

Indicators of domestic violence in children

Factsheet



Find more information on **impact of DV on children** in [here](#).



Please note that **none or all of these indicators might be present** and be indicators of other issues, but they can serve as warning signs and a reason for increased attention and can point towards (a history of) DV.

“A deliberate constant change of paediatricians is a possible indicator of DV and can lead to vulnerable and affected children and adolescents being recognised too late.”⁽¹⁾

Children exposed to DV face a heightened risk of abuse and neglect, as well as an elevated likelihood of developing long-term health, behavioral, psychological, and social issues. It's important for social professionals to be conscious of the indicators and these significant consequences of DV exposure on children and to understand how to provide the most effective support.⁽²⁾

Please note that the lists are not exhaustive; it represents only a selection.

Possible indicators of domestic violence

- Slow weight gain (in infants)
- Noticeable examination findings or other indications of neglect
- Lack of or inadequate medical care for illnesses
- Poor care condition of the child
- Poor nutritional state of the child or extreme obesity
- Inappropriate clothing e.g. wearing long-sleeved clothing and trousers in hot weather
- Difficulty eating/sleeping
- Physical complaints
- Eating disorders (including problems of breast feeding)

Possible psychological indicators of domestic violence

- Aggressive behaviour and language
- Passivity, submission
- Appearing nervous and withdrawn
- Difficulty adjusting to change
- Regressive behaviour in toddlers
- Speech development disorders
- Psychosomatic illness
- Restlessness and problems with concentration
- Dependent, sad, or secretive behaviour
- Bedwetting
- 'Acting out', for example animal abuse
- Noticeable decline in school performance
- Unexplained absences from school
- Fighting with peers
- Overprotective or afraid to leave mother or father



Individuals from **diverse cultural backgrounds may manifest their symptoms differently**. Please remain conscious of your own **perspective, biases, and stereotypes** when communicating with a potential victim, as these factors can impact how you assess the symptoms. Find more information in [Module 8](#).

- Stealing and social isolation
- Exhibiting sexually abusive behaviour
- Feelings of worthlessness
- Transience
- Lack of personal boundaries
- Depression, anxiety, and/or suicide attempts



Red flags that should make you alert:⁽³⁾

- Noticeable hematomas are a concern in non-mobile infants.
- In any child, having a hematoma in the genital area is concerning.
- In any child, having hematomas in the area of the ear, neck, nape of the neck, calves, and the entire front of the thorax and abdomen is excessive and suspicious if there is no appropriate medical history available.
- In any child, having a hematoma in the buttocks area is very rare.

Abused children typically have three or more hematomas in multiple regions.

Possible injuries of domestic violence⁽³⁾

- Described history is not consistent with injuries.
- Unusual injuries, e.g.
 - Severe injuries of any kind
 - Frequent fractures
 - Very pronounced injuries of any kind
 - Unusual appearance (e.g., patterned injuries, such as bite marks)
 - Unusual (“protected”) localisation of injuries (including lips, teeth, oral cavity, eyelids, earlobes, buttocks, genitals, fingertips, etc.)
 - Untreated (old) injuries
 - Unexplained injuries in non-mobile children
 - Injury “inappropriate” for the child’s age; healthy /infants do not have bruises. Even small, medically irrelevant bruises indicate inappropriate handling of the child

Caution: Severe internal injuries (e.g., fractures) may lack external injuries! Shaking an infant is life-threatening – and also not externally visible.



Find more information on **indicators** in [Module 2](#).

Possible indicators regarding the caregivers or parental behaviour⁽³⁾

- Psychological abnormalities/illnesses in the parents/mother/father
- Signs of parental issues (e.g., aggression, potential for violence, delinquency, lack of education, marital conflicts)
- Families experiencing psychosocial stressors (e.g., poverty, unemployment, early and/or single parenthood, linguistic isolation, multiple births, child developmental delays)
- Substance use (regardless of the substance) and other addictive behaviours in parents (e.g., gambling, sexual, and shopping addiction)
- Inability of parents to correctly interpret and respond to signals from a /infant/child; inability to meet the needs of the new-born/infant/child; lack of attachment to the new-born /infant/child
- Lack of cooperation/therapy compliance on the part of parents e.g.:
 - Failure to follow recommendations, inadequate care of chronically ill children by parents
 - Failure to administer (regular) medication to the child, skipping the child's check-up appointments
 - Failure to attend (follow-up) appointments after illness/injury, frequent unexcused absences from treatment appointments; conspicuously frequent cancellations of treatment appointments

Helpful sources

They can be found [here](#).

⁽¹⁾ www.aerzteblatt.de, 13. June 2021

⁽²⁾ Jonathan Thackeray, Nina Livingston, Maya I. Ragavan, Judy Schaechter, Eric Sigel, COUNCIL ON CHILD ABUSE AND NEGLECT, COUNCIL ON INJURY, VIOLENCE, AND POISON PREVENTION; Intimate Partner Violence: Role of the Pediatrician. *Pediatrics* July 2023; 152

⁽³⁾ Notfall- und Informationskoffer: Kinderschutz in der Arztpraxis und Notaufnahme, Institut für Qualität im Gesundheitswesen Nordrhein