

# RECOGNISING CHILD ABUSE

## 1. Definition of Child Abuse

“Any interaction or lack of interaction by a parent or caretaker which results in the non-accidental harm to the child’s physical and/or developmental state.”<sup>1</sup>

The term child abuse therefore includes not only the physical non-accidental injury of children, but also emotional abuse, sexual abuse and neglect. Therefore abuse can range from habitually humiliating a child to not giving the necessary care.

## 2. Myths about Child Abuse

There are many myths about child abuse, for example:

- children are usually molested by strangers;
- there is a universal taboo in all cultures about incest;
- men who abuse are psychotic or retarded;
- incest only happens to girls;
- the child always feels negative towards the offender;
- mothers know of incest and condone it;
- it does not happen in my family or community; and
- there is no love and affection in families in which abuse occurs.

## 3. Categories of Abuse

### 3.1. Physical abuse

**Physical abuse** is regarded as the non-accidental injury or other physical harm inflicted upon a child. Injuries range from cuts and bruises to burns and fractures and the consequences may include death, and permanent disability of the body and/or psyche of the child. Physical abuse can also include the administration of drugs or alcohol e.g. inappropriate medication or sedation of a child.

#### 3.1.1. What Constitutes Physical Abuse?

▪ Beating	▪ Scolding	▪ Hitting with an object
▪ Strangulation	▪ Tying up	▪ Locking in a small space
▪ Burning	▪ Kicking	▪ Sticking with pins
▪ Suffocation	▪ Murder	▪ Burning with cigarettes or hot objects

<sup>1</sup> Child Abuse Liaison Committee, 1983.

### 3.1.2. Physical Abuse Indicators

▪ Unexplained bruises/ welts	▪ Unexplained burns
▪ Bald spots and scalp bruises	▪ Unexplained abdominal injuries
▪ Unexplained lacerations, abrasions, fractures	▪ Bite marks

### 3.1.3. Behavioral Signs for Physical Abuse

▪ Weary of adult contacts	▪ Behavioural extremes
▪ Apprehensive when other children cry	▪ Frightened of parents and afraid to go home
▪ Absence from school, particularly on Mondays	▪ Reports injury by parents
▪ Lags in emotional and intellectual development	▪ Unbelievable explanations for injuries

## 3.2. Emotional abuse

Physical abuse is without a doubt emotionally damaging but it is possible for a child to be abused without being physically harmed. This is **emotional abuse** and it takes the form of:

- withholding necessary warmth and affection (necessary for normal physical and psychological development);
- verbal abuse including denigration, frightening and threatening the child; and
- parental indifference resulting in poor discipline and control.

### 3.2.1. What Constitutes Emotional Abuse

▪ Humiliating a child	▪ Parental indifference
▪ Inconsistencies especially discipline	▪ Lying to a child
▪ Manipulation	▪ Threats

### 3.2.2. Emotional Abuse Indicators

▪ Withdrawal	▪ Neurotic traits
▪ Failure to thrive	▪ Extremely poor self-concept
▪ Habit disorders	▪ Speech disorder
▪ Development lags	▪ Inability to relate to others

### 3.2.3. Behavioral Signs of Emotional Abuse

▪ Withdrawal	▪ Neurotic traits
▪ Low self-esteem	▪ Inability to relate to others
▪ Anxiety	▪ Overly adaptive behaviour
▪ Depression	▪ Attention-seeking behaviour
▪ Neglect of appearance	

### 3.3. Neglect

It is very important that children receive care and attention by being provided with adequate nutrition, shelter, and a safe environment. **Neglect** in these aspects can result in retarded growth and development, both physically, intellectually and emotionally.

#### 3.3.1. What Constitutes Neglect

▪ Lack of adequate supervision	▪ Lack of proper hygiene
▪ Lack of adequate protection	▪ Deprivation of sleep
▪ Lack of adequate clothing	▪ Driving with children while under the influence of alcohol/drugs
▪ Lack of adequate medical/ dental care	▪ Failure to nurture and provide emotional support
▪ Lack of education opportunities	

#### 3.3.2. Neglect Indicators

▪ Constant hunger or poor hygiene	▪ Falling asleep in class
▪ Fatigue and listlessness	▪ Early arrival/ leaving late
▪ Unattended physical problems	▪ Delinquent acts
▪ Saying that there is no-one to care for him/her.	▪ Neglected personal cleanliness

#### 3.3.3. Behavioral Signs of Neglect

▪ Withdrawal	▪ Conduct disorders
▪ Failure to thrive	▪ Begging/stealing food
▪ Anxiety	▪ Attention seeking behaviour
▪ Depression	

### 3.4. Sexual abuse

**Sexual abuse** is the most difficult form of abuse to deal with as it is so invasive. While small children, or even infants, can be victims of sexual abuse, the most common age of abuse seems to be preadolescence.

When a child discloses sexual abuse, it is very important that it be taken seriously and handled with sensitivity. Expressions of horror, disbelief or blame can be just as damaging to a child as the act itself.

Contrary to popular belief, 80% of sexual abuse appears to be committed by parents, relatives and family friends and only 20% by strangers.]

#### 3.4.1. What Constitutes Sexual Abuse

▪ An adult showing a child his/her genitals	▪ An adult touching the child's genitals
▪ An adult having a child touch his/her genitals	▪ Oral genital contact
▪ An adult having a child show his/her genitals	▪ Insertion of an object into the child's genitals
▪ Forced masturbation	▪ Digital penetration
▪ Intercourse	▪ The use of a child in the production of pornographic material or forcing a child to watch pornographic material
▪ Sexual talk to children	▪ Exposing a child to the sexual behaviour of others.
▪ Voyeurism	

#### 3.4.2. Sexual Abuse Indicators

▪ Difficulty in walking/sitting	▪ Torn, stained, bloody clothing
▪ Bruises, bleeding in genital/anal area	▪ Pain when passing urine
▪ Sexual transmitted diseases	▪ Pregnancy
▪ Psychosomatic problems	▪ Bed wetting or soiling

### 3.4.3. Behavioral Signs of Sexual Abuse

▪ Unwilling to change for PE class	▪ Shy, reserved, fearful, abrupt change in personality or behaviour
▪ Withdrawal, fantasy, infantal behaviour	▪ Mutilating behaviour
▪ Inappropriate sexual knowledge and seductive behaviour	▪ Layers of clothing, double dressing
▪ Poor peer relations	▪ Excessive masturbatory behaviour
▪ Learning difficulties/ deterioration in school	▪ Drastic change in appetite
▪ Delinquency, runaway, truancy	▪ Regression & Compulsive behaviours
▪ Attempted suicide	▪ Over compliance

## 4. Causes of Child Abuse and Neglect

Although their actions shock and anger people, child abusers have serious problems and they require help. These reasons do not preclude adults and older children who abuse children from taking responsibility for their behaviour. The reasons for abuse vary and can include:

▪ Premature/ difficult birth;	▪ Poor ante-natal care;
▪ Sickly child;	▪ An unwanted child;
▪ Poor bonding;	▪ Handicapped child; and
▪ Difficult pregnancy/labour;	▪ Difficult child-behaviourally, medically, educationally.
▪ Poor impulse control on the part of the parent	▪ Alcohol and drug abuse
▪ Inappropriate sexual development and attachments	

## 5. The Parents who Abuse

Abusing parents may be aggressive, non-trusting, defensive, suspicious or frightened. There are many reasons why parents abuse their children, some of which follow:

▪ Parents were abused as children	▪ Abuse alcohol/drugs
▪ Unemployed	▪ Have inadequate income
▪ Socially isolated	▪ Live far away from extended family
▪ Working parents	▪ Insufficient leisure time
▪ Immature personality characteristics	▪ Neurotic/psychiatric disorders

## 6. The Family

As with parents, the family unit (i.e. both parents) may be the abusers of children. Following are some reasons for this:

▪ Very young/immature parents	▪ Inadequate spacing between children
▪ Handicapped or seriously ill child in family	▪ Family is socially isolated
▪ Parents have no support structure	▪ Parents have no parenting role-models

## Appropriate/Inappropriate Children's Behaviours Related to Sex and Sexuality and Gender

Age	Behaviour	Requires parental or caretaker intervention	Requires external advice for management*	Inappropriate response
Infancy	Child experiences spontaneous erections accompanied by expressions of pleasure.	No	No	A negative response to the behaviour.
	Child experiences erections when suckling at the breast or on the bottle.	No	No	A negative response to the behaviour.
	Child plays with own genital area when sufficient coordination has developed.	No, best ignored.	No	A negative response to the behaviour.
	Child pats or searches for mothers or caretakers' breasts.	No, if uncomfortable or embarrassing for the mother or caretaker gently distract the child and give the child something to hold.	No	A negative response to the behaviour.
	Child reaches into nappy or pants and removes and plays with and smears/"paints" with feces.	This is a normal behaviour and child should not be punished. A firm no and putting overalls on child should limit this behaviour.	No	Telling the child or giving the child the message that they are bad.
Toddlers	Child touches and self stimulates genital area, often in the presence of others.	Parent begins to explain rules for self touching - not in public.	No	Punishment & making the child feel guilty, telling the child that the penis will fall off if touched.
	Child puts crayons, other objects into body orifices.	Firm parental "no", distract the child	No	Panic and punishment, an assumption that the child has been abused.
	Child rubs genitals against objects and receives pleasure from this activity.	Distract the child	No	Panic and punishment.
	Persistent and continuous self stimulation either through self touching and rubbing against objects.	Distract the child, explain the rules about self stimulation in public.	Yes - it may be helpful to look at a range of needs which the child might be attempting to fulfil through self stimulation of the genitals such as insecurity	Panic and punishment, telling the child s/he is bad, assuming that the child has been abused. However consider this possibility as one of a range of possible contributing factors

# Appropriate/Inappropriate Children's Behaviours Related to Sex and Sexuality and Gender

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Age	Behaviour	Requires parental or caretaker intervention	Requires external advice for management*	Inappropriate response
Toddlers	Child attempts to explore the bodies of other children, touches genitals, sucks genitals of others.	Clear explanation of rules in respect of touching the bodies of others and the consequences of not adhering to these.  Acknowledgement that sometimes this touching can feel good but that does not make it OK.	If behaviour persists seek professional help and advice.	Over-reaction, panic and severe punishment. Failure to apply appropriate sanctions when the behaviour does re-occur. Avoid labeling the child negatively.
	Looking at and touching the genitals of animals	ditto	ditto	ditto
	Looking at, asking questions about and touching the genitals and private parts of adults	ditto	ditto	ditto
	Interested in watching/ peeking at people doing bathroom functions, genitals, and sex.	Ditto, but also make sure that children learn to respect the privacy of others.	ditto	ditto
	Refuses to wear clothes, keeps undressing and running around naked.	Explain clearly the rules about when clothes must be worn. Institute a simple system of rewards when the child gets and remains dressed appropriately such as praise, or a hug.	ditto	Avoid threatening with drastic consequences.
The Preschool Child	All of the above behaviours may occur.	Explanations and repeated confirmations of the rules, and firm but gentle application of consequences once the behaviour has been clearly labeled as inappropriate.	ditto	ditto
	Hiding -eg under bedclothes, bushes in order to explore, touch and play "sex" games with friends.	Ditto and discuss with parents of caretakers without labeling the children but ensuring consistent and clear management.	If persists despite intervention then seek advice on behaviour management.	ditto

# Appropriate/Inappropriate Children's Behaviours Related to Sex and Sexuality and Gender

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Age	Behaviour	Requires parental or caretaker intervention	Requires external advice for management*	Inappropriate response
The Preschool Child	Uses dirty words for bathroom functions, genitals and sex, tells "toilet jokes".	Clear rules for the use of appropriate language, ensure the child knows the correct words for body parts, and ignore the dirty jokes. However appropriate humour in children is tension relieving, fun and to be encouraged.	ditto	ditto
	Asking questions about reproduction, sex, how do babies come out of tummies etc.	Give simple clear explanation, answering the question asked without too much elaboration.	ditto	ditto
	Tells "toilet" jokes and/or stories about body functions.	Best ignored, but humour is a positive attribute to be encouraged!	Not needed.	Punishment - interest in body functions very normal at this stage.
	Wants privacy when bathing, changing and/or using the toilet.	Respect this request, and teach the child to ask for this appropriately.	Not needed.	Refuse the request.
	Pretends to be pregnant or giving birth.	This gives an opportunity for information giving to the child. Otherwise ignore.	Not needed.	Belittling the child or making fun of the child's imaginative game.
	Pretends to be of the opposite gender - wants to dress like the opposite gender.	Best ignored. Use this as an opportunity to reaffirm the value of both genders.	Not needed.	Do not ridicule the child or tease.
The Latency years - 6 - 11 years	Any of the above.	Ditto responses above but with very clear sanctions for unacceptable behaviour, firmly applied.	Ditto above.	Ditto above.
	A complete lack of apparent interest in sexual issues, physical development and other related issues.	As information about adolescence and puberty should be given to prepare child for physical and emotional changes, both their own and their peers, ensure that child does have information about these processes.	None required.	Assuming that the child does not need this information because they do not ask questions.

# Appropriate/Inappropriate Children's Behaviours Related to Sex and Sexuality and Gender

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Age	Behaviour	Requires parental or caretaker intervention	Requires external advice for management*	Inappropriate response
The Latency years - 6 - 11 years	Shows interest in "dirty" pictures and may even bring them home and hide them.	Clearly explain the rules about pornography and unacceptable pictures and written material and why these rules are important for you and the family.	None required.	Destroying the pictures with no explanation, shock and horror, not dealing with the issue gently and firmly.
	Plays games that involve looking at and even touching other children's and one's own body such as "Doctor and Nurse" and "Mummy and Daddy" games.	Continue to clarify the rules and apply consequences to breaking the rule that are reasonable.	None.	Over-reacting and negative labeling.
	Is rude and negative about the opposite gender and makes negative remarks about gender and body parts associated with the opposite gender.	Talk to the child about differences, equality and the value of each person. Ensure that the child is exposed to positive role models of both genders.	None.	Getting into debates over the relative superiority of either gender, as well as sweeping negative statements about "all men/boys" or "all women/girls".
11/12 years and older	Many of the above.	All of the above, adjusted to the increasing age and maturity of the child.	Don't hesitate to call Childline for advice if you are concerned.	Refuse to communicate or debate issues, values etc with the adolescent.
	Secretly self touches and explores body.	Ignore. However if your culture and religion has firm rules about masturbation explain these and why these rules are important to you and your family.	None.	Telling the child that masturbation will stunt your growth, make you blind, deaf, sterile, etc.
	Child begins to explore sexual touching and behaviour with peers.	Give accurate information about sexuality, contraception, sexually transmitted disease, and what you regard as responsible sexual behaviour. Encourage your child to make responsible choices.	Sometimes information from someone outside the immediate family circle is more acceptable to adolescents than information from a parent.	React with shock and horror.

\* If any of the behaviours described above are persistent and excessive then parents and caretakers are advised to seek advice. Sometimes it is difficult to know what is "persistent" and "excessive" as children will repeat behaviours and activities that they find pleasurable.