child

Finkelhor's model of **'traumogenic dynamics'** details the impact of child sexual abuse and provides a framework that not only identifies possible behaviours but places them in context.

Dynamic	**Possible Behavioural Manifestations** (Children)
Traumatic Sexualisation	• Sexual pre-occupation and compulsive sexual behaviour not counter-balanced by interest in other aspects of environment and development; • Precocious sexual activity; • Aggressive, violent or coercive sexual behaviours;

	• Sexualised approaches to or perceptions/descriptions of adults.
Stigmatisation	• Isolation; • Drug/alcohol misuse; • Criminality; • Self harm; • Suicide attempts; • Withdrawal from friends/peers; • Refusal to take part in games/PE.
Betrayal	• Extreme passivity, clinging or aggressive behaviour; • Hyper-vigilance/frozen watchfulness; • Discomfort with individuals of certain age/gender.
Powerlessness	• Eating, sleeping disorders; • Depression; • Running away, school problems/ truancy; • Bullying or victimisation.