

INDICATORS

The following information has been taken from the Talking About Touching teacher training handbook written by the Committee for Children.

SEXUAL ABUSE

The following is a list of some of the common behavioral characteristics of young children who have been sexually abused.

Behavioral Indicators:

1. Unusual interest in and/or knowledge of sexual acts and language inappropriate to the child's age: the child may focus on sexual matters to the exclusion of many other activities or interest.
2. Seductive behavior with classmates, teachers, other adults.
3. Excessive masturbatory behavior.
4. Wearing many layers of clothing, regardless of the weather.
5. Continual avoidance of bathroom. Some abuse within homes take place in bathrooms, and some children come to associate any bathroom with sexual abuse.
6. Reluctance to go to a particular place or to be with a particular person.
7. Frequent absence and/or late arrival at school, especially if the notes are always written by the same person.
8. An abrupt change in behavior or personality.
9. An abrupt change in behavior in response to personal safety lessons in the classroom, e.g., child who is usually very involved suddenly withdraws or becomes anxious, or a child who doesn't usually participate suddenly takes an interest and reveals a lot of specific knowledge of the subject.
10. Drastic change in appetite.
11. Anxiety, irritability, constant in attentiveness.
12. Regression.
13. Over-compliance, extreme docility.
14. Compulsive behaviors, e.g., hoarding, constant washing.
15. Appearing to have overwhelming responsibilities.
16. Acting out sexual behavior.
17. Suicidal threats, gestures; causing deliberate harm to her/himself.
18. Use of alcohol and/or other drugs.
19. Aggression, anger directed everywhere, especially if this is a sudden change.
20. Sleep disturbances.
21. Denial of a problem with marked lack of expression.
22. Lack of affect, extreme absence of expressiveness.
23. Withdrawal, depression, excessive crying.
24. Low self-esteem.
25. Lack of friends.
26. Attempts to touch adults', children's, or animals' genitals.
27. Inappropriate dress, such as tight and/or revealing clothing.

28. Reluctance to undress for physical education, continual avoidance of PE class.
Some children believe they have been "marked" and that others will recognize they have been abused once they undress.
29. Reluctance to go home after school, or constant early arrival.
30. Marked decline in interest in school, an in academic performance
31. Indirect hints, allusions to problems at home.

PHYSICAL ABUSE

UNEXPLAINED BRUISES AND WELTS:

1. on the face, lips, and mouth
2. in various states of healing (bruises of different colors, for example, or old and new scars together)
3. on large areas of the torso, back buttocks or thighs
4. in cluster, forming regular patterns, or reflective of the article used to inflict them (electrical cord; belt buckle)
5. on several different surface areas (indicating the child has been hit from different directions)
6. appearing as identical marks on both sides of the body

UNEXPLAINED BURNS including:

1. cigar or cigarette burns, especially on the soles of the feet, palms, back or buttocks
2. immersion or "wet" burns, including glove or sock like burns and doughnut shaped burns on the buttocks or genitalia
3. patterned or "dry" burns which show a clearly defined mark left by the instrument used to inflict them (e.g. electrical burners)
4. rope burns on the arms, legs, neck or torso

UNEXPLAINED FRACTURES

1. to the skull, nose, or facial feature
2. in various stages of healing (indicating they occurred at different times)
3. multiple or spiral fractures
4. swollen or tender limbs
5. any fracture in a child under the age of two

UNEXPLAINED LACERATIONS AND ABRASIONS including:

1. to the mouth, lips, gums or eyes
2. to the external genitalia
3. on the backs of the arms, legs or torso

UNEXPLAINED ABDOMINAL INJURIES including:

1. swelling of the abdomen
2. localized tenderness
3. constant vomiting

HUMAN BITE MARKS (especially when they appear adult size or are recurrent)

BALD SPOTS AND SCALP BRUISES (caused by hair pulling)

Behavioral Indicators:

A PHYSICALLY ABUSED CHILD MAY:

1. be wary of physical contact with adults
2. display extreme behavior (extreme aggressiveness or extreme withdrawal)
3. fear his/her parents
4. fear going home or cry when it is time to leave a protected environment
5. report injuries
6. seem anxious to please and to let others say and do things to him/her without protest
7. frequently be late or absent from school
8. consistently arrive early to school or stay long after it is time to go home
9. wear extra clothing to conceal injuries
10. give unbelievable explanations for his/her injuries or claim no knowledge for the source of injuries
11. seek more than an average amount of affection from other adults
12. exhibit habit disorders (sucking, rocking, biting or eating disorders)
13. have lags in emotional and intellectual development

A PHYSICALLY ABUSIVE PARENT OR CARETAKER MAY:

1. use harsh discipline which does not fit the "offense" or the age of the child
2. complain that the child cries too much or "causes trouble"
3. be angry or defensive when asked about problems concerning the child or appear uninterested and unconcerned
4. offer illogical or unconvincing explanations for a child's injuries
5. appear cold or unloving toward the child
6. misuse drugs or alcohol
7. believe in harsh, physical discipline as the only way to control the child

NEGLECT

While physical abuse indicators are often episodic (noticeable after weekends or absences), the indicators of neglect are more often chronic (there most of the time). The educator or child care provider needs to ask her/himself whether the signs s/he might interpret as neglect are simply the expression cultural differences, an alternative lifestyle or whether they actually constitute true neglect. Do a majority of children in a given population display these signs or only a few? The answers to these questions may help differentiate between neglect and legitimate lifestyle differences in a pluralistic society.

PHYSICAL INDICATORS

1. constant hunger, poor hygiene, or inappropriate clothing
2. constant lack of supervision, especially when engaged in dangerous activities over extended periods of time

3. constant fatigue or listlessness
4. unattended physical problems or medical needs, such as untreated or infected wounds

BEHAVIORAL INDICATORS

1. begging or stealing food
2. constantly falling asleep in class
3. rare attendance at school
4. coming to school very early and leaving very late
5. addiction to alcohol or other drugs
6. engaging in delinquent acts such as vandalism or theft
7. stating that there is no one to care for or look after him/her

A NEGLECTFUL PARENT MAY:

1. misuse drugs or alcohol
2. have a disorganized, unstable home life
3. seem unconcerned about the child's welfare
4. be isolated from friends, relative and neighbors and not seem to get along with others
5. lack of knowledge of a child's needs at different levels of development be in ill health