

POSSIBLE INDICATORS OF CHILD ABUSE & OF EXPOSURE TO FAMILY VIOLENCE & HOW TO DOCUMENT INDICATORS

HOW TO DOCUMENT INDICATORS OF CHILD ABUSE

When documenting any indicators of child abuse or family violence remember to:

- o record the information as soon as possible, including dates and times
- document suspicions of abuse in a separate record (e.g., on a Suspected Child Abuse Reporting Form)
- document the facts <u>without</u> personal judgements, opinions, conclusions, or medical/emotional diagnosis
- give a clear description of the situation, what was actually seen or heard, and not what you think might be happening; this is especially important for sensitive issues (e.g., substance use, mental health, sexual activity)
- include what you did or said, and why
- describe in detail any electronic pictures, videos, texts, emails and/or messages on apps that were shown or told to you (e.g., if a teenager show you any of these on their phone)
- describe any gestures made by a child (e.g., hitting motions, sound effects)
- record the words used by a child/caregiver, even if they are "slang" (especially terms for body parts or sexual behavior)
- o include anything that someone else has said that might be important
- o describe the size, color and shape of any injury (for example, bruises, marks, burns)
- o hand write your own documentation in your own words, using pen
- o cross out and initial any mistakes and continue documenting do not use white-out
- include the name and phone number of the individual you spoke with at a child protection agency and/or police service, and any advice/direction given
- make sure the entry is complete, sign and date it, put it in a sealed envelope on the back of the envelope print and sign your name, print the date, the child's name and the word "confidential"
- o start a new entry if, at a later date, there is new information or further suspicions of abuse

Your first recording of the facts is your documentation:

- o do not make a rough draft and then write it over in good;
- o do not go back and change any of your original notes; and
- o do not shred documentation.

INDICATORS OF CHILD ABUSE

- Indicators are the signs, symptoms or clues that may mean that a child has been abused or may be at risk for abuse.
- Indicators do not prove that a child has been abused. They are clues that should warn people that a child may need help.
- Indicators may be seen in the child's physical health or behaviour, as well as those of the child's caregivers.
- Adults who abuse children may show certain behaviours and attitudes that make other people worry if they should be caring for children.

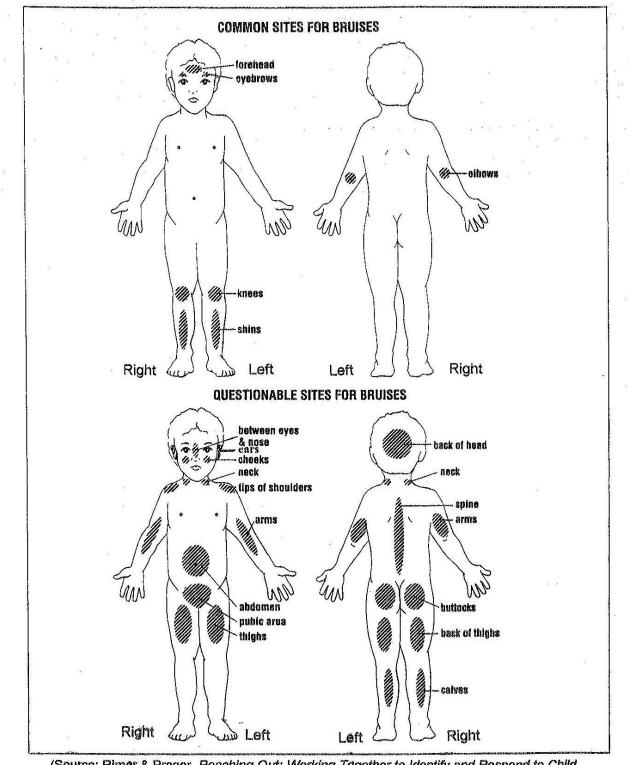
POSSIBLE INDICATORS OF NEGLECT

PHYSICAL INDICATORS IN CHILDREN		IN	HAVIOURAL DICATORS IN HLDREN	IN	EHAVIOURS OBSERVED I ADULTS WHO EGLECT CHILDREN
	an infant or young child may:	0	does not show skills as expected	0	does not provide for the child's basic needs
	 not be growing as expected be losing weight have a "wrinkly old face" 	0	appears to have little energy	lif rc tł	has a disorganized home life, with few regular routines (e.g., always brings the child very early, picks the child up very late)
		0	cries very little		
		0	does not play with toys or notice people		
	 looks pale not be eating well 	0	does not seem to care for parent	0	
	not dressed properly for the weather	0	may be very demanding of affection or attention from		child alone, in a dangerous place, or with someone who
	dirty or unwashed		others		cannot look after the child safely)
	bad diaper rash or other skin problems	0	older children may steal food, drink alcohol or take	0	indicates that the child is
0 6	always hungry		drugs, break the law		hard to care for, hard to feed, describes the child as
	ack of medical and/or dental care	0	does not go to school regularly	_	demanding
	 signs of deprivation that improve with a more nurturing environment (e.g., 	0	takes care of a lot of their needs on their own	0	may say that the child was or is unwanted
1		0	has a lot of adult		may ignore the child who is trying to be loving
	hunger, diaper rash)		responsibility at home	0	has difficulty dealing with
		0	discloses neglect (e.g., says there is no one at home)	0	personal problems and needs
				0	is more concerned with own self than the child
				0	is not very interested in the child's life (e.g., fails to use services offered or to keep child's appointments, does not do anything about concerns that are discussed)

POSSIBLE INDICATORS OF PHYSICAL ABUSE

PHYSICAL INDICATORS IN CHILDREN	BEHAVIOURAL INDICATORS IN CHILDREN	BEHAVIOURS OBSERVED IN ADULTS WHO ABUSE CHILDREN
 see diagram for questionable injuries bruises in the same area of the body bruises in the shape of an object (e.g., spoon, hand/fingerprints, belt) burns: from a cigarette in a pattern that looks like an object (e.g., iron) wears clothes to cover up injury, even in warm weather patches of hair missing signs of possible head injury: swelling and pain nausea or vomiting feeling dizzy bleeding from the scalp or nose signs of possible injury to arms and legs: pain sensitive to touch cannot move properly limping breathing causes pain difficulty raising arms human bite marks cuts and scrapes inconsistent with normal play signs of female genital mutilation (e.g., trouble signs of female genital mutilation (e.g., trouble 	 cannot remember how injuries happened the explanation of what happened does not match the injury refuses or is afraid to talk about injuries is afraid of adults or of a particular person does not want to be touched may be very: aggressive unhappy withdrawn obedient and wanting to please uncooperative is afraid to go home runs away is away a lot and when comes back there are signs of a healing injury does not get along well with other children thinking about or trying to hurt oneself without the intention of dying (e.g., cutting oneself) thinking about or trying to kill oneself discloses abuse 	 does not give the same explanation as the child about how the injury happened says that the child seems to have a lot of accidents severely punishes the child cannot control anger and frustration expects too much from the child talks about having problems dealing with the child talks about the child as being bad, different or "the cause of my problems" does not show love toward the child does not go to the doctor right away to have injury checked has little or no help caring for the child
going to the bathroom)		

CHILDREN'S BRUISES



(Source: Rimer & Prager, Reaching Out: Working Together to Identify and Respond to Child Victims of Abuse, 1998)

POSSIBLE INDICATORS OF SEXUAL ABUSE

PHYSICAL INDICATORS IN CHILDREN	BEHAVIOURAL INDICATORS IN CHILDREN	BEHAVIOURS OBSERVED IN ADULTS WHO ABUSE CHILDREN
 a lot of itching or pain in the throat, genital or anal 	 copying the sexual behaviour of adults 	 may be very protective of the child
areaa smell or discharge from	 knowing more about sex than expected 	 clings to the child for comfort
the genital areao underwear that is bloody	 details of sex in the child's drawings/writing 	 is often alone with the child
 pain when: trying to go to the 	 sexual actions with other children or adults that are inappropriate 	 may be jealous of the child's relationships with others
bathroom – sitting down – walking – swallowing	 sexual behaviour with other children that involves force or secrecy 	 does not like the child to be with friends unless the parent is present
 blood in urine or stool injury to the breasts or 	 fears or refuses to go to a parent, relative, or friend for no clear reason 	 talks about the child being "sexy"
genital area:	o does not trust others	\circ touches the child in a
 redness bruising cuts 	 changes in personality that do not make sense (e.g., happy child becomes withdrawn) 	 sexual way may use drugs or alcohol to feel freer to sexually
– swelling	 problems or change in sleep pattern (e.g., nightmares) 	abuse ○ allows or tries to get the
 pregnancy 	 very demanding of affection or attention, or clinging 	child to participate in sexual behaviour
	 goes back to behaving like a young child (e.g., bedwetting, thumb-sucking) 	 signs of child sexual abuse media: spending a lot of time online insisting on
	 refuses to be undressed, or when undressing shows fear 	being alone/not being disturbed
	 thinking about or trying to hurt oneself without the intention of dying (e.g., cutting oneself) 	
	 thinking about or trying to kill oneself 	
	o misuse of drugs or alcohol	
	 talks or knows about digital recording technology/being recorded 	
	o discloses abuse	

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POSSIBLE INDICATORS OF EMOTIONAL ABUSE

PHYSICAL INDICATORS IN CHILDREN	IN	EHAVIOURAL IDICATORS IN HILDREN	IN	EHAVIOURS OBSERVED NADULTS WHO ABUSE HILDREN
 the child does not develop expected 	as o	is unhappy, stressed out, withdrawn, aggressive or angry for long periods of	0	often rejects, insults or criticizes the child, even in front of others
 o often complains of nausea, headaches, stomach aches 		time	0	does not touch or speak to the child with love
without any obvious reasonwets or dirties pants	0	goes back to behaving like a young child (e.g., toileting problems, thumb-sucking,	0	talks about the child as being the cause for problems and
 is not given food, clothing 		constant rocking)		things not going as wished
 and care as good as what t other children get may have unusual 	e o	tries too hard to be good and to get adults to	0	talks about or treats the child as being different from other children and family members
appearance (e.g., strange haircuts, dress, decoration) °	approve tries really hard to get attention	0	compares the child to someone who is not liked
	0	thinking about or trying to	0	does not pay attention to the child and refuses to help them
		hurt oneself without the intention of dying (e.g., cutting oneself)	0	isolates the child; does not allow the child to see others, both inside and outside the
	0	thinking about or trying to kill oneself	0	family does not provide a good
	0	misuse of drugs or alcohol		example for children on how to behave with others (e.g.,
	0	criticizes oneself a lot		swears all the time, hits others)
	0	does not participate because of fear of failing	0	lets the child be involved in illegal activities
	0	may expect too much of themselves so gets frustrated and fails	0	uses the child to make money (e.g., produces child sexual abuse media)
	0	is afraid of what the adult will do if they do something the adult does not like	0	lets the child see sex and violence (on TV, movies, in magazines, on the Internet)
	0	runs away	0	terrorizes the child (e.g., threatens to hurt or kill the
	0	has a lot of adult responsibility		child or threatens someone or something that is special to the child)
	0	does not get along well with other children	0	forces the child to watch someone special being hurt
	0	discloses abuse	0	asks the child to do more than they can do

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POSSIBLE INDICATORS OF EXPOSURE TO FAMILY VIOLENCE

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PHYSICAL INDICATORS IN CHILDREN	BEHAVIOURAL INDICATORS IN CHILDREN	BEHAVIOURS OBSERVED IN ADULTS
 the child does not develop as expected 	 may be aggressive and have temper tantrums 	 abuser has trouble controlling self
 often complains of nausea, headaches, stomach aches without any obvious reason 	 may show withdrawn, depressed, and nervous behaviours (e.g., clinging, 	 abuser has trouble talking and getting along with others
 physical harm, whether deliberate or accidental, during or after a violent episode, including: while trying to protect 	 whining, a lot of crying) acts out what has been seen or heard between the partners that may include verbal and/or physical 	 abuser uses threats and violence (e.g., threatens to hurt, kill or destroy someone or something that is special; cruel to animals)
others – the result of objects	aggression toward the victimized partner	 forces the child to watch a parent/partner being hurt
thrown	 tries too hard to be good and to get adult approval 	 abuser is always watching what the partner is doing
	 afraid of: someone's anger one's own anger (e.g., 	 abuser insults, blames, and criticizes partner in front of others
	killing the abuser) – self or other loved ones being hurt or killed	 jealous of partner talking or being with others
	 being left alone and not cared for 	 abuser does not allow the child or family to talk with or see others
	 problems sleeping (e.g., cannot fall asleep, afraid of the dark, does not want to go to bed, nightmares) 	 the abused person is not able to care properly for the children because of isolation, depression, trying
	\circ bedwetting	to survive, or because the
	 thinking about or trying to hurt oneself without the 	abuser does not give enough money
	intention of dying (e.g., cutting oneself)	 holds the belief that men have the power and women
	 thinking about or trying to kill oneself 	have to obeyuses drugs or alcohol
	 misuse of drugs or alcohol 	 the abused person seems to
	 stays around the house to keep watch, or tries not to spend much time at home 	be frighteneddiscloses family violence

 problems with school (e.g., trouble paying attention, poor marks, misses school a lot) expects a lot of oneself and is afraid to fail and so works very hard and gets good marks in school 	 discloses that the abuser assaulted or threw objects at someone holding a child
 takes on the job of helping/looking after/protecting other family members (e.g., the victimized parent and siblings) 	
 does not get along well with other children 	
\circ runs away from home	
o cruelty to animals	
 older children may steal, hurt others, join a gang or break the law 	
$\circ~$ child may act out sexually	
 child expresses the belief that they are responsible for the violence 	
o discloses family violence	

(Adapted from: Rimer & Prager, *Reaching Out: Working Together to Identify and Respond to Child Victims of Abuse*, 2016)

POSSIBLE INDICATORS OF HUMAN SEX TRAFFICKING

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PHYSICAL INDICATORS IN YOUTH	BEHAVIOURAL INDICATORS IN YOUTH	BEHAVIOURS OBSERVED IN TRAFFICKERS
	for help to leave the situation	