

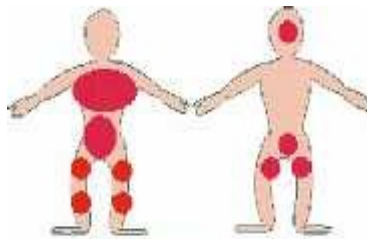
Handout 2.2: Indicators of Physical Abuse¹

Signs of physical abuse #1: Bruising

Bruising is the most common of abuse injuries. There are four factors to take into account when determining whether or not the bruising is suspicious: location, size, colour and frequency.



Normal Bruising



Suspicious Bruising

Normal bruising can be found on the knees, shins, elbows and the forehead. Toddlers are especially vulnerable to forehead bruising, as they frequently bump into furniture, counters, anything that is at their head level. But the size of the bruise(s), the colour, and the frequency in which bruising occurs can turn even normal bruising into suspicious bruising.

Suspicious bruising can be found on the face, head, chest, back, arms, genitalia, thighs, back of the legs and buttocks.

Size The size of the bruise(s) can tell us what object or body part the child was struck and/or harmed with. See under Beatings and Choking for more details on size of bruising.

Colour The colour of the bruise(s) can tell us how fresh the bruise is and the force with which the child was struck. The bruise can take on a red, purple, black or blue appearance on lighter coloured skin depending on the force of the blow. As the bruise heals it will turn green, then become a jaundice yellow before fading away completely.

Frequency The more frequent the bruising incidents occur, the more likelihood of physical child abuse. The child may have a legitimate reason for the bruising, but if there are too many incidences, then the red flags of suspicion should go up.

Signs of physical abuse #2: Beatings

The pattern of bruising and/or abrasions will resemble the shape of the object or body part used. The most common are belts, sticks, bats, bottles, and fists, but children are could also be attacked with firearms and knives.

If a belt is used, there will be welts that are the width of the belt. There may also be bruising, and/or bleeding. The length of the welt depends on how much of the belt came in contact with the skin. Typically, caregivers who use a belt will strike the buttocks, the back and the backs of the legs.

¹ <http://www.child-abuse-effects.com/signs-of-physical-abuse.html>

If a child is beaten with a fist, the shape of the bruise(s) can be that of a whole fist or the bruising can show up as a cluster of lines (the imprint of the fingers of the fist). If the knuckles were used, bruising will be a line of roundish discolorations that are about the size of a five dollar coin, depending on the size of the fist. Caregivers who use their fists generally give blows to the face, head, chest, stomach and arms. Injuries are often to the face and head: black eyes, bloody and/or broken nose, fat and split lips, swelling of the eyes, cheeks or jaw, bruising and abrasions to the side of the head. Broken ribs and internal injuries can also result with severe blows to the chest and stomach.

Signs of physical abuse #3: Burning

Burning is the third most frequent cause of death in children from 1 - 14 years of age, and the fourth most frequent in children under one year of age (Feldman, 1987, p. 1972). 70 - 90% of childhood burns occur in the home during the winter months, early morning and late afternoons being the most vulnerable times (Feldman, 1987, p. 1983).

There are several kinds of burns: chemical, cigarette, electrical, heat and water burns. Each presents its own unique signs of physical abuse.

With chemical burns on the skin's surface, depending on the chemical used, there can be a rash, blistering, and/or open sores that have pus and/or bleeding. When caustic substances such as lye or acid are thrown, they are typically aimed at the child's face. If a child is forced to ingest chemicals, there will likely be nausea, vomiting, cramping, chest and abdominal pain, distension, and possibly unconsciousness.

Cigarette burns will be the size and shape of the cigarette tip. Typically, caregivers who burn children/youth with cigarettes, do so on the backs of the arms, the buttocks, and the backs of the legs.

Electrical burns appear as black marks at the site of the burn, and can extend beyond, depending on the electrical appliance used, and the volts of electricity the child is exposed to. Size and shape are also determined by these latter two factors.

Heat burns such as that from a flame and/or flammable liquid can encompass any part of the body. If clothing is ignited, the whole body can be burned. Victims of this type of burning are often older children.

It is important to note here that not all water burns constitute signs of physical abuse. Accidental water burns generally appear as a splatter of splash burns. With non-accidental water burns, excessive splash marks will appear above the site of the primary impact, on body parts where accidental burning is unlikely. A child who is held under flowing hot water or immersed in scalding water will learn that the pain is lessened if they keep perfectly still. What results is what the medical profession calls the red sock or red glove. There will be a clear margin of colourations which are different from the colour of the skin starting where the water line was and continue to all parts of the body that were immersed, typically, the buttocks, legs, feet and hands. Eventually, there will be peeling of skin layers.

Signs of physical abuse #4: Choking and Hanging

With these signs of physical abuse, a child who is choked will have bruising around the front and back

of the neck that will resemble the fingers and thumb of the caregiver doing the choking. The bruising can also take the shape of a red band, depending on the pressure used, the length of time the pressure was exerted, and how much of the hand came in contact with the skin. If the caregiver is facing the child, the bruises at the front of the neck will be two thumb imprints, while the bruising at the back of the neck will be a tier of finger marks. This will be reversed (finger marks at the front, thumb marks at the back of the neck) if the caregiver is behind the child when doing the choking.

Bruising and possibly 'rope burns' around the neck will be evident when a child is hanged. The bruising will take on the imprint of the rope or material used to hang the child.

With these two signs of physical abuse, the child may be hoarse and/or have a cough, especially immediately and shortly after the choking or hanging incident. Damage to the larynx can occur in more severe cases. In extreme incidences, the neck may be broken.

Signs of physical abuse #5: Smothering and Drowning

During smothering, a child's breathing may be compromised, but other than this immediate effect, there may not be any noticeable physical abuse evidence. There can be bruising around the face, especially the nose and eyes and upper chest area, depending on the item used to do the smothering and the force exerted to asphyxiate the child. With drowning, there may be hand or finger bruising at the back or side of the neck or at the shoulders where the child was held under water with force. The child's breathing may be jeopardized on a more long-term basis when these two signs of physical abuse are done regularly. If the child's breathing is raspy or the child has difficulty catching his/her breath, this may be a sign of smothering or drowning.

Signs of physical abuse #6: Poisoning

Poisoning may be difficult to detect because quantity is what determines the ill effects. Children can be poisoned with drugs, dish liquid, gas (i.e., combination of ammonia and bleach) and other noxious substances. A child who has been poisoned may suffer from nausea, vomiting, abdominal cramping, diarrhea, lethargy, sleepiness, light-headedness, dizziness and, in more severe cases, unconsciousness. When noxious substances are force-fed to a child, depending on the substance, signs of physical abuse are: redness, chemical burns or bleeding in and around the mouth. If a child is forced to ingest dish liquid, the child will not be able to control his/her bowels and a rash may be present around the mouth and lips.

Signs of physical abuse #7: Hair-pulling

Thinning hair and bald patches on the scalp may be present with severe hair-pulling. The child may experience headaches, and may also exhibit neck pain if the hair-pulling incidents are accompanied with jerking or snapping of the child's head.

Signs of physical abuse #8: Pushed from Heights

Bruising and broken bones are the most common abuse injuries when a child is pushed from heights. If a child is pushed down a flight of stairs, bruising may be present anywhere and everywhere on the child's body.

Signs of physical abuse #9: Shaken Baby Syndrome

(See separate handout)

Signs of physical abuse #10: Munchausen Syndrome by Proxy

Munchausen Syndrome by Proxy (MSBP), also known as *fictitious disorder*, is defined as "the deliberate production or feigning of physical or psychological signs or symptoms in another person who is under the individual's care, motivated by a psychological need to assume the sick role by proxy" (Barnett, Ola, et al., 1997, p. 449). Generally, the victim is under the age of five and the perpetrator of the physical child abuse is most often the child's mother. Perpetrators may use the following to cause the victims' illness, resulting in a variety of signs of physical abuse:

- Administering laxatives, causing severe diarrhea and dehydration.
- Applying substances to the skin that cause burns or rashes.
- Altering lab test results.
- Withholding required medication or over/under medicating.
- Administering barbiturates, anti-depressants and/or poisonous substances.
- Contaminating the child's urine sample with blood, faeces or other substances.

Munchausen Syndrome by Proxy results in the child suffering from the caregiver's actions. The child is at risk for long-term psychological problems, physical illnesses as well as death. Health care professionals unknowingly become accomplices when they provide unnecessary and potentially dangerous testing procedures and therapies. MSBP is very difficult to prove, in part, because this form of physical child abuse is so difficult to believe. Often, it is only suspected after a child is repeatedly admitted to hospital for treatment. The red flag for MSBP is when the child exhibits no symptoms or illness when the caregiver is away from the child for an extended period of time.

Perpetrators of MSBP may be motivated by the support, sympathy and attention they receive from health care workers. Family and friends are often supportive of what seems to be a very loving, concerned and caring mother anxious to get help for a sick child. Some perpetrators have considerable experience and/or knowledge in health-related areas and may enjoy working with health care staff (Barnett, Ola, et al., 1997, p. 4410).