



Signs and Symptoms of Child Abuse

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Introduction and background	1
Risk factors	1
Signs and symptoms	2
Effective physician-patient communication	4
Important considerations	5
Conclusion	6

Introduction and Background

Child abuse is a sensitive subject that frustrates physicians because they often don't know how to assess abuse in their patients and provide appropriate intervention. Physicians in a variety of settings see problems resulting from child abuse and will benefit from being more knowledgeable about how to identify and assist these patients. According to the American Academy of Pediatrics, each year approximately three million cases of child abuse or neglect involving over five million children are reported in the United States.¹

In 2015, approximately 40,590 reports of child abuse or neglect were reported to Pennsylvania's Department of Human Services (DHS).¹¹ This figure represents an increase of 11,317 reports from 2014. The percentage of substantiated cases was 10.4 percent. As a result of an enhanced background check process for individuals seeking jobs that involve caring for children, DHS also found more than 1,800 applicants who had a prior report of substantiated child abuse in the Pennsylvania child abuse registry. DHS' 2015 Annual Child Protective Services Report includes detailed statistics on reports involving child abuse and neglect in Pennsylvania. Access the full report at http://www.dhs.pa.gov/cs/groups/webcontent/documents/document/c_226999.pdf.

Child abuse and neglect occur in all demographic groups. Children age 5 and older are abused more often than younger children. However, when younger children and babies are abused, they are more likely to suffer serious injuries or even die from their injuries. Younger children are at higher risk of being neglected than older children. Most child abuse is perpetrated by someone the child knows rather than by a stranger.

Risk Factors

Child abuse is not rare and it does not discriminate. It occurs in any number of social and economic situations. There is no "typical" child abuser so physicians must be willing to consider the likelihood of child abuse in situations where a history, physical examination, and/or the results of any laboratory and imaging tests warrant a reasonable cause to suspect it.

According to the website MayoClinic.org², several factors may trigger abusive behavior including:

- Being mistreated as a child or the victim of domestic violence
- Depression or anxiety
- Marital conflict or financial stress
- Alcohol or drug addiction
- Social isolation
- Limited parental education or experience

Additional information on risk factors contributing to abusive behavior is available at <http://www.mayoclinic.org/diseases-conditions/child-abuse/basics/risk-factors/con-20033789>

And, as it specifically relates to children involved in human trafficking³, the Pennsylvania Department of Human Services (DHS) has identified the following at-risk populations:

- Youth in the foster care system
- Youth who identify as LGBTQ
- Youth who are homeless or runaway
- Youth with disabilities
- Youth with mental health or substance abuse disorders
- Youth with a history of sexual abuse
- Youth with a history of being involved in the welfare system
- Youth who identify as native or aboriginal
- Youth with family dysfunction

Signs and Symptoms of Major Types of Child Abuse and Neglect

According to the factsheet entitled “What is Child Abuse and Neglect? Recognizing the Signs and Symptoms” produced by Child Welfare Information Gateway, U.S. Department of Health and Human Services, Children’s Bureau, the four most recognized types of maltreatment of children include physical abuse, neglect, sexual abuse, and emotional abuse. Substance abuse and abandonment are also sometimes classified as child abuse and neglect. ⁴Access the factsheet at <https://www.childwelfare.gov/pubPDFs/whatiscan.pdf>

In this next section, we’ll focus on the signs and symptoms of the following types of child abuse – physical abuse, neglect, sexual abuse, emotional abuse, and human trafficking.

As a physician, there are often “red flags” displayed by either the child or a parent/caregiver, that could give you pause for further consideration. Some observations you may wish to note include:

- Has the child had recent changes in behavior or school performance?
- Has the child had a sudden withdrawal from friends or usual activities?
- Has the child had frequent absences from school?
- Does the child appear guilty or ashamed to talk about something?
- Has the child attempted to run away from home?
- Does the child avoid making eye contact or physical contact with the parent/caregiver?
- Does the parent/caregiver show little concern for or offer little comfort to the child?
- Does the parent/caregiver describe the child with negative terms or belittle and berate the child?
- Does the parent/caregiver deny that any problems exist at home or school, or blames the child for the problems?

- Does the child have frequent or multiple sexually transmitted diseases or pregnancies?
- Does the child exhibit hyper-vigilance or paranoid behaviors?

The existence of these red flags or other similar behaviors does not, of course, automatically indicate that a child is being abused or that a parent/caregiver is abusive. If these warning signs align with other physical indications for abuse, however, it is imperative to consider all options and not ignore the possibility of child abuse.

When identifying potential signs or symptoms associated with **physical abuse**, resources commonly list the following^{4,5}:

- Unexplained injuries, such as bruises, fractures, burns, or a black eye/battered face
- Untreated medical or dental problems
- An apparent fear of parents or adult caregivers or avoidance of contact with adults
- A discrepancy between the extent of the injuries and the explanation given for the injuries
- Abuse of animals or pets

Common signs or symptoms of **neglect** may include^{4,5}:

- Poor growth
- Unusually thin cheeks or extremities
- Indifference
- Poor hygiene
- Frequent absences from school
- Begs or steals food or money
- Inappropriate clothing for seasonal weather

Some signs and symptoms such as depression or sleep problems are associated with both **sexual abuse** and **emotional abuse**. Changes in behavior – from one extreme to another – are often also noted for both maltreatments. Other common signs or symptoms of **sexual abuse** may include^{4,5}:

- Sexual behavior or knowledge that is inappropriate for the child's age
- Blood in the child's underwear
- Trouble walking or sitting
- A sudden change in appetite
- Pregnancy or venereal disease
- Refusal to dress in front of others
- Running away from home/school

In addition to the signs or symptoms listed above, victims of emotional abuse may also demonstrate signs or symptoms including^{4,5}:

- Delayed or inappropriate emotional development
- Loss of self-confidence or self-esteem
- Headaches
- Stomachaches
- Avoidance of certain situations, such as refusing to go to school
- Seeks affection from other adults
- Attempted suicide

Furthermore, according to DHS, there are several additional signs or symptoms which may indicate that a child is engaged in **human trafficking**, including:

- A youth that has been verified to be under 18 and is in any way involved in the commercial sex industry, or has a record or prior arrest for prostitution or related charges.
- A youth that has an explicitly sexual online profile.
- Excessive frequenting of internet chat rooms or classified sites.
- Depiction of elements of sexual exploitation in drawing, poetry, or other modes of creative expression.
- Frequent or multiple sexually transmitted diseases or pregnancies.
- Lying about or not being aware of their true age.
- Having no knowledge of personal data, such as but not limited to: age, name, and/or date of birth.
- Having no identification.
- Wearing sexually provocative clothing;
- Wearing new clothes of any style, getting hair and/or nails done with no financial means.
- Secrecy about whereabouts.
- Having late nights or unusual hours.
- Having a tattoo that he or she is reluctant to explain.
- Being in a controlling or dominating relationship.
- Not having control of own finances.
- Exhibiting hyper-vigilance or paranoid behaviors.
- Expressing interest in, or in, relationships with adults or much older men or women.

Effective Physician-Patient Communications Could Make a Difference

Since many cases of child abuse center on the needs and problems of the parents, the American Academy of Family Physicians (AAFP) recommends that in order to prevent abuse, physicians must first help the parents to nurture and protect their children. Parents with multiple medical, financial, emotional, and other needs find it difficult to meet the needs of their children. While physicians may find this is difficult to do, it is important to remember that providing needed support to the parents may ultimately help the children.

When attempting to assess the risk of child abuse, physicians should ask parents the following types of questions:

- “How are things between you and your partner”?
- “What is it like for you taking care of this baby”?
- “Who helps you with the children”?
- “What do you do when your child’s behavior drives you crazy”?
- “Do you have time for yourself”?

By responding to the answers to these questions in a non-judgmental manner, physicians may find that the parent is willing to discuss the problems they are experiencing in a more open manner. Because children frequently do not complain about being abused, physicians must always be alert to the possibility that abuse may be occurring, even when the child says nothing or says they have not been hurt. When dealing with a child whom the physician suspects may be a victim of abuse, it is important to obtain a detailed medical history from the child (if possible) and from the child’s caretakers. The physician must be sensitive to the child’s fears when discussing the home situation and tailor the interview to the child’s developmental level.

The physician should sit near the child at eye level and should attempt to establish an empathic, trusting relationship. Questions beginning with “How come” are more productive than questions beginning with “Why”. If the child’s responses to the physician’s questions are unclear, the child should be asked to explain words or terms that are unclear. The physician should not press the child for answers he or she is not willing to give, suggest answers to the child, or criticize the choice of language used by the child to describe what has occurred. It is important to realize that the child’s safety is the physician’s primary concern. All findings should be documented in the medical record, which may provide critical evidence in court proceedings.

Important Considerations When Abuse Is Suspected

David Turkewitz, MD, FAAP, chairman of pediatrics and section director of pediatric emergency medicine at York Hospital, serves as the Medical Director for the regional Children’s Advocacy Centers in York and Adams counties. He lectures frequently on child abuse including presentations of the Educating Physicians in Communities, Suspected Child Abuse and Neglect program (EPIC SCAN). This program, developed by the Pennsylvania Chapter of the American Academy of Pediatrics in 1998, meets the learning needs of community based physicians, hospital staff, school nurses, and EMS personnel.

Dr. Turkewitz notes the challenges that physicians have when it comes to recognizing, managing, and reporting child abuse. The physician must be willing to consider abuse in the differential diagnosis, even in the absence of risk factors. If abuse is missed, many of these children will suffer from further abuse that may be fatal. Physicians may be unfamiliar with the reasonable suspicion threshold for reporting. If the physician has a reasonable suspicion of child abuse, then the physician must report. Dr. Turkewitz notes that what is a reasonable threshold for one physician may not be for another as differences of opinion can occur based on training and clinical experience. In the past, physicians have been reluctant to report because they may not have seen themselves as experts. Moving forward, however, physicians are considered mandated reporters and must register a report if there is a reasonable suspicion of child abuse.

Dr. Turkewitz often hears that physicians are uncomfortable when informing parents that there is a possibility of abuse. Physicians need to be truthful as parents can usually recognize when physicians are being evasive. However, physicians should not notify parents of a report of suspected abuse if they (physicians) feel doing so might place a child at increased risk. Also, the physician must suppress any tendency to be angry or upset as this can only hinder effective communication with the family. Dr. Turkewitz suggests the following dialogue for breaking the news:

“I can see how much you care about your child. Because you care so much, you would not want me to miss anything. I am not saying that abuse occurred, but child abuse can possibly cause injuries like your child has, so we must investigate for that possibility. Of course, it may turn out the injuries were not from abuse, but we still need to look, as a missed diagnosis of abuse often leads to re-injury and sometimes death. Also, I have no choice as Pennsylvania law requires that I report.”

By using the “common concern for the child” approach, parents are not given a way to rationally disagree with what the physician must do. Dr. Turkewitz recommends that physicians inform the family what will happen once a report has been made, i.e. that they will be contacted by Children and Youth services.

Parents should be told that Children and Youth will always be involved and law enforcement may be involved. Parents should be counseled to be honest and not argumentative when working with Children and Youth and the police. Advance preparation helps once a decision is made to report. The office should know how to access the PA child abuse reporting form, the ChildLine phone number, and how to contact the local Children and Youth Services.

Dr. Turkewitz recommends that physicians incorporate child abuse prevention as part of well child anticipatory guidance. Parents should be advised that corporal punishment as a form of discipline can cross over into physical abuse and that alternative discipline techniques are more conducive to healthy relationships between parents and children and better life-long outcomes.

Conclusion

Physicians are in a unique position to detect the injuries and behavioral problems resulting from child abuse and neglect. As such, they can be powerful advocates for the most vulnerable members of our society.

Additional Resources

Pennsylvania physicians have access to CME on child abuse recognition and reporting that meets the state's licensure requirements. Access this and other resources from PAMED at www.pamedsoc.org/childabuselaws.

¹ Pennsylvania Department of Human Services (2016), *2015 Annual Child Protective Services Report*. Harrisburg, PA: Commonwealth of Pennsylvania. <http://www.dhs.pa.gov/publications/childabuserreports/>

² <http://www.mayoclinic.org/diseases-conditions/child-abuse/basics/risk-factors/con-20033789> accessed December 2014

³ Severe forms of trafficking in persons and sex trafficking (i.e., human trafficking) was added as a form of child abuse with the passage of Act 115 of 2016 on October 28, 2016.

⁴ Child Welfare Information Gateway. (2013). *What is child abuse and neglect? Recognizing the signs and symptoms*. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau. <https://www.childwelfare.gov/pubPDFs/whatiscan.pdf>

⁵ <http://www.mayoclinic.org/diseases-conditions/child-abuse/basics/symptoms/con-20033789> accessed December 2014