

Chapter 10

Abuse

Introduction

Child abuse occurs when a parent, guardian or caregiver mistreats or neglects a child resulting in:

- Injury, or
- Significant emotional or psychological harm, or
- Serious risk of harm to the child

(Child Abuse and Neglect, The National Clearing House on Family Violence)

All children have the right to grow up in a safe, nurturing environment free from threats and harm and adults are responsible for the protection of children. Responding to child abuse/neglect is a community responsibility. Parents and child care providers are preschoolers' most important advocates.

It is helpful to view abuse as a personal safety issue. Therefore, child care providers have a role in teaching personal safety concepts that are important in reducing child abuse. Although abuse cannot always be prevented, trauma can sometimes be greatly diminished by an appropriate response.

This chapter contains information on the following topics:

- Abuse prevention and indicators
- Neglect
- Emotional abuse
- Physical abuse
- Sexual abuse
- Witnessing family violence
- Abuse in children with special needs
- Dealing with disclosures

Tips for success

- Child abuse prevention begins with awareness and knowledge. Discuss abuse prevention with parents and co-workers.
- Become familiar with normal sexual growth and development of children to differentiate between healthy curiosity and worrisome behaviour.
- Develop a program related to the prevention of abuse and neglect. This can be a natural extension of personal safety concepts as appropriate to staff development and education of parents and children.
- Repetition of safety messages is an effective way for young children to learn
- Develop a policy for handling suspicions of abuse and neglect. Know how and when to report your suspicions of child abuse to the Children's Aid Society.
- Refer to Appendix 10 *Child maltreatment: A "what to do" guide for professionals who work with children*

Child abuse prevention strategies

- Build positive self-esteem
- Help children learn to communicate
- Help children to identify and express emotions
- Encourage communication by being an “askable” adult
- Teach personal safety concepts to children as described below
- Link families to community supports

The Metropolitan Toronto Special Committee on child abuse recommends that the following concepts be taught to children:

Prevention concepts	Personal safety concepts
<p>Privacy</p> <ul style="list-style-type: none"> • We all have a right and responsibility to respect our own need for privacy and rights of others 	Your body belongs to you
<p>Instincts/awareness</p> <ul style="list-style-type: none"> • We must be aware of our environment and trust our feelings; they are usually right 	Trust your feelings
<p>Assertiveness</p> <ul style="list-style-type: none"> • We must respect our own rights as well as the rights of others 	The right to say no
<p>Responsibility</p> <ul style="list-style-type: none"> • The victim is never to blame for sexual abuse 	It’s not your fault
<p>Caring community</p> <ul style="list-style-type: none"> • The adult community is responsible for the protection of children 	Go and tell

General indicators of possible abuse or neglect

Child care providers are in a position to be aware of potential indicators of abuse. As children interact with each other, a child care provider is in a position to observe whether the behaviour is expected and healthy versus abusive or exploitive.

- Indicators are the signs, symptoms or clues which **may** mean that a child has been abused or may be at risk for abuse
- Indicators **do not prove** that a child has been abused. They are clues that should warn people that a child may need help.
- Indicators may be seen in the child's physical health or behaviour, as well as those of the child's caregivers
- Adults who abuse children may show certain behaviours and attitudes that make other people worry whether they should be caring for children

If you notice indicators and suspect that a child may have been abused or is at risk for abuse, you are legally obligated to consult with or report to:

- The York Region Children's Aid Society or the Jewish Family and Child Services, York Region Branch.
- Record what you have seen or heard. Refer to Appendix 10 for more information.

Sources: Toronto Child Abuse Centre June 2004, revised in 2008 by York Region 0-6 Tri-Agency Children's Mental Health Services; Blue Hills Child and Family Centre, Kinark Child and Family Services, The York Centre for Children, Youth and Families; and Catholic Community Services of York Region.

Abuse in children with special needs

Although we are still learning about the complex interactions between family violence and disabilities, two facts have been well documented:

1. Children with disabilities are more likely to be abused than other children (Sobsey & Varnhagen, 1988; and Sobsey, 1995); and
2. Many childhood disabilities result from child abuse (e.g., traumatic brain injury as a result of shaking an infant, or violence during pregnancy)

A number of factors contribute to the increased risks experienced by children with special needs:

- Many people think that children with special needs do not experience violence or abuse. Some people think that individuals with disabilities are not sexual, or sexually attractive, or that no one would ever want to hurt them. In fact, it is the child's vulnerability, not "sexual attractiveness" that draws the abuser who is looking for control.
- Children with special needs may have many caregivers, and are much more likely to live outside their natural families than other children. Reported and substantiated cases of abuse appear to be considerably more frequent in foster care, group home and institutional settings. Children with disabilities who are placed in these settings are at an increased risk for child abuse as a result of their exposure to a greater number of caregivers.
- Children with disabilities have unequal power in relationships. Children whose mobility is impaired are unable to escape. Children with disabilities may not have had the learning opportunities and social interactions with peers available to other children. This may leave them at a disadvantage because of lack of knowledge of appropriate or inappropriate behaviour. Children may be unable to express themselves, to disclose or ask for help if communication is impaired.
- Children with disabilities are more dependent on their caregivers, which may include extensive handling necessary for washing, toileting and dressing, and may not recognize a situation as inappropriate or abusive. Additionally, these children may be unable to tell due to a communication difficulty, or may be afraid to tell for fear of not being believed, being separated from their families, or losing needed services.
- Forms of restraint are sometimes used with children who have special needs. Restraining a child who is deemed to be "out of control" may be considered necessary to protect the child or others in close contact with them. The risk of hurting a child increases when there is: a lack of consistent reasons for restraining a child; an unclear definition of "out of control"; and caregivers who lack training to safely restrain children. Restraint may also serve to escalate a situation and therefore increase the risk of injury.
- Cultural attitudes and beliefs about children with special needs have all been linked to child abuse and violence, such as the belief that their lives have less value, they are less than fully human, they are incapable of suffering or they suffer excessively

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Cultural considerations

Staff, children and families in a child care centre come from a diversity of ethno-cultural backgrounds, religions, social and economic situations, family structures and lifestyles. Centre staff must develop a level of understanding and respect for their own and the beliefs and practices of others, while maintaining a clear understanding of what is defined as child abuse in Canadian society.

Sometimes, individuals from certain backgrounds may have a physical characteristic that if staff is unaware of, may be interpreted as possible physical abuse. “Mongolian blue spots” are an example. Children of colour, particularly black or asian origin, may be born with large grayish-blue marks that look like bruising, typically found at the base of the spine. These marks may cover the entire buttocks. However, the edges are not clearly defined and the colour does not change over time. Mongolian blue spots may fade by adulthood.

Some cultural practices may include severe forms of corporal punishment, beating children with a belt or other objects. This is not an accepted practice in Canada, and would be considered child abuse. An extreme example of a cultural practice that is seen as child abuse is female genital mutilation (FGM). Although common within the cultures of origin, FGM is in contravention of the *Criminal Code of Canada*, medical associations, human rights and child welfare organizations.

When working with children of other cultures, child care staff should be aware that families may differ in their perspectives, beliefs, and practices, such as:

- Response to authority
- Degree of confidentiality regarding family matters
- Expectations for children’s development
- Acceptable methods of disciplining children
- Acceptable and effective ways for problem solving and/or resolving conflict
- Extent to which the family’s culture would define their actions as child abuse
- Gender roles
- Roles in marriage
- Role of extended family
- Responsibilities for raising children
- Beliefs regarding healing
- Perceptions of time
- Ways of showing respect
- Personal space and physical contact with others
- Appropriate greetings
- Appropriate dress
- Private vs. public times of day

Child care staff need to remember that it is not their job to determine whether a suspicion of child abuse falls within a cultural context – consultation with a Children’s Aid Society is the best route.

Neglect

Neglect is when a parent/caregiver does not provide for the basic emotional and physical needs of the child on an ongoing basis. Examples of neglect include not providing:

- Food
- Clothing
- Housing
- Supervision
- Safe surroundings
- Personal health care
- Medical and emotional care
- Education

Children who are neglected physically and emotionally may not develop normally. Some children may suffer permanent damage.

Reprinted with permission from resource manual, *Making a Difference: A Community Response to Child Abuse*, 3rd edition, Boost, Child Abuse Prevention and Intervention, 2002.

Possible indicators of neglect

Physical indicators in children	Behavioural indicators in children	Behaviours observed in adults who neglect children
<ul style="list-style-type: none"> • An infant or young child may: <ul style="list-style-type: none"> - not be growing as expected - be losing weight - have a “wrinkly old face” - look pale - not be eating well • Not dressed properly for the weather • Unattended physical problems or medical or dental needs • Dirty or unwashed • Bad diaper rash or other skin problems • Always hungry • Lack of medical and/or dental care • Signs of deprivation which improve with a more nurturing environment (e.g., hunger, diaper rash) • Often found in solitary position (eg., alone in a car seat or crib) 	<ul style="list-style-type: none"> • Does not show skills as expected • Appears to have little energy ,listless • Frequently absent from school, child care setting • Cries very little (at times when a child would be expected to cry, appropriate for age) • Does not play with toys or notice people • Appears to have little energy due to lack of sleep or proper nutrition • Does not seem to care for anyone in particular • May be very demanding of affection or attention from others • Older children may steal • Takes care of a lot of their needs on their own • Has a lot of adult responsibility at home • Discloses neglect (e.g., says there is no one at home) • Hoards and hides food 	<ul style="list-style-type: none"> • Does not provide for the child's basic needs • Has a disorganized home life, with few regular routines (e.g., always brings the child very early, picks up the child very late) • Does not supervise the child properly (e.g., leaves the child alone, in a dangerous place, or with someone who cannot look after the child safely) • May indicate that the child is hard to care for, hard to feed; describes the child as demanding • May attribute adult negative motivations to actions of child-eg.,reports that a child is out to get the parent/caregiver , or that the child does not like the parent/caregiver • May say that the child was or is unwanted • May ignore the child who is trying to be loving • Has difficulty dealing with personal problems and needs • Is more concerned with own self than the child • Is not very interested in

		the child's life (e.g., fails to use services offered or to keep child's appointments, does not do anything about concerns that are discussed)
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Emotional Abuse

Emotional abuse is complex due to the fact that it does not necessarily involve specific incidents or visible injuries. The effects of emotional abuse, although often severe, tend to become apparent over time.

A parent/caregiver who continually uses any of the following when interacting or disciplining a child is emotionally abusing the child:

- Rejecting (e.g., saying “I wish you were never born.”)
- Criticizing (e.g., saying “Why can’t you do anything right?”)
- Insulting (e.g., saying “I can’t believe you would be so stupid.”)
- Humiliating (e.g., embarrassing a child in front of other people)
- Isolating (e.g., not allowing a child to play with friends)
- Terrorizing (e.g., always swearing in front of the child, or getting the child to participate in things against the law)
- Not responding emotionally
- Punishing a child for exploring the environment

Sources: Toronto Child Abuse Centre June 2004, revised in 2008 by York Region 0-6 Tri-Agency Children’s Mental Health Services; Blue Hills Child and Family Centre, Kinark Child and Family Services, The York Centre for Children, Youth and Families; and Catholic Community Services of York Region.

Possible indicators of emotional abuse

Physical indicators in children	Behavioural indicators in children	Behaviours observed in adults who abuse children
<ul style="list-style-type: none"> • The child does not develop as expected • Child fails to thrive • Often complains of nausea, headaches, stomach aches without any obvious reason • Wets or dirties pants • Bedwetting, non-medical in origin • May have unusual appearance (e.g., strange haircuts, dress, decorations) 	<ul style="list-style-type: none"> • Is unhappy, stressed out, withdrawn, aggressive or angry for long periods of time • Severe depression • Goes back to behaving like a young child (e.g., toileting problems, thumb-sucking, constant rocking) • Tries too hard to be good and to get adults to approve • Tries really hard to get attention • Tries to hurt oneself (eg., cutting) • Too neat or too clean • Criticizes oneself a lot • Does not participate because of fear of failing • May expect too much of themselves so gets frustrated and fails • Is afraid of what the adult will do if they do something the adult does not like • Runs away from home • Has a lot of adult 	<ul style="list-style-type: none"> • Often rejects, insults or criticizes the child, even in front of others • Does not touch or speak to the child with love • Talks about the child as being the cause for problems; states tjat “things are not turning out the way I wanted” • Talks about or treats the child as being different from other children and family members • Compares the child to someone who is not liked • Does not pay attention to the child and refuses to help the child (when the child required help eg., when getting dressed) • Calls the child names, puts the child down, overcritical of child and child’s behaviours • Isolates the child; does not allow the child to see others both inside and outside the family (e.g., locks the child in a closet or room) • Does not provide a good

Physical indicators in children	Behavioural indicators in children	Behaviours observed in adults who abuse children
	<p>responsibility</p> <ul style="list-style-type: none"> • Does not get along well with other children • Discloses abuse 	<p>example for children on how to behave with others (e.g., swears all the time, hits others)</p> <ul style="list-style-type: none"> • Lets the child be involved in activities that break the law • Uses the child to make money (e.g., child pornography) • Lets the child see sex and violence on TV, videos and magazines • Terrorizes the child (e.g., threatens to hurt or kill the child or threatens someone or something that is special to the child) • Forces the child to watch someone special being hurt • Asks the child to do more than they can do(physically) • Does not provide food, clothing and care for one child, as well as provides for the other child(ren) in the same family

Adapted from Red Flags: A Quick Reference Guide for Early Years Professionals, September 2009.

Witnessing family violence

Exposure to family violence is when children are witnessing, or are aware of at least one of their parents, most often the mother is being abused by her partner or boyfriend. Family violence is a result of an imbalance of power. Children who witness violence in their homes may suffer emotional damage watching a loved one being physically or verbally attacked. Children also learn that being male equals being powerful and abusing, and being female equals being punished and victimized (Although not always the case, most family violence is perpetrated by men against women). They learn that power and violence are ways to deal with decision-making, conflict resolution and stress release.

Children who have witnessed the abuse of their mothers often experience the same types of emotional and behavioural problems experienced by children who have been abused themselves. These may include symptoms of an attachment disorder, post-traumatic stress disorder, lower self-esteem and social competence, aggressive behaviour, conduct problems, anxiety and depression.

Sources: Toronto Child Abuse Centre June 2004, revised in 2008 by York Region 0-6 Tri-Agency Children's Mental Health Services: Blue Hills Child and Family Centre, Kinark Child and Family Services, The York Centre for Children, Youth and Families; and Catholic Community Services of York Region.

Possible indicators of witnessing family violence

Physical indicators in children	Behavioural indicators in children	Behaviours observed in adults
<ul style="list-style-type: none"> • The child does not develop as expected • Often complains of nausea, headaches, stomach aches without any obvious reason • Fatigued due to lack of sleep or disrupted sleep • Failure to thrive • May suffer serious unintended injuries • May exhibit signs and symptoms of post traumatic stress disorder • Rigid body when experiencing stress • Physical harm, whether deliberate or accidental, during or after a violent episode, including: <ul style="list-style-type: none"> - while trying to protect others - are a result of objects thrown 	<ul style="list-style-type: none"> • May be aggressive, destructive and have temper tantrums • May show withdrawn, depressed, and nervous behaviours (e.g., clinging, whining, a lot of crying) • Acts out what has been seen or heard between the parents; discloses family violence; may act out sexually • Tries too hard to be good and to get adults to approve • Afraid of: <ul style="list-style-type: none"> - someone's anger - one's own anger (e.g., killing the abuser) - self or other loved ones being hurt/killed - being left alone and not cared for • Problems sleeping (e.g., cannot fall asleep, afraid of the dark, does not want to go to bed, nightmares) • Overly responsible • Bed-wetting (inappropriate for age) • Food-hoarding • Tries to hurt themselves (eg.,cutting) 	<ul style="list-style-type: none"> • Abuser has trouble controlling self • Uses power games, intimidation • Instills fear through looks, actions • Abuser has trouble talking and getting along with others • Abuser uses threats and violence (e.g., threatens to hurt, kill or destroy someone or something that is special; cruel to animals) • Is physically, emotionally and economically controlling of his/her partner • Forces the child to watch a parent/partner being hurt • Abuser is always watching what the partner is doing • Abuser insults, blames, and criticizes partner in front of others; distorts reality • Jealous of partner talking or being with others • Abuser does not allow the child or family to talk with or see others

Physical indicators in children	Behavioural indicators in children	Behaviours observed in adults
	<ul style="list-style-type: none"> • Cruelty to animals • Stays around the house to keep watch, or tries not to spend much time at home; runs away from home • Difficulties with school • Expects a lot of themselves and is afraid to fail and so works very hard • Takes the job of protecting and helping the mother, siblings • Does not get along well with other children • May believe that: <ul style="list-style-type: none"> • It is alright for men to hit women • Violence is a way to win arguments • Men are bullies who push women and children around • Big people have power they often misuse • Women are victims and can't take care of themselves 	<ul style="list-style-type: none"> • Uses money to control behaviour and withholds basic needs from the abused • Uses violence as a way to win: to get what they want • The abused person is not able to care properly for the children because of isolation, depression, trying to survive, or because the abuser does not give enough money • Holds the belief that men have the power and women have to obey • Uses drugs or alcohol • The abused person seems to be frightened, humiliated and full of shame with a heightened sense of powerlessness • Discloses family violence • Discloses that the abuser assaulted or threw objects at someone holding a child

Adapted from *Red Flags: A Quick Reference Guide for Early Years Professionals*, September 2009.

Physical Abuse

Physical abuse includes anything a parent/caregiver does that results in physical harm to the child. Physical abuse may happen if a child is punished harshly even though the parent/caregiver may not have meant to hurt the child.

Examples of physical abuse include:

- Bruises
- Marks in the shape of objects or handprints
- Shaking
- Burns
- Human bite marks
- Fractures of the skull, arms, legs and ribs
- Female genital mutilation

Physical abuse may result in a minor injury (such as a bruise) to a more serious injury that could cause lasting damage or death (e.g., from shaking a child).

Sources: Toronto Child Abuse Centre June 2004, revised in 2008 by York Region 0-6 Tri-Agency Children's Mental Health Services; Blue Hills Child and Family Centre, Kinark Child and Family Services, The York Centre for Children, Youth and Families; and Catholic Community Services of York Region.

Possible indicators of physical abuse

Physical indicators in children	Behavioural indicators in children	Behaviours observed in adults who abuse children
<ul style="list-style-type: none"> • A lot of bruises in the same area of the body • Presence of several injuries over a period of time • Presence of several injuries that are in various stages of healing • Facial injuries in infants and preschool children • Injuries inconsistent with the child's age and developmental phase • Bruises in the shape of an object (e.g., spoon, 	<ul style="list-style-type: none"> • Cannot remember how injuries happened • The story of what happened does not match the injury • Refuses or is afraid to talk about injuries • Is afraid of adults or of a particular person • Does not want to be touched • May be very: 	<ul style="list-style-type: none"> • Does not tell the same story as the child about how the injury happened • May say that the child seems to have a lot of accidents • Severely punishes the child • Cannot control anger and frustration • Expects too much from the child

<p>hand/finger prints, belts)</p> <ul style="list-style-type: none"> • Burns: <ul style="list-style-type: none"> - from a cigarette - in a pattern that looks like an object (e.g., iron) • Wears clothes to cover up injury, even in warm weather • Patches of hair missing • Signs of possible head injury: <ul style="list-style-type: none"> - swelling and pain - nausea or vomiting - feeling dizzy - bleeding from the scalp or nose • Signs of possible injury to arms and legs: <ul style="list-style-type: none"> - pain - sensitive to touch - cannot move properly - limping • Pain with breathing • Difficulty raising arms • Human bite marks • Cuts and scrapes inconsistent with normal play(e.g., bruises on face, torso, upper back, head) • Signs of female genital mutilation (e.g., trouble going to the bathroom) • Fractured or missing front teeth 	<ul style="list-style-type: none"> - aggressive - unhappy - withdrawn - uncooperative - obedient and wanting to please • Is afraid to go home • Runs away from home • Is away a lot and when comes back there are signs of healing injury • Does not show skills as expected • Does not get along well with other children • Tries to hurt themselves (e.g., cutting oneself, suicide) • Discloses corporal punishment ,hitting that results in injuries, abuse, or threats 	<ul style="list-style-type: none"> • Talks about having problems dealing with the child • Talks about the child as being bad, different or “the cause of my problems” • Does not show love toward the child • Delays seeking medical attention for injuries or illness • Has little or no help caring for the child
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Sexual abuse

Sexual abuse occurs when a person uses their power over a child and involves the child in any sexual act. The power of the abuser can lie in their age, intellectual or physical development, relationship of authority over the child, and/or the child's dependency on the abuser. Touching is not the only criteria in defining sexual abuse. It includes acts such as: fondling, genital stimulation, mutual masturbation, oral sex, using fingers, penis, or objects for vaginal/anal penetration, voyeurism, exhibitionism, as well as exposing a child to, or involving a child in pornography or prostitution. The offender may engage the child in the sexual activity through threats, bribes, force, misrepresentation, and other forms of coercion. Sexual abuse is usually an ongoing pattern of progressively intrusive sexual interactions. Most of the time, the offender is someone well known to the child and trusted by the child/family.

Child sexual abuse is a crime in Canada. Refer to Appendix 10 *Prevention of sexual abuse resource list*, for a better understanding of the scope of this problem.

Children's sexual behaviour

Children's sexual behaviour develops over time like other areas of growth. Many behaviours are healthy and normal for children at certain ages. On the other hand some behaviours may be indicators of sexual abuse and need to be addressed. These behaviours are worrisome and should not be ignored or seen as child's play. The caregiver may need to redirect the child and consider asking for advice on what to do.

Other behaviours are more serious and may even be dangerous to the child and others. These children may need professional help. It is important for your child care facility to develop policies and procedures on child abuse and to refer to these when any concern arises regarding a child's sexual behaviour.

Sources: Toronto Child Abuse Centre June 2004, revised in 2008 by York Region 0-6 Tri-Agency Children's Mental Health Services; Blue Hills Child and Family Centre, Kinark Child and Family Services, The York Centre for Children, Youth and Families; and Catholic Community Services of York Region.

Sexual behaviour in toddlers and young children

Type of behaviour	Okay	Worrisome	Get help
Curiosity behaviours	<ul style="list-style-type: none"> Asks age appropriate questions about where babies come from, sexual characteristics Children learn to name body parts 	<ul style="list-style-type: none"> Shows fear or anxiety around sexual topics 	<ul style="list-style-type: none"> Asks almost endless questions on topics related to sex Knows too much about sexuality for age and stage of development
Self-exploration	<ul style="list-style-type: none"> Likes to be nude Has erections Explores own body with curiosity and pleasure Touches own genitals as a self-soothing behaviour (e.g., when going to sleep, when feeling sick, tense or afraid) Toilet training highlights the child's awareness of genital area Puts objects in own genitals or rectum without discomfort 	<ul style="list-style-type: none"> Self-stimulates on furniture, toys, uses objects to self-stimulate Imitates sexual behaviour with dolls or toys Continues to self-stimulate in public after being told that this behaviour should take place in private Puts something in genitals, rectum, even when it feels uncomfortable 	<ul style="list-style-type: none"> Self-stimulates publicly or privately to the exclusion of other activities Self-stimulates on other people Causes harm to own genitals, rectum Has adult arousal qualities in response to self-stimulating behaviours
Behaviour with others	<ul style="list-style-type: none"> Through play, inspects the bodies of other children, explores differences Looks at nude persons when the opportunity arises 	<ul style="list-style-type: none"> Continues to play games like "doctor" after limits set 	<ul style="list-style-type: none"> Forces, bullies other children to disrobe, engage in sexual behaviour Dramatic play of sad, angry or aggressive scenes between people

Type of behaviour	Okay	Worrisome	Get help
Behaviour with others	<ul style="list-style-type: none"> • Wants to touch genitals to see what they feel like • May show their genitals or buttocks to others • May strip in public • Emotional tone of behaviour is fun, silly, maybe embarrassed 	<ul style="list-style-type: none"> • Confused about male and female differences, even after they have been explained • Continually wants to touch other people • Tries to engage in adult sexual behaviours • Simulates sexual activity with clothes on 	<ul style="list-style-type: none"> • Demands to see the genitals of other children or adults • Manipulates or forces other children into touching of genitals, adult sexual behaviours, simulating sexual activity with clothes off, oral sex
Bathroom, toileting and sexual functions	<ul style="list-style-type: none"> • Interest in urination, defecation • Curious about, peeks at people performing all bathroom functions, including shaving, putting on makeup • Some children want privacy in the bathroom and when changing • Uses inappropriate language or slang for toileting and sexual functions 	<ul style="list-style-type: none"> • Smears feces • Purposefully urinates in inappropriate places • Often caught watching others perform intimate bathroom functions • Continues to use inappropriate language or slang after limits are set 	<ul style="list-style-type: none"> • Repeatedly smears feces • Continues to urinate in inappropriate places • Does not allow others privacy in the bathroom or bedroom • Continually uses inappropriate language or slang without regard for limits set
Relationships	<ul style="list-style-type: none"> • Plays house with peers • Will role play all aspects of male/female lives to learn, explore, rehearse 	<ul style="list-style-type: none"> • Focused on sexual aspects of adult relationships • Afraid of being kissed or hugged 	<ul style="list-style-type: none"> • Graphically imitates or re-enacts adult sexual behaviour • Displays fear or anger about babies and giving birth

Type of behaviour	Okay	Worrisome	Get help
	<ul style="list-style-type: none"> • Kisses and hugs people who are significant to them • May exchange information on sexual discoveries • May imitate sex in a rudimentary fashion 	<ul style="list-style-type: none"> • Talks or acts in a sexualized manner with others • Uses sexual language even after limits set • Talks or engages in play about sex to the exclusion of other topics 	<ul style="list-style-type: none"> • Physical contact with others causes anxiety • Talks in a sexualized manner with others, including unfamiliar adults • Sexualizes all interactions with other children and adults
Behaviour with animals	<ul style="list-style-type: none"> • Curious about how animals have babies 	<ul style="list-style-type: none"> • Touches genitals of animals 	<ul style="list-style-type: none"> • Sexual behaviour with animals

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Possible indicators of sexual abuse

Physical indicators in children	Behavioural indicators in children	Behaviours observed in adults who abuse children
<ul style="list-style-type: none"> • A lot of itching or pain in the throat, genital or anal area • A smell or discharge from the genital area • Underwear that is bloody • Pain when: <ul style="list-style-type: none"> - trying to go to the bathroom - sitting down - walking - swallowing • Blood in urine or stool 	<ul style="list-style-type: none"> • Copying the sexual behaviour of adults • Knowing more about sex than expected • Engages in sexual behaviour that is beyond the child's age and stage of development • Details of sex in the child's drawings/writing • Inappropriate sexual behaviours with other children or adults 	<ul style="list-style-type: none"> • May be very protective of the child that results in the child being isolated from adults and peers • Clings to the child for comfort • Is often alone with the child • May be jealous of the child's relationships with others • Does not like the child to be with friends unless the parent is present

<ul style="list-style-type: none"> • Injury to the breasts or genital area: <ul style="list-style-type: none"> - redness - bruising - cuts - swelling 	<ul style="list-style-type: none"> • Fears or refuses to go to a parent, relative, or friend for no clear reason • Does not trust others • Changes in personality that do not make sense (e.g., happy child becomes withdrawn) • Problems or change in sleep pattern (e.g., nightmares) • Very demanding of affection or attention, or clinging • Goes back to behaving like a young child (e.g., bed-wetting, thumb-sucking) • Refuses to be undressed, or when undressing shows fear • Tries to hurt themselves (e.g., uses drugs or alcohol, eating disorder, suicide) • Discloses sexual abuse, exposure to pornography, or inappropriate touching from adult or older caregiver 	<ul style="list-style-type: none"> • Talks about the child being “sexy” • Touches the child in a sexual way • May use drugs or alcohol to feel freer to sexually abuse • Allows or tries to get the child to participate in sexual behaviour
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Adapted from *Red Flags: a quick reference guide for Early Years Professionals* September 2009

Dealing with disclosures

If you suspect that a child may have been abused or is at risk for abuse or if a child/adult discloses abuse, it is **not** your job to try to prove your suspicions. Trying to do this may ruin or contaminate the investigation, and may put the child at further risk. You must report this information to a child welfare worker. In York Region, the report can be made to Children’s Aid Society or if the mother is Jewish, to the Jewish Family and Child Service. The investigation will be done by people who are experts.

Responding effectively to disclosure

Control your emotions

- Try to be relaxed and casual
- Do not project your own reactions, disgust, revulsion or moral indignation
- Do not display shock or disapproval of the alleged abuser. The alleged abuser may be deeply loved, even though the situation may have been abusive.
- Do not assume that the abuse was a terrible experience (e.g., a child who has been sexually abused by an attentive and gentle person, may perceive the abuse as pleasurable). If one assumes the abuse was awful, it will only add to the child's guilt.
- Be aware and accepting of your own feelings
- If you feel that you cannot control your emotional responses, talk to your supervisor

Offer reassurance

Reassure children by letting them know that:

- They were very brave to tell
- You are glad they are telling you about what happened
- It is not their fault
- You are sorry that this has happened to them
- They are not alone – this happens to other children too
- You will do everything you can to help

Children are further reassured when:

- The child is given your undivided attention
- The child's feelings are acknowledged and validated. If the child asks, tell the child you believe them. If a child discloses in a group setting say, "That sounds important. We can talk about that later," and try to find an unobtrusive way to speak with the child privately, as soon as possible
- A trusted adult stays with the child, unobtrusively if necessary, until a child protection worker arrives
- Continued unconditional love and support are given to a child who has recanted

Be aware of the child's developmental level and use of language

- Use language appropriate to the developmental capacity of the child
- Accept a child's terminology or slang words to describe an event, particularly as children often do not know the correct terminology for body parts or sexual behaviours. This is not the time to correct the words the child uses or their definition or description of what happened. **It is critical for the investigation that the child use their language in giving the account of the abuse.**
- If the child has a disability that affects communicating, let them use the most familiar method of communication (e.g., sign language, assisted communication, gestures, writing, drawing, using a computer). Where necessary, obtain assistance from a trained professional for a child with a communication barrier.
- Do not interrupt or fill in any silences with your own words
- Answer the child's questions as simply and honestly as possible
- Refrain from using trigger words or adult terminology such as rape, incest, abuse, wife assault or jail, since they may alarm the child or hamper the investigation

Ask questions that are open-ended, that are not leading or suggestive of a specific answer

- Can you tell me what happened?
- What happened next?
- How did you get that bruise?

Be sure to:

- Ask only those questions necessary to confirm your suspicions, such as, "How did you get that mark on your back?" or "Where did you learn to play that game?"
- Ask questions calmly, without interrogating or confronting
- Ask questions in a manner that does not suggest to the child/adult what happened or who did it
- Refrain from questioning the child/adult's account (for example, by asking, "Are you sure it was Uncle Ted?")
- Refrain from asking "Why?" Many children do not understand the motivation and may understand a "Why" question to imply blame.
- Resist trying to change the mind of a child who has recanted, since coaching a child or suggesting that something did or did not really happen will hamper the progress of the case
- Refrain from asking questions because you want to prove child abuse

Respect the person who discloses

- If a child/adult is telling, listen
- If a child/adult is quiet, do not interrogate them
- Do not forcibly undress a child, or forcibly remove clothing to view injuries
- Do not indiscriminately display a child's injuries to others

Tell the child what will happen next

- Do not make promises you cannot keep. For example, do not agree to keep the disclosure a secret. It is important to explain to the child that some secrets must be shared to get help or to keep people from being hurt, and that the information will be shared only with people who will try to help.
- Do not answer questions for which you do not have the answers. For example, if a child asks, "Will daddy have to go to jail now?" you can only reply, "I don't know. Other people decide that".
- Do not promise to stay with the child after the authorities arrive, until you have confirmed that you will be permitted to sit with the child in the investigative interview. If it is appropriate, reassure the child that you are there to support them.
- Do not agree if a child/adult asks or begs that you do not tell anyone else. You may want to remain silent out of respect for their wishes, the confidentiality of the relationship, or out of loyalty. Silence places you in collusion with the abuser. The family and all those involved should know:
 - Without outside intervention, the abuse will probably continue
 - Other children may be at risk of abuse
 - If any attempted intervention fails, and calling a Children's Aid Society is used as a threat, then the Children's Aid Society is seen as punitive and not a resource to families in need, as it should be seen

Follow through on legal and moral responsibilities

- Know your agency's policies and reporting procedures
- Record what the child said **using the child's own words**, as soon as possible
- Document objectively any observations of the child's behaviour, or the behaviour of any others relevant to the situation
- Write down the name of anyone the child has indicated as the possible abuser, and any description that the child provides
- Document any conversation between yourself and the child
- Consult with a child protection authority **before** contacting the child's family
- Do not tell the child to keep any of your discussions with them secret
- Report your suspicions and documentation to the designated authorities
- Arrange to talk to a support person after making the report

Those working with children are not to attempt to prove their suspicions of child abuse, nor are they to “interview” the child and/or the family. Such attempts could contaminate an investigation and jeopardize the process. When any person who has reasonable grounds to suspect a child is being or has been abused or if a child/adult discloses abuse, it is mandatory to report this information according to the Child and Family Services Act (2005). Reasonable grounds refers to information that an average person, exercising normal and honest judgement, would need in order to make the decision to report. The investigation will be conducted by trained authorities. REMEMBER “if in doubt call to consult”!

Sources: Toronto Child Abuse Centre June 2004, revised in 2008 by York Region 0-6 Tri-Agency Children’s Mental Health Services; Blue Hills Child and Family Centre, Kinark Child and Family Services, The York Centre for Children, Youth and Families; and Catholic Community Services of York Region.