

Child Abuse and Neglect Recognition

A plain-English guide for you and your family

WHAT IS HAPPENING

Healthy kids grow up safe when caregivers protect them. Injuries happen, but they should match the story—a toddler who just started walking may fall and bump a forehead, but cannot break ribs by falling off a couch. When you see an injury that does not fit, or a delay in getting help, or a story that keeps changing, think abuse. Abuse means physically hurting a child (hitting, shaking, burning), sexual touching, emotional harm (screaming mean words, threats), or neglect (not giving food, medical care, or a safe place to live). The body records what happened: certain fractures, bruises in the shape of objects, burns that look like dunking in hot water, or bleeding inside the head with bleeding in the eyes after shaking. These patterns are not accidents—they point back to repeated harm. Your job is to see the pattern, protect the child, and report it. Reporting is not optional; every healthcare worker is required by law to call child protective services when abuse is suspected. Early reporting can stop the next injury and protect siblings still at home.

What you might feel

- Injury does not match the story or age
- Many injuries in different healing stages
- Waiting too long to come in
- Story keeps changing or is different each time
- Bruises in unusual spots (ears, neck, belly, back, buttocks, genitals)
- Patterned marks (belt, hand, cord, bite)
- Child is fearful, withdrawn, or overly watchful of adults
- Poor hygiene, malnutrition, or untreated medical needs
- Immersion burns with clear lines or sparing of flexed areas
- Retinal hemorrhages (bleeding inside the eyes) in an infant

Call the doctor right away if...

- Injury that cannot happen by accident at that age (e.g. broken bones in a baby who is not yet walking)
- Caregiver story that keeps changing or does not make sense
- Bruises, burns, or fractures in different stages of healing
- Patterned injuries (belt marks, hand prints, bite marks, cord loops)
- Delay in seeking care for a serious injury without a clear reason

What the care team will do

- Ensure immediate safety by separating the child from the suspected abuser and placing them in a secure hospital room with supervised visitation only
- Perform a complete head-to-toe skin examination with the child fully undressed, documenting every bruise, burn, mark, and injury on a body map diagram
- Take high-resolution color photographs of all injuries with a ruler for scale, under consistent lighting, from multiple angles before any treatment that might alter appearance
- File a mandatory report to Child Protective Services and local law enforcement immediately, even if you only suspect abuse
- Obtain a skeletal survey (full-body X-rays) for all children under 2 years old with suspected physical abuse, looking for old and new fractures in different healing stages
- Assess for life-threatening internal injuries by monitoring vital signs, neurological status, and abdominal signs; obtain CT (computed tomography scan) of the head if altered mental status, vomiting, seizures, or head bruising present
- Screen for sexual abuse in any child with physical abuse by inspecting the genital and anal areas for bruising, tears, discharge, or other trauma
- Provide emotional support and age-appropriate explanations to the child without asking leading questions about who hurt them or coaching their responses

Medicines you may be given — and why

No specific medications treat child abuse itself

Child abuse means an adult hurts a child on purpose, touches them in a wrong sexual way, says cruel things over and over, or does not give them food, shelter, medical care, or safety. The most important steps are NOT medicines — they are keeping the child safe right now, reporting to the authorities, documenting every injury carefully, and getting experts involved. Medical treatment focuses on injuries the child already has (broken bones, cuts, infections,

emotional trauma), not on a pill that stops abuse. The job of the medical team is to recognize the abuse, protect the child, and heal the harm that was done.

Where this information comes from

- AAP Clinical Report on Child Abuse Recognition 2023
- CDC Child Abuse and Neglect Prevention
- JAMA Pediatrics guidelines on abusive head trauma
- ACR Appropriateness Criteria for Suspected Physical Abuse—Child 2022

Last reviewed: 2026-07-07