

Child Abuse and Neglect:

Section 3: Child Abuse and Neglect Overview

Physical Abuse

Neglect

Emotional Abuse

Unlawful Sexual Behavior and Sexual Abuse



Colorado Department
of Public Health
and Environment



Colorado
Children's
Trust Fund

Child Abuse and Neglect Overview



Physical Abuse

Legal Definitions of Physical Child Abuse

Child abuse and neglect are defined by Colorado Revised Statutes in the Children’s Code (Title 19), the Human Services Code (Title 26), the Criminal Code (Title 18) and the Criminal Proceedings Code (Title 16). Please refer to Appendix One or view the statutes online at the Web links identified below.

Colorado Children’s Code - Colorado Revised Statutes Title 19 Article 1 Part 103

“[C]hild abuse or neglect ... means an act or omission in one of the following categories that threatens the health or welfare of a child: Any case in which a child exhibits evidence of skin bruising, bleeding, malnutrition, failure to thrive, burns, fracture of any bone, subdural hematoma, soft tissue swelling, or death and either: Such condition or death is not justifiably explained; the history given concerning such condition is at variance with the degree or type of such condition or death; or the circumstances indicate that such condition may not be the product of an accidental occurrence...”

Online: <http://198.187.128.12/colorado/lpext.dll?f=templates&fn=fs-main.htm&2.0>

Click on “Colorado Statutes” on the left side of the web page, then click on “[TITLE 19 CHILDREN’S CODE.](#)”

Colorado Criminal Code - Colorado Revised Statutes Title 18 Article 6 Part 401

“A person commits child abuse if such person causes an injury to a child’s life or health, or permits a child to be unreasonably placed in a situation that poses a threat of injury to the child’s life or health, or engages in a continued pattern of conduct that results in malnourishment, lack of proper medical care, cruel punishment, mistreatment, or an accumulation of injuries that ultimately results in the death of a child or serious bodily injury to a child...”

Online: <http://198.187.128.12/colorado/lpext.dll?f=templates&fn=fs-main.htm&2.0>

Click on “Colorado Statutes” on the left side of the web page, then click on “[TITLE 18 CRIMINAL CODE.](#)”

Human Services Code – Colorado Revised Statutes Title 26 Article 3.1 Part 101

“Abuse which occurs: [w]here there is infliction of physical pain or injury, as demonstrated by, but not limited to, substantial or multiple skin bruising, bleeding, malnutrition, dehydration, burns, bone fractures, poisoning, subdural hematoma, soft tissue swelling, or suffocation; where unreasonable confinement or restraint is imposed; or where there is subjection to nonconsensual sexual conduct or contact classified as a crime under the ‘Colorado Criminal Code...’”

Online: <http://198.187.128.12/colorado/lpext.dll?f=templates&fn=fs-main.htm&2.0>

Click on “Colorado Statutes” on the left side of the web page, then click on “[TITLE 26 HUMAN SERVICES CODE.](#)”

Potential Signs, Behaviors or Characteristics of Physical Child Abuse

Physical Signs

Frequent injuries always explained as “accidental”

Injuries that are inappropriate for the child’s developmental age

- ◆ child who is not yet walking who has a spiral fracture

Unexplained bruises/welts

- ◆ in clusters or unusual patterns
- ◆ on several different body areas
- ◆ in various stages of healing (different colors, old/new scars)
- ◆ in the shape of instruments used to inflict wound (hand, fingers, belt, hanger)
- ◆ bruising around the mouth in oral mucus cavity

Unexplained burns

- ◆ in shape of instrument (cigarette, rope, iron, or hot poker, etc.)
- ◆ caused by immersion in hot water or other liquid

Unexplained lacerations or abrasions

- ◆ to mouth, lips, gums or eyes
- ◆ to external genitalia
- ◆ on backs of arms, legs, torso, buttocks, trunk

Unexplained skeletal injuries

- ◆ fractures of any bone
- ◆ multiple fractures
- ◆ stiff, swollen or tender joints

Other Injuries

- ◆ bald spots on the scalp that could be caused by hair pulling
- ◆ missing or loosened teeth
- ◆ human-size bite marks (especially if adult size and recurrent)

Unexplained abdominal injuries

- ◆ swelling of the abdomen
- ◆ localized tenderness
- ◆ constant vomiting

School absence correlates with appearance of injury

Clothing inappropriate for the weather may be concealing injuries

Child’s Behavior

Child reports

- ◆ fear of parent(s)
- ◆ injuries inflicted by parent
- ◆ unbelievable reasons for injuries
- ◆ complains of soreness or moves uncomfortably

Extremes in behavior

- ◆ very aggressive
- ◆ very withdrawn
- ◆ submissive, overly compliant, caters to adults
- ◆ hyperactive
- ◆ depressed/apathetic
- ◆ uncomfortable with physical contact, shrinks from being physically touched
- ◆ wears clothes inappropriate to weather in an effort to cover body
- ◆ clingy or easily attached to new person/stranger

Easily frightened/fearful

- ◆ of parents, adults
- ◆ of physical contact
- ◆ of going home
- ◆ when other children cry

Destructive to self/others

- ◆ poor social relations
- ◆ craves attention
- ◆ indiscriminate attachment to strangers
- ◆ relates poorly to peers
- ◆ manipulates adults to get attention

Demonstrates poor self-concept

Learning/school problems

- ◆ developmental lags
- ◆ poor academic performance
- ◆ short attention span
- ◆ language delayed
- ◆ arrives at school early or stays late, as if afraid to be at home

Chronic runaway, especially adolescents

Attempted suicide

Delinquency

Parental Characteristics

Conceals the child’s injury

- ◆ gives explanation which doesn’t fit the injury
- ◆ dresses child to cover injury
- ◆ keeps child home from school

Does not appear to be concerned about the child

- ◆ cares more about what will happen to himself or herself than what happens to the child

Describes the child as bad, different or evil

Believes in severe discipline

- ◆ or inappropriate discipline for child’s age or size

Low self-esteem

Abuses alcohol/drugs

Immature

Maltreated as a child

This chart was abstracted from *Preventing Child Abuse in the Harvest: A Handbook for Migrant Educators*, (1985). Published by the Migrant Education Unit, Office of General Education, New York State Education Department, Albany, NY 12234. Prepared and administered by the Eco-Behavioral System for the Complex Assessment of Preschool Environments (ESCAPE), a U.S. Department of Education Section 143 Project in Interstate Coordination.



Types of Physical Abuse

While many of the injuries mentioned below can occur unintentionally while a child is at play, physical abuse should be suspected if the explanations do not fit the injury or if a pattern of frequency is apparent. The presence of many injuries in various stages of healing makes it obvious that the injuries did not all occur as a result of one “accident.” Note: Remember to consider ethnic/cultural traditions that may apply in abuse situations. Refer to the section entitled, *Current Topics in Child Maltreatment*, which includes a discussion of *Cultural Considerations Related to Child Abuse and Neglect*.

Bruises

The location of a bruise often helps determine whether the bruise was accidental or the result of abuse. Bruises obtained during play are more likely to occur on bony prominences, such as knees, shins, forehead or elbows. Bruises that may be suspicious as signs of abuse are those occurring on the face, neck, cheeks, buttocks, backs of thighs or calves, abdomens, or chests. This may occur from belts or straps on a child’s legs, back or arms and from hands on the child’s face, which is often in the outline of fingers. Age of bruising can sometimes be determined by the color. The following is a chart that estimates the “color” of the bruise and the approximate age of the bruise. These timeframes are only estimates, as many factors can influence the color change of resolving bruises.

COLOR	TIME
Light bluish-red	After a few hours
Purple (dark)	1 day to 1 week
Green-yellow	End of 1 week
Brown	Later than 1 week
Disappearance	2-4 weeks

Fractures

Unintentional fractures are, and always will be, a normal part of childhood and can be a result of falling out of trees, bike crashes and other play-related falls. Fractures in non-mobile infants and children, including physically disabled children who are not mobile, should be a concern. Cardiopulmonary resuscitation (CPR) does not typically cause fractured ribs in children. If an adult claims that a child’s ribs are fractured due to CPR, a health care provider should closely examine the case. While there are diseases that cause bone weakening and fractures in children, these diseases are extremely rare.

Internal injuries

Internal injuries are caused by blows that injure internal organs. Physical indicators include pain in the stomach, chest or any internal area; external bruising of the chest or stomach; distended, tender or swollen abdomen; tense abdominal muscles; labored breathing; severe, pinching pain in the chest while breathing; nausea and/or vomiting. Internal injuries usually are diagnosed by a health care provider using computed tomography (CT) scans of the chest and abdomen.

Head and brain injuries

Head injuries can result from a traumatic birthing process. If the injury was not noticed within a few days of birth, child abuse should be suspected. Head and brain injuries can occur from falls and car crashes, as well as shaking and beating.

Subdural hematoma

When blood vessels break in the brain, blood collects under the dura, or tissue covering the brain, and this could result in swelling of, and pressure on, brain tissue. Hematomas are diagnosed by a health care provider using a CT scan of the head.

Skull fracture

Skull fractures can be caused by a blow to the head or by a child bumping his/her head unintentionally, especially if the child is older and there is a clear and



Overview

logical explanation of the incident. Bumps, lumps and/or tender areas on the skull may be an overt sign of a skull fracture.

Eye injuries

Eye injuries are usually caused by direct blows. Black eyes are evidence of an eye injury. It is important to remember that eye injuries can be intentional or unintentional, so the history provided for the black eye is significant. Retinal bleeding is caused by Shaken Baby Syndrome and cannot be seen without looking in the dilated eye with an eye scope. A health care provider should diagnose retinal bleeding.

Ear injuries

Usually caused by direct blows, pinching or other hitting and usually identified by a health care provider upon physical examination.

Nasal, oral, dental or lip injuries

These injuries may occur when an object is forced into the nose or mouth. Blows directly to the face can also cause injuries. Cuts or swelling may indicate injuries to the nose and mouth.

Hair loss

Hair pulling as a means of discipline may be responsible for hair loss or baldness.

Poisoning

A parent may treat the child with roots or herbs for a common ailment. Some of these treatments may have side effects resulting in poisoning. Adult education could help to make parents aware of the possible effects of root and herb treatments. If a child ingests a poisonous substance accidentally, an investigation of neglect may be warranted.

Water burns

Unintentional burns do happen, especially since tap water can be set at high temperatures. However, abusive burns are usually distinctively different from uninten-

tional burns. Abusive burns have clear lines defining the skin and they are often deep. Unintentional burns, on the other hand, tend to be scattered and do not penetrate the skin as deeply.

Differentiating between Natural Marks and Marks of Physical Child Abuse

Care should be taken not to mistake the following natural marks or skin conditions for marks of child abuse or neglect.

Mongolian Spots

Mongolian spots are most common among children of color. They are grayish blue, appear on the back and buttocks and are present at birth lasting for two to three years. Mongolian spots appear in 90 percent of Black and Asian infants, 50 percent of Hispanic infants and 10 percent of White, non-Hispanic infants.

Salmon Patches

These are also called “angel’s kisses” or “stork bites” and appear on newborns. They are pink marks appearing on the nape of the neck, eyelids, above the nose and at mid-forehead.

Strawberry Marks

These marks are not usually present at birth but appear within the first few weeks of life.

Impetigo

This bacterial infection can cause circular, reddened or scale-like lesions and can mimic cigarette burns.

Eczema

This dry, reddened skin condition can be seen on the legs, arms and face.



Neglect

Child neglect is the most common form of child maltreatment reported to public child protective services. The National Child Abuse and Neglect Data System (NCANDS) reports that more than 3.4 million children were reported for maltreatment in 2004 and over 870,000 of those cases were substantiated or indicated abuse and neglect victims. Of these, 62% (approx. 544,000) were victims of neglect. (U.S. Dept. of Health and Human Services, 2006).

Legal Definition of Neglect

Aspects of child neglect are defined by Colorado Revised Statutes in the Colorado Children's Code (Title 19). Please refer to Appendix One or view the statutes online at the Web link identified below.

Colorado Children's Code - Colorado Revised Statutes Title 19 Article 1 Part 103

Child neglect is "[a]ny case in which a child is a child in need of services because the child's parents, legal guardian, or custodian fails to take the same actions to provide adequate food, clothing, shelter, medical care, or supervision that a prudent parent would take."

Online: <http://198.187.128.12/colorado/lpext.dll?f=templates&fn=fs-main.htm&2.0>

Click on "Colorado Statutes" on the left side of the web page, then click on "TITLE 19 CHILDREN'S CODE."

Reference: U.S. Department of Health and Human Services, Administration on Children, Youth and Families. *Child Maltreatment 2004* (Washington, DC: U.S. Government Printing Office, 2006).

Potential Signs, Behaviors or Characteristics of Child Neglect

Physical Signs	Child's Behavior	Parental Characteristics
<p>Poor growth pattern</p> <ul style="list-style-type: none"> ◆ emaciated, i.e., no fat pads on buttocks and cheeks ◆ distended stomach 	<p>Chronic fatigue/ listlessness</p>	<p>Apathetic/passive</p>
<p>Consistent hunger/malnutrition</p>	<p>Steals or hides food, begs food from classmates</p>	<p>Depressed</p>
<p>Poor hygiene</p> <ul style="list-style-type: none"> ◆ lice ◆ body odor 	<p>Reports that no one is at home</p>	<p>Unconcerned with the child or does not seem to recognize child's needs</p>
<p>Lacks appropriate/ necessary clothing</p>	<p>Extremes in behavior</p> <ul style="list-style-type: none"> ◆ hyperactive ◆ aggressive ◆ withdrawn ◆ assumes adult responsibilities ◆ acts in a pseudo-mature fashion ◆ submissive/overly compliant 	<ul style="list-style-type: none"> ◆ not bothered by the child's lack of basic necessities or behavior, due to parental negligence ◆ no food in the house ◆ does not seek child care ◆ lack of appropriate clothing for weather
<p>Unattended physical problems or medical needs</p> <ul style="list-style-type: none"> ◆ lack of proper immunizations ◆ gross dental problems ◆ needs glasses/hearing aids ◆ withholding medical treatment (however, this could be a result of some parents' religious beliefs) 	<p>Infantile behavior</p> <ul style="list-style-type: none"> ◆ depressed/apathetic 	<p>Socially isolated</p>
<p>Consistent lack of supervision</p>	<p>Seeks attention/affection</p> <ul style="list-style-type: none"> ◆ hypochondria 	<p>Low self-esteem</p>
<p>Constant fatigue/listlessness</p> <ul style="list-style-type: none"> ◆ falls asleep in school 	<p>School</p> <ul style="list-style-type: none"> ◆ frequent school tardiness ◆ frequent absence from school ◆ school dropout, especially as adolescent 	<p>Abuses alcohol and/or drugs</p>
<p>Developmental lags physical, emotional and/or intellectual</p>	<p>Delinquency</p>	<p>Impulsive behavior</p>
<p>Fear of abandonment</p>		<p>Mentally retarded</p>
		<p>Psychiatric illness</p>
		<p>Maltreated as a child</p>
		<p>Unsafe living conditions</p> <ul style="list-style-type: none"> ◆ home life chaotic ◆ drugs/poisons in reach of children ◆ garbage/excrement in living areas

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Types of Child Neglect

Failure to Thrive

This term describes infants and children who do not gain weight and grow. If it is the result of organic deficiencies that is a medical cause or disease, it is not classified as neglect. When failure to thrive is diagnosed, and there is no underlying disease or physical condition, this lack of growth is non-organic and psychosocial in nature. The failure to thrive may be due to neglect or significant problems in the parent-child relationship. Additional information on failure to thrive is provided in the *Current Topics in Child Maltreatment* section.

Medical Neglect

Medical neglect occurs when important medical care, necessary to the child's health and well-being, is either withheld from the child or not sought and obtained. Concern is warranted not only when a parent refuses medical care for a child in an emergency or for an acute illness, but also when a parent ignores medical recommendations for a child with a treatable chronic disease or disability, resulting in frequent hospitalizations or significant deterioration. Parents may refuse medical care for their children for different reasons – religious beliefs, fear or anxiety about a medical condition or treatment, or financial issues. If child protective services becomes involved, the agency may seek a court order for medical treatment to save the child's life or to prevent life-threatening injury, disability or disfigurement. Although medical neglect

is highly correlated with poverty, there is a distinction between a caregiver's inability to provide the needed care, based on cultural norms or the lack of financial resources, and a caregiver's knowing reluctance or refusal to provide care. Children and their families may be in need of services even though the parent may not be intentionally neglectful. When poverty limits a parent's resources to adequately provide necessities for the child, services should be sought to help the family provide for its children.

The National Child Abuse and Neglect Data System (NCANDS) reports that more than 3.4 million children were reported for maltreatment in 2004 and over 870,000 of those cases were substantiated or indicated abuse and neglect victims. Of these, 62% (approx. 544,000) were victims of neglect. (U.S. Dept. of Health and Human Services, 2006).

Safety Neglect

The child is at risk of harm and injury when a parent neglects important safety issues. For instance, a parent or caregiver may leave a child unattended in a car or fail to safely store weapons or toxic materials out of the reach of children. This also is identified as supervisory neglect.

Educational Neglect

This involves the failure of a parent or caregiver to enroll a child in school, support that child's attendance in school or provide appropriate home schooling or needed special educational training, thus allowing the child or youth to engage in chronic truancy. Educational neglect can lead to the child failing to acquire basic life skills, dropping out of school or continually displaying disruptive behavior.



Emotional Abuse

Legal Definition of Emotional Abuse

Aspects of emotional abuse of children are defined by Colorado Revised Statutes in the Colorado Children's Code (Title 19). Please refer to Appendix One or view the statutes online at the Web link identified below.



Colorado Children's Code - Colorado Revised Statutes Title 19 Article 1 Part 103

"[E]motional abuse means an identifiable and substantial impairment of the child's intellectual or psychological functioning or development or a substantial risk of impairment of the child's intellectual or psychological functioning or development."

Online: <http://198.187.128.12/colorado/lpext.dll?f=templates&fn=fs-main.htm&2.0>

Click on "Colorado Statutes" on the left side of the web page, then click on "TITLE 19 CHILDREN'S CODE."

Potential Signs, Behaviors or Characteristics of Emotional Child Abuse

Physical Signs	Child's Behavior	Parental Characteristics
<p>Health problems</p> <ul style="list-style-type: none"> ◆ obesity ◆ skin disorders — acne ◆ speech disorders —stuttering ◆ delayed physical development ◆ chronic medical problems ◆ asthma ◆ allergies ◆ ulcers <p>Infantile behavior</p> <ul style="list-style-type: none"> ◆ pants/bed wetting ◆ thumb sucking ◆ soiling or defecating – urine or fecal matter <p>Failure to thrive in infancy</p> <p>Poor Appearance</p> <ul style="list-style-type: none"> ◆ poor hygiene 	<p>Substance abuse</p> <p>Learning problems</p> <p>Developmental lags</p> <ul style="list-style-type: none"> ◆ physical ◆ emotional ◆ intellectual <p>Extremes in behavior</p> <ul style="list-style-type: none"> ◆ hostile/aggressive ◆ withdrawn, passive, shy, apathetic ◆ antisocial ◆ hyperactive, poor locus of control ◆ constant watchfulness <p>Emotional disturbances</p> <ul style="list-style-type: none"> ◆ eating disorder ◆ anxiety disorder <p>Destructive to self/others; compulsive behaviors</p> <ul style="list-style-type: none"> ◆ sucking ◆ rocking ◆ head-banging ◆ inhibition of play <p>Sleep disorders</p> <ul style="list-style-type: none"> ◆ nightmares <p>Demonstrates poor self-concept/ negative self-image</p> <ul style="list-style-type: none"> ◆ withdrawal/ shyness ◆ depressed/apathetic ◆ suicidal <p>Inappropriate social responses and ineffective social skills</p> <p>Delinquent behavior (especially adolescents)</p> <ul style="list-style-type: none"> ◆ alcohol/drug use ◆ engages in violent acts 	<p>Unrealistic expectations of child</p> <p>Poor responses to child</p> <ul style="list-style-type: none"> ◆ belittles ◆ rejects ◆ degrades ◆ ignores the child <p>Expects child to care for parent</p> <p>Threatens the child</p> <ul style="list-style-type: none"> ◆ with severe punishment/violence ◆ with abandonment <p>Describes the child as</p> <ul style="list-style-type: none"> ◆ bad ◆ different ◆ evil <p>Low self-esteem</p> <p>Depressed</p> <p>Lacking bonding and attachment</p>

This chart was abstracted from *Preventing Child Abuse in the Harvest: A Handbook for Migrant Educators*, (1985). Published by the Migrant Education Unit, Office of General Education, New York State Education Department, Albany, NY 12234. Prepared and administered by the Eco-Behavioral System for the Complex Assessment of Preschool Environments (ESCAPE), a U.S. Department of Education Section 143 Project in Interstate Coordination.



Overview

Types of Emotional Abuse

Rejecting

Parent refuses to acknowledge the child's worth and the validity of the child's needs.

Terrorizing

Parent verbally assaults the child, instills fear through bullying and threatening. The world is defined as a hostile and frightening place.

Ignoring

The child is deprived of emotional stimulation and interaction.

Isolating

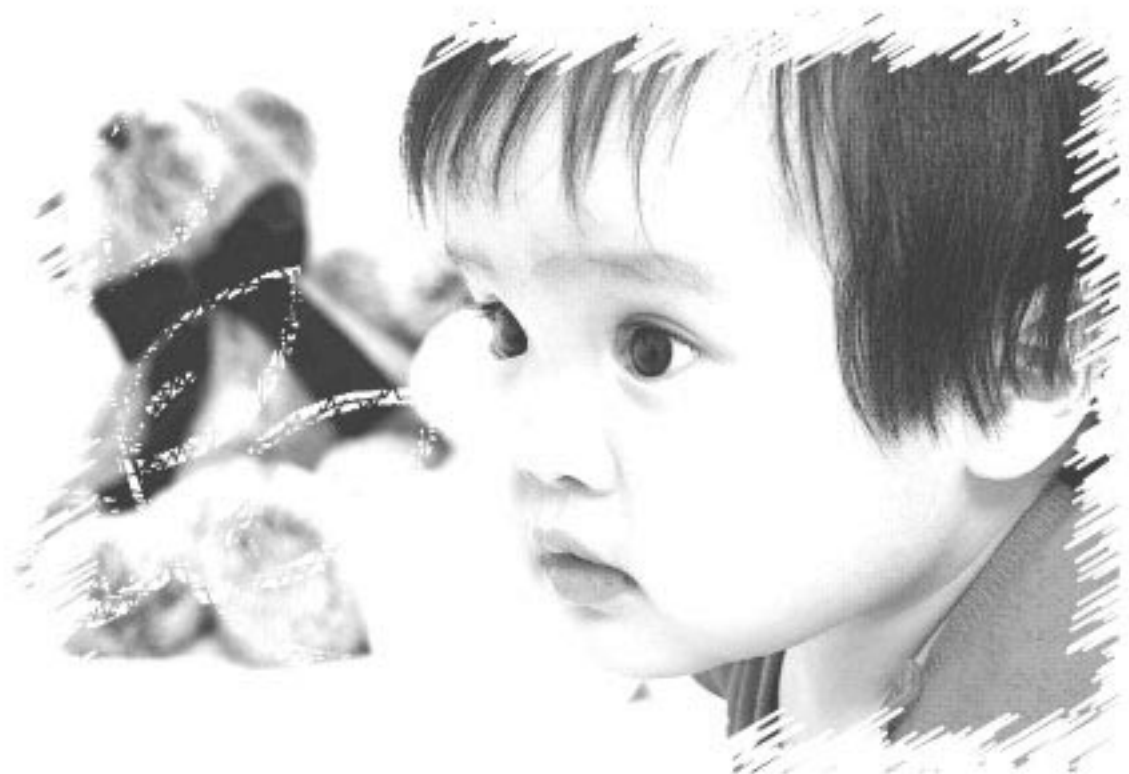
The child is separated and cut off from normal social relationships. The child is prevented from forming friendships and made to feel alone.

Corrupting

The child is taught, encouraged or forced to develop inappropriate or illegal behaviors. It may involve self-destructive or antisocial acts of the parent or caregiver, such as teaching the child how to steal or forcing a child into prostitution. Observation of domestic violence should be considered potentially emotionally abusive.

Verbally assaulting

This involves constantly belittling, shaming, ridiculing or verbally threatening the child.





Unlawful Sexual Behavior and Sexual Abuse

Legal Definition of Unlawful Sexual Behavior and Sexual Abuse

Aspects of unlawful sexual behavior and sexual abuse of children are defined by Colorado Revised Statutes in the Colorado Children’s Code (Title 19). Please refer to Appendix One or view the statutes online at the Web link identified below.

Colorado Children’s Code - Colorado Revised Statutes Title 19 Article 1 Part 103

“[C]hild abuse or neglect ... is [a]ny case in which a child is subjected to unlawful sexual behavior as defined in section 16-22-102 (9), C.R.S.” (See Appendix One).

Online: <http://198.187.128.12/colorado/lpext.dll?f=templates&fn=fs-main.htm&2.0>

Click on “Colorado Statutes” on the left side of the web page, then click on “[TITLE 19 CHILDREN’S CODE](#).”

Potential Signs, Behaviors or Characteristics of Child Sexual Abuse

Physical Signs

Difficulty walking or sitting

Torn, stained or bloody underclothing

Abnormalities in genital/anal areas

- ◆ trauma to the genitals or rectum
- ◆ genital pain or itching
- ◆ bruises/bleeding in external genitalia
- ◆ frequent urinary or yeast infections
- ◆ poor sphincter control
- ◆ vaginal or penile discharge

Sexually transmitted disease

Pregnancy

Psychosomatic illness

Child's Behavior

Disclosure of Abuse:

Child states that she/he has been abused.
Remember, often there are no visible signs of sexual abuse.

Sudden decline in school performance

- ◆ sudden school problems
- ◆ truancy

Poor peer relationships

- ◆ lack of school involvement

Unwillingness to change clothing in gym

- ◆ unwilling to participate in physical education class

Sexual knowledge beyond age

- ◆ displays bizarre, sophisticated sexual behavior
- ◆ inappropriate sex play
- ◆ premature understanding of sex
- ◆ excessive seductiveness

Poor self-concept

- ◆ withdrawn, chronic depression
- ◆ suicidal
- ◆ apathy
- ◆ fantasy or infantile behavior
- ◆ overly concerned with siblings
- ◆ poor self-esteem, self-devaluation, lack of confidence
- ◆ hysteria, lack of emotional control
- ◆ massive weight change
- ◆ self-destructive behavior

Extremes in behavior

- ◆ sexually aggressive
- ◆ withdrawn/fearful of males or females
- ◆ threatened by physical contact or closeness
- ◆ eating, sleeping or elimination disturbances
- ◆ indirect messages expressing fear or dislike of particular individual
- ◆ compulsive behaviors, e.g., taking an excessive number of baths
- ◆ fear of going home, refusal to go home, chronically runs away

Regression to earlier developmental stage

- ◆ baby talk
- ◆ bedwetting
- ◆ wetting pants

Parental Characteristics

Possessive and jealous of the victim

- ◆ denies the child any normal social contact with others
- ◆ accuses the child of sexual promiscuity and seductiveness
- ◆ is abnormally attentive to the victim

Low self-esteem

Poor impulse control

Was sexually abused as a child

Abuses alcohol/drugs

Socially isolated

Poor relationship with spouse

Believes child enjoys sexual contact

Believes sexual contact expresses familial love

Role reversal of mother and daughter or father and son

Father is overly protective of daughter

Father thinks of himself as boyfriend

Mother thinks of daughter as a rival

NOTE: Perpetrator may be close member of the family.

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Common Indicators of Sexual Abuse by Age Group

Early Childhood Indicators

Physical Symptoms

- ◆ sexually transmitted disease
- ◆ unexplained bruises of or bleeding or discharge from external parts of vagina or anus
- ◆ complaints of irritation, pain or injury to the genital area
- ◆ difficulty walking or sitting due to genital or anal pain
- ◆ unexplained recurrent urinary tract infections
- ◆ oral injuries

Psychosomatic Symptoms or Complaints

- ◆ onset of daytime wetting or enuresis
- ◆ encopresis (fecal soiling)
- ◆ sleep or eating disturbances

Behaviors

- ◆ excessive fears or phobias, e.g., fear of males, fear of bed time
- ◆ age-inappropriate behavior, e.g., regressive
- ◆ compulsive masturbation (interruption of play to masturbate, especially chronic or in public, female masturbation involving vaginal penetration)
- ◆ inappropriate, unusual or aggressive sexual behavior with playmates or toys (pretending oral, vaginal, anal penetration with dolls, playmates, animals, e.g., humping)
- ◆ excessive curiosity about sexual matters or private parts (self or others)
- ◆ detailed and age-inappropriate understanding of sexual behavior
- ◆ aggressive, out-of-control behavior

School-Age Indicators

Physical Symptoms

- ◆ sexually transmitted disease
- ◆ unexplained bruises of, bleeding or discharge from external parts of vagina or anus
- ◆ complaints of irritation, pain or injury to the genital area
- ◆ difficulty walking or sitting due to genital or anal pain
- ◆ unexplained recurrent urinary tract infections

Psychosomatic Symptoms or Complaints

- ◆ recurrent abdominal pain
- ◆ headaches
- ◆ sleep or eating disturbances
- ◆ depression
- ◆ encopresis (fecal soiling)
- ◆ enuresis

Behaviors

- ◆ school problems or significant change in school performance, e.g., attitudes, grades, frequent absences
- ◆ expressed feelings of depression, shame, humiliation, guilt, betrayal, self-hate
- ◆ social withdrawal
- ◆ self-consciousness of body beyond that expected for such an age
- ◆ acting out, runaway, aggressive, out-of-control behavior
- ◆ lack of friendships with others their own age, poor social skills, inability to make friends

Psychiatric Symptoms

- ◆ self-mutilation
- ◆ suicide attempts
- ◆ bulimia
- ◆ multiple personality

Adolescent Indicators

Physical Symptoms

- ◆ sexually transmitted disease
- ◆ unexplained pregnancy or attempts to conceal pregnancy
- ◆ unexplained bruises of, bleeding or discharge from external parts of vagina or anus
- ◆ complaints of irritation, pain or injury to the genital area
- ◆ difficulty walking or sitting due to genital or anal pain

Psychosomatic Symptoms or Complaints

- ◆ recurrent abdominal pain
- ◆ headaches
- ◆ sleep or eating disturbances
- ◆ depression

Behaviors

- ◆ promiscuity
- ◆ alcohol or drug abuses
- ◆ running away
- ◆ school problems or significant change in school performance, e.g., attitudes, grades, frequent absences
- ◆ expressed feeling of depression, shame, humiliation, guilt, betrayal, self-hate
- ◆ social withdrawal
- ◆ lack of friendships with others their own age, poor social skills, inability to make friends

Psychiatric Symptoms

- ◆ self-mutilation
- ◆ suicide attempts
- ◆ bulimia
- ◆ multiple personality



Overview

Types of Unlawful Sexual Behavior and Child Sexual Abuse

Touching sexual offenses include

- fondling, with or without clothing on;
- making a child touch an adult's sexual organs or the touching of the clothing covering the intimate parts of either person, if that touching is for the purpose of sexual arousal, gratification or abuse;
- penetrating a child's vagina or anus, no matter how slight, with a penis or any object that doesn't have a valid medical purpose.

Intimate parts **means** the external genitalia, perineum, anus, buttocks, pubic area or the breasts of any person.

Non-touching sexual offenses include

- engaging in indecent exposure or exhibitionism;
- exposing children to pornographic material;
- deliberately exposing a child to the act of sexual intercourse;
- masturbating in front of a child.

Sexual exploitation can include

- engaging a child or soliciting a child for the purposes of prostitution and sexual exploitation;
- using a child to film, photograph or model pornography, including digital imagery.

Age-Related Factors in Identifying Sexual Abuse

Sexual acts are considered abusive if

- the child is 15 or 16 years old and the adult is at least 10 years older;
- the child is less than 15 years old and the actor is at least four years older; or
- the child is between 15 and 18 years old and the actor is in a position of trust to the child.

In a case of sexual exploitation, sexual acts are considered abusive if the child is less than 18 years of age.

