

INDICATORS OF PHYSICAL ABUSE

A. Physical Indicators

- (1) Unexplained bruises and welts:
 - (a) On face, lips, mouth
 - (b) On torso, back, buttocks, thighs
 - (c) In various stages of healing
 - (d) Clustered, forming regular patterns
 - (e) Imprint of weapon (belt buckle, fly swatter, electrical cord)
 - (f) On several different surface areas
 - (g) Regularly appear after absence, weekend or vacation.

- (2) Unexplained burns:
 - (a) Cigar, cigarette burns, especially on soles, palms, back or buttocks
 - (b) Immersion burns (sock-like, glove-like, donut shaped or buttocks or genitalia)
 - (c) Patterned like electric burner, iron, etc.
 - (d) Rope burns on arms, legs, torso.

- (3) Unexplained fractures:
 - (a) In various stages of healing
 - (b) Multiple fractures.

- (4) Unexplained lacerations or abrasions:
 - (a) To mouth, lips, gums, eyes
 - (b) To external genitalia.

B. Behavior Indicators

- (1) The child:
 - (a) Feels deserving of punishment;
 - (b) Is wary of adult contact;
 - (c) Is apprehensive when other children cry;
 - (d) Shows behavioral extremes;
 - (e) Is aggressive, withdrawn or indiscriminately seeks affection;
 - (f) Is frightened of parent;
 - (g) Is afraid to go home;
 - (h) Reports injury by parents;
 - (i) Responds to questions in monosyllables;
 - (j) Uses manipulative behavior to get attention;
 - (k) Is capable of only superficial relationships; and
 - (l) Has a poor self-concept.

- (2) Family Indicators
 - (a) Unfulfilled parental needs for nurturance and dependence.
 - (b) Lack of ability to protect a child.
 - (c) Lack of nurturing child rearing practices.
 - (d) Lack of alternatives to corporal punishment.
 - (e) Lack or poor use of support systems.
 - (f) Family history of child abuse.
 - (g) Substance abuse.
 - (h) Precipitating crisis.
 - (i) Multiple stressors.
 - (j) Poor awareness of normal child development.

INDICATORS OF SEXUAL ABUSE

A. Medical (Physical) Indicators

- (1) Bruises in external genitalia, vagina, or anal regions.
- (2) Bleeding from external genitalia, vagina, or anal regions.
- (3) Swollen or red cervix, vulva, or perineum.
- (4) Positive tests for any of the following:
 - (a) Gonococcus
 - (b) Spermatozoa
 - (c) Pregnancy
 - (d) Venereal Disease

B. Behavioral Indicators

- (1) Regressive Behavior - molested children (especially young children) may withdraw into fantasy worlds. Sometimes these children give the impression of being retarded when, in fact, they are not.
- (2) Delinquent or Aggressive Behavior - molested children (especially pre-teen and teen) often act out their anger and hostility on others.
- (3) Sexual Promiscuity - the sexually molested girl or boy may be sexually promiscuous, and their behavior may become very apparent not only to the school, but to entire neighborhood.
- (4) Confiding in someone - a molested girl may confide in a special friend or teacher. These confidences may not take the form of direct information about being molested, but may involve such statements as "I'm afraid to go home tonight", "I want to come and live with you", "I want to go and live in a foster home".
- (5) Poor Peer Relationships - molested children (if molestation has occurred over a long period of time) may not have social skills or are too emotionally disturbed to form peer relationships. The parent(s) has a vested interest in keeping them emotionally isolated. The child may have such a poor self-image (the "bad me" concept) that it overshadows his whole existence.
- (6) Prostitution - the middle to older molested teenager may turn to prostitution.
- (7) Extremely protective parent - In incestuous relationships, the parent involved may become exceedingly jealous of the child, often refusing him any social contact. The parent is afraid that the child will tell, but they are even more afraid of losing the child to others. A father, e.g., may pick his teenage daughter up at school every day, and become furious if he sees her talking to anyone.
- (8) Unwillingness to participate in physical/recreational activities - young children who have been highly sexually stimulated or have been forced to have sexual intercourse with an adult, may find it painful to sit in their chairs in school, or to play games which require a good deal of movement.
- (9) Runaways - teenagers who have been molested sometimes resort to escape and run away from the home.
- (10) Drugs - teenagers who have been molested may resort to escape through the use of drugs.

- (11) Confession - the child who has been molested may seek to report the offense. A number of incest cases where a teenager reports may be fictitious, but a thorough investigation should be made to determine the validity of the statement.

C. Family Indicators

- (1) Prolonged absence of one parent from the home.
- (2) Loss of one parent through death or divorce.
- (3) Gross overcrowding in home - insufficient sleeping space.
- (4) Physical proximity.
- (5) Alcoholism.
- (6) Family members lack normal social and emotional contacts outside of the family.
- (7) Isolation - created by remoteness of home to other homes (in rural areas).

INDICATORS OF NEGLECT

A. Special Considerations in Identifying Neglect

- (1) Issues of poverty vs neglect.
- (2) Differing cultural expectations and values.
- (3) Differing child rearing practices.

B. Physical Indicators

- (1) Consistent hunger, poor hygiene, inappropriate dress, wearing of same clothing day after day.
- (2) Lack of supervision, especially in dangerous activities and long periods of time - (emphasize there is nothing in the law which states specifically at what age a child can be left unsupervised - we make judgments based on age, maturity, emergency knowledge of child, existence of indicators of neglect in other areas, however, the law does say that children under 8 years of age must have a babysitter at least 13 years old.)
- (3) Unattended physical, medical or psychiatric problems (emphasize handicapped children).
- (4) Truancy
- (5) Abandonment

C. Behavioral Indicators

- (1) Begging, stealing or scavenging food from garbage.
- (2) Extended stays at school (early arrival, late departure).
- (3) Constant fatigue, listlessness or falling asleep in class.
- (4) Alcohol or drug abuse.
- (5) Delinquency.
- (6) Truancy
- (7) States there is no caretaker

D. Assessing the Indicators

- (1) The presence of a single indicator does not prove neglect or abuse exists.
- (2) Repeated presence of an indicator or presence of several indicators may constitute neglect or abuse.
- (3) The appearance of a serious unexplained physical injury should alert the educator that a case of child abuse may be at hand.

SCREENING FOR MENTAL INJURY

- A. What has the caller observed in the child's behavior or emotional affect that seems to indicate mental injury?
- B. How do these symptoms differ from those of children having a stress reaction to normal life events?
- C. How do these symptoms of mental injury indicate that the child's ability to function is impaired?
- D. In what areas of functioning is the child impaired (ie., academic, social, family relationships, sleep and eating disorders, developmental functioning)?
- E. For how long has this impairment been noticeable? Has there been a change in the child's behavior or functioning that leads the caller to believe that the child is mentally injured? Is there a pre-existing condition which exacerbates the child's impairment?
- F. Has the child been assessed by a mental health professional? If so, what were the findings and recommendations?
- G. What causes the reporter to believe that the child/s alleged impairment of function is the result of:
 - (1) An act by a parent, custodian, caretaker or household or family member; or
 - (2) An omission by a parent, caretaker, or custodian?
 - (3) Is the child's caretaker aware of the child's symptoms? If so, what have been the responses of the caretaker?

An allegation that a child is exposed to behaviors by a parent, caretaker or guardian which may predispose the child to future emotional difficulties would be inappropriate for a CPS investigation unless the child's symptoms are at the level of substantial (ie, severe and chronic) impairment of functioning.

MENTAL INJURY - CATEGORIZED

- A. Physical abuse, sexual abuse, physical neglect may involve issues of child's emotional or psychological well-being.
- B. May do separate investigation of mental injury after consideration of any of the following:
 - (1) Implied or overt threats of death or serious injury of the child or others;
 - (2) Implied or overt threats in the form of pet/animal torture;
 - (3) Constant denigration; or
 - (4) Extensive emotional or physical isolation or confinement.
- C. Mental injury is in the definitions of child abuse and neglect.
- D. Guidance in determining how to categorize the report.
 - (1) Abuse if the mental injury is caused by an act to a child; or
 - (2) Neglect if the Mental injury is caused by an omission or failure to act on behalf of the child.
- E. Mental injury that is not caused by an act or by a failure to provide proper care and attention to a child shall not be categorized as abuse or neglect.