

## INDICATORS OF HARM

### **PHYSICAL ABUSE**

*Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.*

### **Indicators in the child**

#### **Bruising**

It is often possible to differentiate between accidental and inflicted bruises. The following must be considered as non accidental unless there is evidence or an adequate explanation provided:

- Bruising in or around the mouth
- Two simultaneous bruised eyes, without bruising to the forehead, (rarely accidental, though a single bruised eye can be accidental or abusive)
- Repeated or multiple bruising on the head or on sites unlikely to be injured accidentally, for example the back, mouth, cheek, ear, stomach, chest, under the arm, neck, genital and rectal areas
- Variation in colour possibly indicating injuries caused at different times
- The outline of an object used e.g. belt marks, hand prints or a hair brush
- Linear bruising at any site, particularly on the buttocks, back or face
- Bruising or tears around, or behind, the earlobe/s indicating injury by pulling or twisting
- Bruising around the face
- Grasp marks to the upper arms, forearms or leg
- Petechae haemorrhages (pinpoint blood spots under the skin.) Commonly associated with slapping, smothering/suffocation, strangling and squeezing

#### **Fractures**

Fractures may cause pain, swelling and discolouration over a bone or joint. It is unlikely that a child will have had a fracture without the carers being aware of the child's distress.

If the child is not using a limb, has pain on movement and/or swelling of the limb, there may be a fracture.

There are grounds for concern if:

- The history provided is vague, non-existent or inconsistent
- There are associated old fractures
- Medical attention is sought after a period of delay when the fracture has caused symptoms such as swelling, pain or loss of movement

Rib fractures are only caused in major trauma such as in a road traffic accident, a

severe shaking injury or a direct injury such as a kick.

Skull fractures are uncommon in ordinary falls, i.e. from three feet or less. The injury is usually witnessed, the child will cry and if there is a fracture, there is likely to be swelling on the skull developing over 2 to 3 hours. All fractures of the skull should be taken seriously.

### **Mouth Injuries**

Tears to the frenulum (tissue attaching upper lip to gum) often indicates force feeding of a baby or a child with a disability. There is often finger bruising to the cheeks and around the mouth. Rarely, there may also be grazing on the palate.

### **Poisoning**

Ingestion of tablets or domestic poisoning in children under 5 is usually due to the carelessness of a parent or carer, but it may be self harm even in young children.

### **Fabricated or Induced Illness**

Professionals may be concerned at the possibility of a child suffering significant harm as a result of having illness fabricated or induced by their carer. Possible concerns are:

- Discrepancies between reported and observed medical conditions, such as the incidence of fits
- Attendance at various hospitals, in different geographical areas
- Development of feeding / eating disorders, as a result of unpleasant feeding interactions
- The child developing abnormal attitudes to their own health
- Non organic failure to thrive - a child does not put on weight and grow and there is no underlying medical cause
- Speech, language or motor developmental delays
- Dislike of close physical contact
- Attachment disorders
- Low self esteem
- Poor quality or no relationships with peers because social interactions are restricted
- Poor attendance at school and under-achievement

### **Bite Marks**

Bite marks can leave clear impressions of the teeth when seen shortly after the injury has been inflicted. The shape then becomes a more defused ring bruise or oval or crescent shaped. Those over 3cm in diameter are more likely to have been caused by an adult or older child.

A medical/dental opinion, preferably within the first 24 hours, should be sought where there is any doubt over the origin of the bite.

## **Burns and Scalds**

It can be difficult to distinguish between accidental and non-accidental burns and scalds. Scalds are the most common intentional burn injury recorded.

Any burn with a clear outline may be suspicious e.g. circular burns from cigarettes, linear burns from hot metal rods or electrical fire elements, burns of uniform depth over a large area, scalds that have a line indicating immersion or poured liquid.

Old scars indicating previous burns/scalds which did not have appropriate treatment or adequate explanation. Scalds to the buttocks of a child, particularly in the absence of burns to the feet, are indicative of dipping into a hot liquid or bath.

The following points are also worth remembering:

- A responsible adult checks the temperature of the bath before the child gets in.
- A child is unlikely to sit down voluntarily in a hot bath and cannot accidentally scald its bottom without also scalding his or her feet.
- A child getting into too hot water of his or her own accord will struggle to get out and there will be splash marks

## **Scars**

A large number of scars or scars of different sizes or ages, or on different parts of the body, or unusually shaped, may suggest abuse.

## **Emotional/behavioural presentation**

Refusal to discuss injuries

Admission of punishment which appears excessive

Fear of parents being contacted and fear of returning home

Withdrawal from physical contact

Arms and legs kept covered in hot weather

Fear of medical help

Aggression towards others

Frequently absent from school

An explanation which is inconsistent with an injury

Several different explanations provided for an injury

## **Indicators in the parent**

May have injuries themselves that suggest domestic violence

Not seeking medical help/unexplained delay in seeking treatment

Reluctant to give information or mention previous injuries

Absent without good reason when their child is presented for treatment

Disinterested or undisturbed by accident or injury

Aggressive towards child or others

Unauthorised attempts to administer medication

Tries to draw the child into their own illness.

Past history of childhood abuse, self harm, somatising disorder or false allegations

of physical or sexual assault

Parent/carer may be over involved in participating in medical tests, taking

temperatures and measuring bodily fluids

Observed to be intensely involved with their children, never taking a much needed

break nor allowing anyone else to undertake their child's care.

May appear unusually concerned about the results of investigations which may

indicate physical illness in the child

Wider parenting difficulties may (or may not) be associated with this form of

abuse.

Parent/carer has convictions for violent crimes.

### Indicators in the family/environment

Marginalised or isolated by the community

History of mental health, alcohol or drug misuse or domestic violence

History of unexplained death, illness or multiple surgery in parents and/or siblings

of

the family

Past history of childhood abuse, self harm, somatising disorder or false allegations

of physical or sexual assault or a culture of physical chastisement.

### **EMOTIONAL ABUSE**

**Emotional abuse is the persistent emotional maltreatment of a child such as**

**to cause severe and persistent adverse effects on the child's emotional**

**development. It may involve conveying to children that they are worthless**

**or unloved, inadequate, or valued only insofar as they meet the needs of**

**another person.**

**It may include not giving the child opportunities to express their views,**

**deliberately silencing them or 'making fun' of what they say or how they**

**communicate.**

**It may feature age or developmentally inappropriate expectations being**

**imposed on children. These may include interactions that are beyond the**

**child's developmental capability, as well as overprotection and limitation of**

***exploration and learning, or preventing the child participating in normal social interaction.***

***It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyberbullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.***

**Indicators in the child**

Developmental delay  
Abnormal attachment between a child and parent/carer e.g. anxious, indiscriminate or no attachment  
Aggressive behaviour towards others  
Child scapegoated within the family  
Frozen watchfulness, particularly in pre-school children  
Low self esteem and lack of confidence  
Withdrawn or seen as a 'loner' - difficulty relating to others  
Over-reaction to mistakes  
Fear of new situations  
Inappropriate emotional responses to painful situations  
Neurotic behaviour (e.g. rocking, hair twisting, thumb sucking)  
Self harm  
Fear of parents being contacted  
Extremes of passivity or aggression  
Drug/solvent abuse  
Chronic running away  
Compulsive stealing  
Low self-esteem  
Air of detachment – 'don't care' attitude  
Social isolation – does not join in and has few friends  
Depression, withdrawal  
Behavioural problems e.g. aggression, attention seeking, hyperactivity, poor attention  
Low self esteem, lack of confidence, fearful, distressed, anxious  
Poor peer relationships including withdrawn or isolated behaviour

**Indicators in the parent**

Domestic abuse, adult mental health problems and parental substance misuse may be features in families where children are exposed to abuse.  
Abnormal attachment to child e.g. overly anxious or disinterest in the child  
Scapegoats one child in the family

Imposes inappropriate expectations on the child e.g. prevents the child's developmental exploration or learning, or normal social interaction through overprotection.  
Wider parenting difficulties may (or may not) be associated with this form of abuse.

### Indicators of in the family/environment

Lack of support from family or social network.

Marginalised or isolated by the community.

History of mental health, alcohol or drug misuse or domestic violence.

History of unexplained death, illness or multiple surgery in parents and/or siblings

of the family

Past history of childhood abuse, self harm, somatising disorder or false allegations

of physical or sexual assault or a culture of physical chastisement.

### **NEGLECT**

*Neglect is the persistent failure to meet a child's basic physical and/or*

*psychological needs, likely to result in the serious impairment of the child's*

*health or development. Neglect may occur during pregnancy as a result of*

*maternal substance abuse.*

*Once a child is born, neglect may involve a parent or carer failing to:*

- provide adequate food, clothing and shelter (including exclusion from home or abandonment);*

- protect a child from physical and emotional harm or danger;*

- ensure adequate supervision (including the use of inadequate care-givers); or*

- ensure access to appropriate medical care or treatment.*

*It may also include neglect of, or unresponsiveness to, a child's basic*

*emotional needs.*

### Indicators in the child

**Physical presentation**

Failure to thrive or, in older children, short stature

Underweight

Frequent hunger

Dirty, unkempt condition

Inadequately clothed, clothing in a poor state of repair

Red/purple mottled skin, particularly on the hands and feet, seen in the winter due

to cold

Swollen limbs with sores that are slow to heal, usually associated with cold injury  
Abnormal voracious appetite  
Dry, sparse hair  
Recurrent / untreated infections or skin conditions e.g. severe nappy rash,  
eczema or persistent head lice / scabies/ diarrhoea  
Unmanaged / untreated health / medical conditions including poor dental health  
Frequent accidents or injuries

### **Development**

General delay, especially speech and language delay  
Inadequate social skills and poor socialization

### **Emotional/behavioural presentation**

Attachment disorders  
Absence of normal social responsiveness  
Indiscriminate behaviour in relationships with adults  
Emotionally needy  
Compulsive stealing  
Constant tiredness  
Frequently absent or late at school  
Poor self esteem  
Destructive tendencies  
Thrives away from home environment  
Aggressive and impulsive behaviour  
Disturbed peer relationships  
Self harming behaviour

### **Indicators in the parent**

Dirty, unkempt presentation  
Inadequately clothed  
Inadequate social skills and poor socialisation  
Abnormal attachment to the child .e.g. anxious  
Low self esteem and lack of confidence  
Failure to meet the basic essential needs e.g. adequate food, clothes, warmth,  
hygiene  
Failure to meet the child's health and medical needs e.g. poor dental health;  
failure to attend or keep appointments with health visitor, GP or hospital; lack of  
GP registration; failure to seek or comply with appropriate medical treatment;  
failure to address parental substance misuse during pregnancy  
Child left with adults who are intoxicated or violent  
Child abandoned or left alone for excessive periods  
Wider parenting difficulties, may (or may not) be associated with this form of

**Indicators in the family/environment**

History of neglect in the family

Family marginalised or isolated by the community.

Family has history of mental health, alcohol or drug misuse or domestic violence.

History of unexplained death, illness or multiple surgery in parents and/or siblings

of the family

Family has a past history of childhood abuse, self harm, somatising disorder or

false allegations of physical or sexual assault or a culture of physical

chastisement.

Dangerous or hazardous home environment including failure to use home safety

equipment; risk from animals

Poor state of home environment e.g. unhygienic facilities, lack of appropriate

sleeping arrangements, inadequate ventilation (including passive smoking) and

lack of adequate heating

Lack of opportunities for child to play and learn

**SEXUAL ABUSE**

**Sexual abuse involves forcing or enticing a child or young person to take**

**part in sexual activities, not necessarily involving a high level of violence,**

**whether or not the child is aware of what is happening.**

**The activities may involve physical contact, including assault by penetration**

**(for example, rape or oral sex) or non-penetrative acts such as**

**masturbation, kissing, rubbing and touching outside of clothing.**

**They may also include non-contact activities, such as involving children in**

**looking at, or in the production of, sexual images, watching sexual**

**activities, encouraging children to behave in sexually inappropriate ways, or**

**grooming a child in preparation for abuse (including via the internet).**

**Sexual abuse is not solely perpetrated by adult males. Women can also**

**commit acts of sexual abuse, as can other children.**

**Indicators in the child**

**Physical presentation**

Urinary infections, bleeding or soreness in the genital or anal areas

Recurrent pain on passing urine or faeces

Blood on underclothes

Sexually transmitted infections



Vaginal soreness or bleeding

Pregnancy in a younger girl where the identity of the father is not disclosed and/or there is secrecy or vagueness about the identity of the father

Physical symptoms such as injuries to the genital or anal area, bruising to buttocks, abdomen and thighs, sexually transmitted disease, presence of semen on vagina, anus, external genitalia or clothing

### **Emotional/behavioural presentation**

Makes a disclosure.

Demonstrates sexual knowledge or behaviour inappropriate to age/stage of development, or that is unusually explicit

Inexplicable changes in behaviour, such as becoming aggressive or withdrawn

Self-harm - eating disorders, self mutilation and suicide attempts

Poor self-image, self-harm, self-hatred

Reluctant to undress for PE

Running away from home

Poor attention / concentration (world of their own)

Sudden changes in school work habits, become truant

Withdrawal, isolation or excessive worrying

Inappropriate sexualised conduct

Sexually exploited or indiscriminate choice of sexual partners

Wetting or other regressive behaviours e.g. thumb sucking

Draws sexually explicit pictures

Depression

### **Indicators in the parents**

Comments made by the parent/carer about the child.

Lack of sexual boundaries

Wider parenting difficulties or vulnerabilities

Grooming behaviour

Parent is a sex offender

### **Indicators in the family/environment**

Marginalised or isolated by the community.

History of mental health, alcohol or drug misuse or domestic violence.

History of unexplained death, illness or multiple surgery in parents and/or siblings of the family

Past history of childhood abuse, self harm, somatising disorder or false allegations of physical or sexual assault or a culture of physical chastisement.

Family member is a sex offender.

