RAPID TEST FOR CHILD ABUSE AND NEGLECT SYNDROME

(RAPID TEST syCAN)

USER MANUAL

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TRNAVA 2024

DOI: 10.31262/978-80-568-0702-6/2024

Trial version of the tool available at:

https://fzsp.truni.sk/sites/default/files/dokumenty/crs/Demo-RAPID-TEST_syCAN_Trial_en.xlsx

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RAPID TEST FOR CHILD ABUSE AND NEGLECT SYNDROME (CAN)

To quickly diagnose the presence of CAN syndrome in a child and subsequently evaluate the likelihood of the existence of this problem, it is important to use an objective tool. For this purpose, we can use the RAPID test to estimate CAN syndrome. This test was developed to create a technique by means of which 'first contact' workers could pick up the signals of violence against children. The RAPID test is designed to signal and alert children's social protection and social welfare workers to the possible threat of domestic violence against a child.

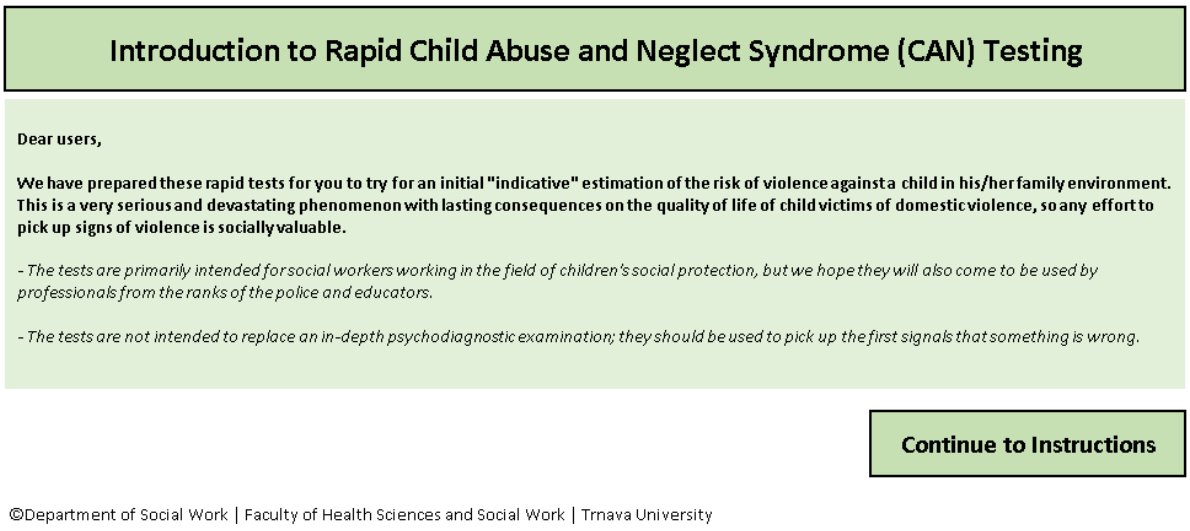
If the rapid test reveals a real threat to the child, the worker will immediately refer the child to a psychologist (psychotherapist) for an in-depth diagnosis.

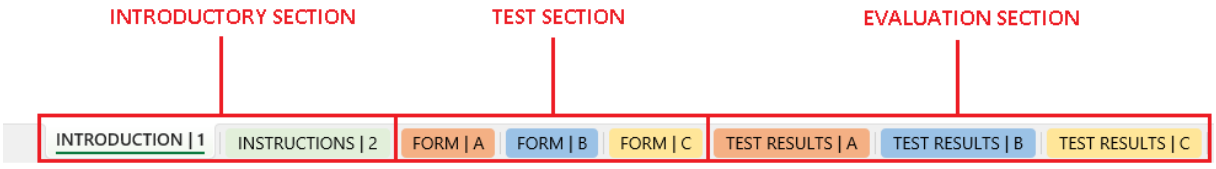
The RAPID test for CAN syndrome was developed in cooperation with 50 social workers from the departments of children's social protection and social welfare in all Slovak regions, who worked with the tool in real cases in their workplaces during the development of the test.

RAPID TEST USER ENVIRONMENT

The user environment of this test is adapted to the specific measurement domain in order to meet the professional criteria for similar measurements in practice.

The test itself is designed in the Microsoft Excel environment. It is structured into three work sections, which are divided into individual tabs of the document: Introductory Section; Test Section; Evaluation Section. Each of these sections is further composed of several smaller tabs.





INTRODUCTION TO RAPID CAN SYNDROME TESTING (INTRODUCTORY SECTION)

The Introductory Section of the RAPID test consists of two tabs. The first tab is an introductory entry to the test, which contains an introduction by its authors. After clicking on the **"Continue to Instructions"** button, the user is taken to the second tab of the Introductory Section. This tab is called **"Rapid CAN Syndrome Testing Guide."** The Guide contains all the necessary instructions for working with the test, and at the bottom it offers a choice of three tests, which the user selects as needed. The tests are divided into 3 forms: Form A | for children aged 2–6 years; Form B | for children aged 6.1–12 years; Form C | for children aged 12 years and above. Clicking on the desired test form automatically takes the user to the Test Section.

Rapid Child's Abuse and Neglect Syndrome Testing Guide

If you want to test a child who you suspect has been a victim of domestic violence:

- Choose a test form according to the child's age;
*- Before you start testing, mark one of the options of your assumption or judgment (**in the "CAN Likelihood Estimation" section**), so that you can estimate the sensitivity of your assumption:*

- low likelihood of a form of abuse
- medium likelihood of risk of a form of abuse
- high likelihood of a form of abuse

Please indicate your estimate for each form of CAN syndrome

- *Please also fill in demographic details, which will be helpful for future analyses;*
- *Then proceed to the actual marking of answers, selecting 1 of the 3 answer choices for each statement: **Yes - No - Don't know**, and tick the appropriate box. **Please always mark one choice only!***
- *If you are unclear about the wording of a particular item, clicking on it opens the Guide to help you, clarifying the interpretation of each item in the test;*
- *Once the battery of items is completed, click on the **"TEST RESULTS"** navigation item. You will see the test evaluation for each form together with your estimate, which you can compare with the objective results.*

Back to Start

To select a test, click on the desired form according to the age of the child being assessed	
TEST SELECTION	Form A | for children aged 2–6 years
	Form B | for children aged 6.1–12 years
	Form C | for children aged 12 years and above

CAN LIKELIHOOD TESTING (TEST SECTION)

The first step before testing begins is to complete an initial battery that includes an estimate of the likelihood of CAN from the social worker's perspective. For each of the forms of CAN, the user indicates the degree of its likelihood based on their own assessment: low likelihood; medium likelihood; high likelihood. This factor is important for the social worker in that after completing the test, the system objectively evaluates the likelihood of CAN and the user can compare their own estimate with the objective results. This largely allows the user to correct incorrect judgments about the case.

The user then fills in basic demographic details: child's gender; child's age. These details are used for further research and analysis by the test authors to help improve the tool and facilitate possible future updates.

RAPID TEST - Form B | for children aged 6.1–12 years

CAN likelihood estimate

CAN form	Low likelihood	Medium likelihood	High likelihood
Sexual abuse	☐	☐	☐
Physical abuse	☐	☐	☐
Psychological abuse	☐	☐	☐
Neglect	☐	☐	☐

Child's sex: male ☐ female ☐ **Child's age:** 0

After completing the initial battery, the user proceeds to the actual testing. The test battery is divided into a statement (item) part and an evaluation (answer) part.

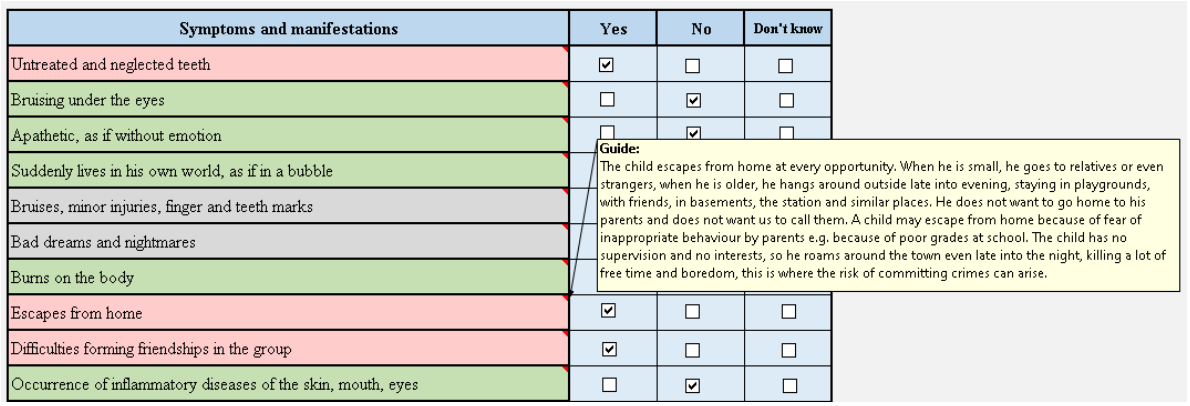
STATEMENT PART(ITEMS) EVALUATION PART (ANSWERS)

Symptoms and manifestations	Yes	No	Don't know
Untreated and neglected teeth	☐	☐	☐
Bruising under the eyes	☐	☐	☐
Apathetic, as if without emotion	☐	☐	☐
Suddenly lives in his own world, as if in a bubble	☐	☐	☐
Bruises, minor injuries, finger and teeth marks	☐	☐	☐
Bad dreams and nightmares	☐	☐	☐
Burns on the body	☐	☐	☐

The statement part of the test is located on the left side of the battery. The statement part contains items (statements) that represent the symptoms and manifestations of CAN syndrome as well as risk factors that may indicate the presence of CAN syndrome. These statements (items) are arranged so that we can identify all forms of CAN syndrome (psychological abuse, physical abuse, sexual abuse, neglect). Social workers from the Department of Children's Social Protection and Social Welfare across Slovakia were directly involved in their creation and formulation. The items for each form of CAN syndrome are randomly distributed, so it is not possible to directly identify which item belongs to which CAN syndrome area. The purpose of having the individual items arranged and anonymised in this way is for the social worker to evaluate individual statements in an impartial and neutral manner.

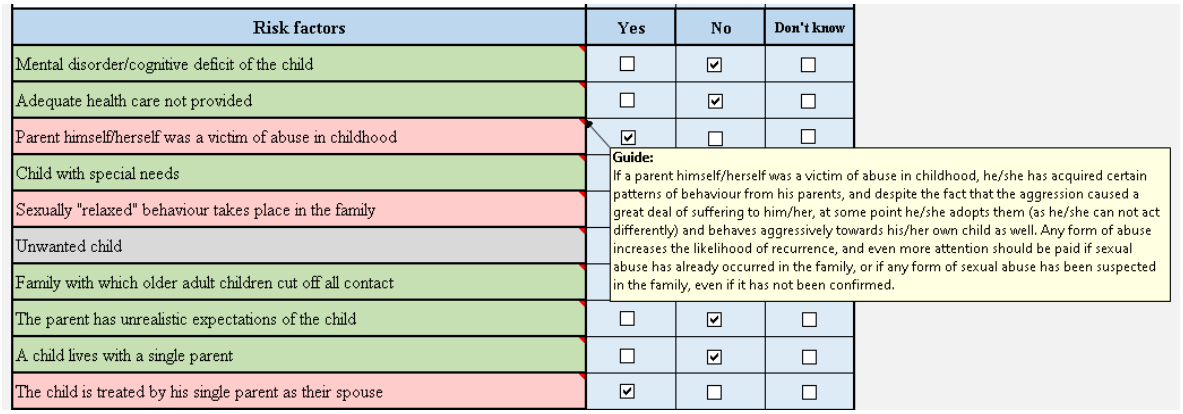
If it is not clear to the user exactly what an item is about, there is an option to click on the item. When the item is highlighted, an explanatory note called "Guide" appears (following figure) to further clarify the meaning of the item.

In the evaluation (answer) part of the test, which is located on the right side of the battery, the user has the possibility to evaluate each item through specific answers "**Yes"; "No"; "Don't know"**. If a particular manifestation, symptom or risk factor is present in the test case, the user marks the **"Yes"** choice. If a particular symptom, manifestation or risk factor is not present in the test case, the user marks the **"No"** choice. If the user cannot answer the item with certainty, the **"Don't know"** choice should be marked. The item is coloured after any answer is marked: Yes – red; No – green; Don't know – grey. This colouring of the individual items helps us to identify problem items that we can use in interpreting the result with the aim to determine the degree of the child's endangerment.



Symptoms and manifestations	Yes	No	Don't know
Untreated and neglected teeth	☑	☐	☐
Bruising under the eyes	☐	☑	☐
Apathetic, as if without emotion	☐	☑	☐
Suddenly lives in his own world, as if in a bubble			
Bruises, minor injuries, finger and teeth marks			
Bad dreams and nightmares			
Burns on the body			
Escapes from home	☑	☐	☐
Difficulties forming friendships in the group	☑	☐	☐
Occurrence of inflammatory diseases of the skin, mouth, eyes	☐	☑	☐

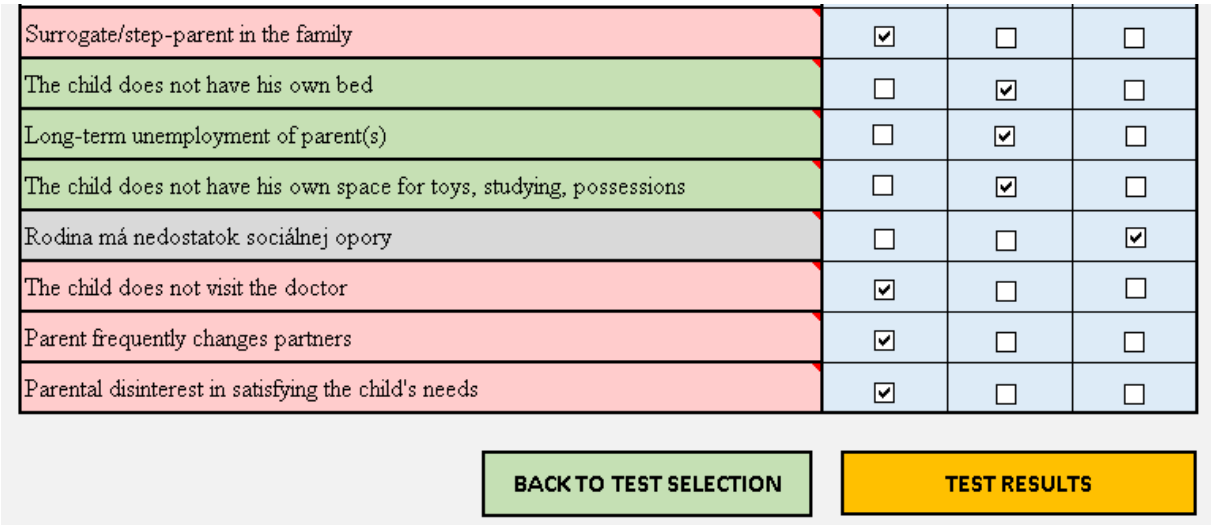
Guide:
The child escapes from home at every opportunity. When he is small, he goes to relatives or even strangers, when he is older, he hangs around outside late into evening, staying in playgrounds, with friends, in basements, the station and similar places. He does not want to go home to his parents and does not want us to call them. A child may escape from home because of fear of inappropriate behaviour by parents e.g. because of poor grades at school. The child has no supervision and no interests, so he roams around the town even late into the night, killing a lot of free time and boredom, this is where the risk of committing crimes can arise.



Risk factors	Yes	No	Don't know
Mental disorder/cognitive deficit of the child	☐	☑	☐
Adequate health care not provided	☐	☑	☐
Parent himself/herself was a victim of abuse in childhood	☑	☐	☐
Child with special needs			
Sexually "relaxed" behaviour takes place in the family			
Unwanted child			
Family with which older adult children cut off all contact			
The parent has unrealistic expectations of the child	☐	☑	☐
A child lives with a single parent	☐	☑	☐
The child is treated by his single parent as their spouse	☑	☐	☐

Guide:
If a parent himself/herself was a victim of abuse in childhood, he/she has acquired certain patterns of behaviour from his parents, and despite the fact that the aggression caused a great deal of suffering to him/her, at some point he/she adopts them (as he/she can not act differently) and behaves aggressively towards his/her own child as well. Any form of abuse increases the likelihood of recurrence, and even more attention should be paid if sexual abuse has already occurred in the family, or if any form of sexual abuse has been suspected in the family, even if it has not been confirmed.

Once the testing is complete, to get the evaluated data, you need to click on the **"Test Results"** button located at the bottom below the completed test.



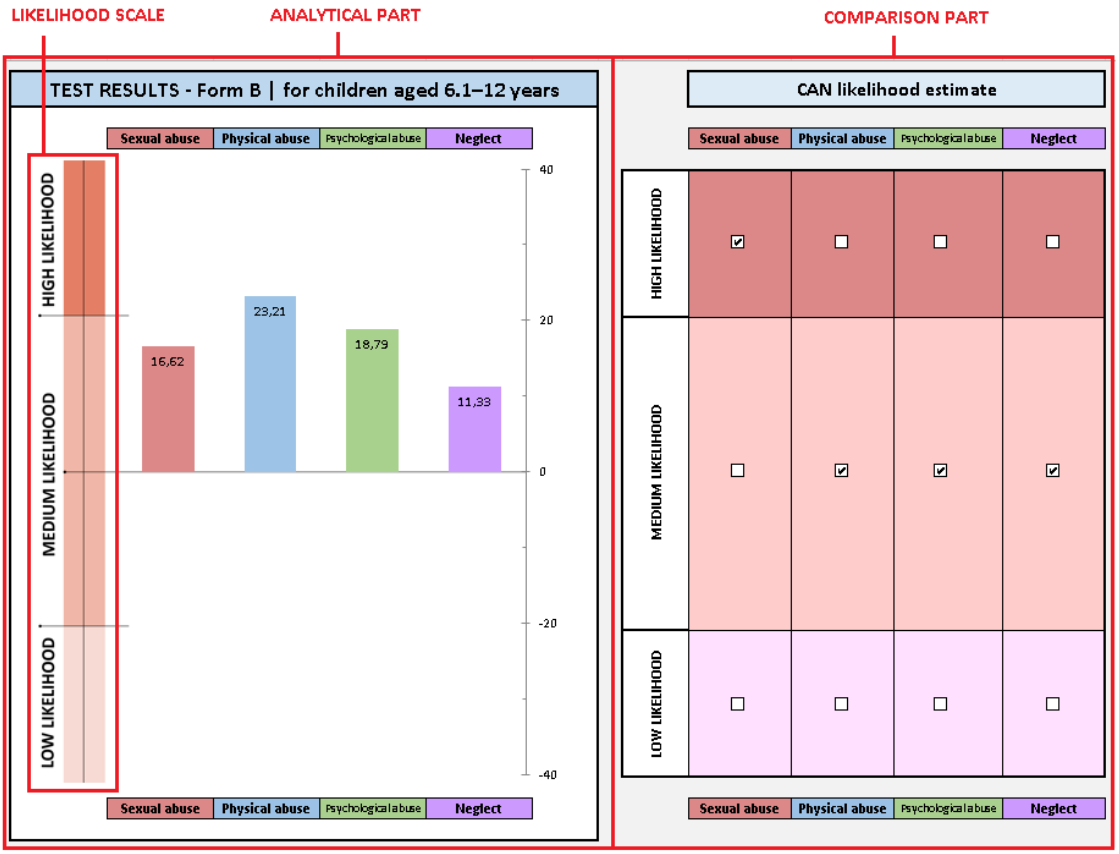
Surrogate/step-parent in the family	☑	☐	☐
The child does not have his own bed	☐	☑	☐
Long-term unemployment of parent(s)	☐	☑	☐
The child does not have his own space for toys, studying, possessions	☐	☑	☐
Rodina má nedostatok sociálnej opory	☐	☐	☑
The child does not visit the doctor	☑	☐	☐
Parent frequently changes partners	☑	☐	☐
Parental disinterest in satisfying the child's needs	☑	☐	☐

BACK TO TEST SELECTION

TEST RESULTS

EVALUATION OF CAN LIKELIHOOD (EVALUATION SECTION)

To evaluate the last section of the test, we use visualisation for easier interpretation of the results. The results of the test include an analytical part located on the left and a comparison part located on the right (in the following figure).



The analytical part includes the CAN syndrome likelihood scale (figure above) located on the left. A bar chart is inserted in this scale, with the different-coloured bars representing specific forms of CAN syndrome. Each bar contains a figure. This figure is the final value of the test case for each form of CAN. The higher the value in a given bar, the higher the likelihood of CAN. The scale located on the left helps us to identify the likelihood of CAN, and at the same time, the value of the bar (the test score) directly expresses the degree of the child's endangerment and shows the likelihood zone in which the test falls: low likelihood; medium likelihood; high likelihood. The highest possible score is 40 – highest likelihood of the child's

endangerment; the lowest possible score is -40 – very low likelihood of the child's endangerment.

The comparative part of evaluation, located on the right, is used to allow the user to compare their own estimate of the likelihood of CAN in the test case with the objective test results. The chart is arranged in the same way as the likelihood scale. If the user indicated their likelihood estimate before starting the test, the degree of likelihood that the user indicated at the beginning of the test is automatically indicated in the comparison chart of the Evaluation Section. Thus, for each form of CAN syndrome, they can compare the objective test result on the left with their estimate on the right side of the Evaluation Section.

INTERPRETATION AND USE OF THE RESULTS TO DETERMINE THE DEGREE OF THE CHILD'S ENDANGERMENT

When evaluating the results to determine the degree of the child's endangerment, the results of all methods and techniques used in the assessment should be considered and supported by the results of the RAPID test. For the correct interpretation of the test results, it is important that the social worker has all information relevant to the test case.

LIST OF ITEMS

Absence of a deeper emotional relationship of the child with the mother	The foundations of the relationship between the child and the mother/contact person form in the first year of life and continues to develop afterwards. Therefore, the quality of this relationship – the so-called primary relationship bond – fundamentally and significantly influences the child's further psychological development. It is important how the mother reacts to the child, how she cares for him and satisfies his needs. If this is not the case, it is obvious at first glance that the mother does not have a close emotional relationship with the child, does not hold his hand, does not wipe his nose or tears, does not touch him, mostly just ordering him around. The child's reactions to his mother show that he has no respect for her and ignores her, or is afraid of her and avoids her. In problematic situations, the child does not turn to her, but runs to the grandmother or other contact person.
Aggressively dominant father/mother in the family	An authoritarian father or mother who orders the family members around and gives them tasks, punishes them for not doing them, decides even on quite trivial matters of household operation and the others do not dare to make own decisions without his/her knowledge. The dominant adult uses power and authority to intimidate or abuse the other family members. The occurrence of violence causing injuries is also frequent.
Aggressive behaviour towards others, especially adults	The child behaves very aggressively towards any child or adult, with disproportionate intensity, and is verbally and physically abusive. The behaviour comes across as very rude and harsh,

	inappropriate to the age and situation. If a child is being hurt, he lacks a sense of safety and security. He feels helpless, frightened, suppresses feelings of anger, but in later life he learns to deal with problems using violence. It may happen that the child directs his anger towards himself – e.g. in the form of self-harm (cutting, scratching, banging his head against the wall, etc.).
Apathetic, as if without emotion	The child does not show positive or negative emotions, is not interested in his surroundings, is indifferent, is not interested in anything, his movements are slow, has little energy – the behaviour be characterised as aversion to life
Abdominal pain, nausea	Abdominal pain is the most common complaint in childhood, and its differential diagnostic consideration is very broad. One of the causes may be the child's psychological stress, when a child, especially of a younger age, cannot express himself analogically like an adult (e.g. complaining about a headache, psychological tension, etc.) and verbalises it by saying *"My tummy hurts* ".
Headaches, earaches	A "normal" healthy child does not have headaches. If the child reports this feeling, he is either repeating what he hears from adults or he is telling the truth, and in that case it should be considered a serious symptom! One possible cause is blows to the child's head when physically abused, and in older children it is also associated with stress, fear of an adult, psychological abuse. These complaints, i.e. that he has a headache, should ALWAYS be investigated very carefully and must be attended to!

Emotional flatness	The child does not show emotions, neither positive nor negative. Outwardly, he may appear too distant, indifferent, "detached", as if he doesn't even experience any emotions. In these circumstances, it is apparent that some children keep their distance, not wanting to "let anyone close".
Frequent absences from kindergarten or school	The child, under various pretexts, does not attend kindergarten or school for a short period of time, typically without a doctor's certificate, mostly following a parent's phone call, or makes his own excuse notes or does not care and has them unexcused.
Parent frequently changes partners	One of the parents lives alone and at some point a new partner "appears" in the family. The others perceive him/her as a "stranger" who, thanks to his/her sexual "services" to the parent, has a privileged position in the family, but does not have defined duties or responsibilities in the household or towards the other family members.
Often curls up in the embryonic position	The curled-up position is similar to that of a baby in the womb, the child curls up on his side, curls his legs and draws his knees together. The child does it to protect himself and feel closeness.
Reads books/draws pictures with themes of death or sex	Themes of death mainly include crosses, graves, coffins, hanged men, etc. Sexual themes mainly involve depictions of genitals. Or, conversely, even where it is appropriate, they only draw covered genitals, or omit them and draw a "sexless" figure or omit the middle part of the figure altogether, omit arms and

	shoulders, draw faces with long eyelashes, highlight the outline of the figure, draw a figure with legs apart. Fruit trees, butterflies, hearts, rain, tears, etc. often appear in the drawings of sexually abused children. An unusual use of colours, combinations of green and red, etc. may also indicate violence.
Membership of various gangs	The child joins a group or even forms his own group of children and young people who roam the streets in gangs, engaging in various types of anti-social behaviour (mugging, graffiti, petty theft, frightening others in various ways, etc.).
The child tends to be hungry	The child does not have enough food, if he gets some, he gulps it, does not know the taste of many types of food, the most familiar is tinned food or long-life food and pastry. A younger child asks for food from neighbors, relatives, an older one walks around restaurants. Parents do not care about what they eat during the day.
The child tends to be a victim of bullying	Children who are psychologically abused at home are often bullied at school. Classmates hurt them, mock them.
The child is treated by his single parent as their spouse	These are situations where a single parent overdelegates his/her responsibilities and authority in various areas of life to the oldest child. E.g. the child is fully engaged (as if he were a parent) in the upbringing of the other children in the family, deals with financial matters with the parent, etc., has a different status in the family than the other children.
The child does not have his own bed	The child does not have his own place to sleep in the home, sleeps with the parents or on the sofa, on uncomfortable

	mattresses, sleeps on a small bed with several siblings, does not have a place for a good quality sleep.
The child does not have his own space for toys, studying, possessions	The child does not have the conditions for development and free time activities in the home, despite his young age he does not have toys or, in the case of compulsory school attendance, school stationery. He writes his homework on his bed or on the floor, does not have his own shelf in the wardrobe, or any personal items (toothbrush, pictures...).
The child does not visit the doctor	It is obvious that the child does not visit the doctor even at times of acute illness. Chronic diseases (allergies, skin eczema, untreated teeth, diabetes, etc.) are not dealt with by the parent at all, does not take the child to the doctor, the child does not take any medication, the parent does not provide special diet for the child. The child does not attend regular medical check-ups and is not fully vaccinated.
Child with special needs	A child with special needs (chronically ill, disabled, with learning disabilities or behavioural disorders) can bring stress to the family, even ignorance and disinterest from other family members. The child may be unloved or perceived as a burden to the family.
A child lives with a single parent	A child may be neglected because of problems that his parent is experiencing. The parent may be under pressure, stressed, sad or angry because his/her partner has left him/her, has lost a loved one, a job or a home, is terminally ill, etc., and child neglect may occur.

Long-term absence of the mother in the family	The mother has been living away from the family for some time, e.g. because she has started taking drugs and is living in that community, is living in prostitution, serving a prison sentence or undergoing long-term psychiatric treatment, or suffers from a serious physiological illness and is hospitalised for a long time, or works abroad for a long time.
Long-term unemployment of parent(s)	The stress of financial problems can distract parents from the needs of the child, as their family's bad social and financial situation becomes a source of parental inattention or a source of stress management through alcohol or other addictive substances. The parent accumulates an excess of free time and unconsumed energy, which he then "dedicates" to the child and uses him to "ease his complexes".
Dramatic deterioration in grades and disinterest in school or work	A child who previously performed well at school, and who has the potential to perform well, suddenly has significantly lower grades, often in a number subjects, or even all of them, refuses to talk about it, does not try to improve his grades, does not prepare for classes, no longer cares about his grades and school, which may also be accompanied by truancy.
Apparent reluctance to go home	The child hangs around outside late into the evening, staying with friends, hanging around playgrounds or restaurants even late into the night. As if there was no reason to go home. It becomes apparent because it happens repeatedly, not just once.
Apparent signs of malnutrition	The child is apparently gaunt, pale, has low weight and height for his age or, conversely, is excessively overweight and the

	reason for this condition is not an illness. In both cases, the child's food does not have the necessary nutritional value.
Apparent fear of a particular person	Apparent means that it is not a single occurrence, but that it is repeated and always with the same person (in young children it can also be a generic person, e.g. a man), the child screams or runs away in fear when the person enters the room, or if the child learns that a particular person is coming to visit, his behaviour suddenly changes, there is obvious fear, panic, sometimes an attempt to escape the situation, which in young children may be accompanied by incessant crying. It can also manifest itself in a refusal to return home or go somewhere to visit, etc.
Experimenting with drugs	In addition to cigarette smoking, the child may have experience with other addictive substances. Experience with drug use is radically changing the child's behaviour, with changes including truancy, leaving friends, finding a different group, mood swings, loss of appetite. Sometimes the child keeps various items such as medicine phials or bottles, pills, pieces of tin foil, spoons, packs of cotton wool, candles, etc.
Extremely passive or aggressive behaviour	The child's behaviour can be extremely passive (doesn't want anything from anyone, can't give his opinion on anything, doesn't seem to care about anything) or extremely aggressive (will immediately respond with a verbal/physical attack to any stimulus, however weak).
Extreme disobedience/obedience	On the one hand, the child may show obedience that seems to be programmed – wears things he does not want to wear

	without talking back (a hat, for example, even though it is warm outside and other children mock him for it), goes and does what he is told, even if it is uncomfortable or humiliating for him. Extreme disobedience manifests itself in absolute unmanageability, screaming, talking back, going where he is not supposed to go, even in public, in front of people he knows. The child appears very unruly and spoiled.
He throws himself on the ground and wails	Throwing oneself on the ground is natural during the period of childhood defiance, approximately between the ages of 2 and 4. At an older age, such behaviour is not natural and may (or may not) be one of the child's expressions of anger if he is a victim of violence.
Squalid home	The household has signs of unfinished construction works or, conversely, significant deterioration, water leaking or not running at all, heating not working or having unsecured solid fuel heating, cooking on a stove using solid fuel, or electric cables sticking out, window handles not working, balconies and stairs without handrails, toilets and bathrooms not working (or they wash dishes and themselves in the same water source), presence of rodents, cockroaches, bed bugs, mould. Hoarders (hoarding, cluttering up living space) are also dangerous for a child.
Speaks of a secret he must not speak of	It is always necessary to distinguish between good and bad secrets. For example, having a secret for the sake of a surprise or gift for a loved one is one of the good secrets not to be revealed, but if someone is hurting a child or someone else, or if someone is in danger, this is not one of the good secrets and

	needs to be spoken about. In practice, this means that you need to talk to your child about secrets beforehand and not promise your child that you will keep the secrets he or she confides to you to yourself.
Misses classes, truancy	The child deliberately misses classes. Absenteeism may be the result of impulsive truancy, where the child does not plan to run away from school, which may be a reaction to a situation at home or at school that has not been dealt with. Planned truancy is planned by the child in advance, leaving school may be for a variety of reasons.
Infantile behaviour	Behaviour is inappropriate for the age, the child behaves as if he or she is a few years younger, for example, cuddles, lisps, wants to be picked up, etc.
Steals food, collects leftovers	The child secretly steals food from his classmates and peers or steals basic food in shops, such as bread rolls and potatoes or eats secretly in the shop. The child picks up leftovers from bins, eats bits of discarded food, leftovers in cafeterias, fast food restaurants, etc.
Steals things he does not need	The child experiences a strong impulse to steal things, but these stolen things have no significant value to him. He steals them because he may need them soon, because he often experiences scarcity or deprivation.
"Clinginess" of the child	The child appears very "clingy", even towards complete strangers, overly praising the appearance or behaviour of the person to whom he is "clinging", sometimes even grabbing their

	hand or hugging them, even though he does not know them very well. He wants to go home with her, asks for her address or phone number, and generally comes across as uninhibited. He tries to attract people's attention, demanding their affection.
Bald patches in the hair	Bald patches in the hair may be the result of hair being pulled out during physical abuse of the child, as part of adult aggression towards the child (pulling hair, dragging the child on the ground, etc.). However, this finding must be assessed by a paediatrician to rule out other possible causes of hair loss. In an abused child, this finding is usually accompanied by other signs of physical abuse (bruises, etc.).
Has gifts and money whose origin he cannot explain	The child carries a large amount of money or has things, often very valuable or branded, that they did not have before and cannot explain how they got them or where they got them. He explains their origin giving unlikely and false reasons, e.g. an unknown aunt gave them to me, I found them on the bench, I won them, etc.
Sudden impairment/loss of speech that was previously appropriate to the age	A child whose speech was developed, who communicated appropriately for his age, had no speech impairment, and suddenly starts having problems communicating. Vowels or syllables may be confused, only one-syllable short words may be pronounced, speech fluency may be disrupted, the child may stammer or even stop talking altogether.
Sudden change in behaviour, aggression,	A child with age-appropriate behaviour suddenly (as if overnight) changes, for example, from a formerly nice child to an aggressive one, a formerly social and cheerful child to a

reticence, change in habits	reticent and withdrawn one. It is the "suddenness" factor that is important.
Surrogate/step-parent in the family	There is a step-parent in the family who has not developed a relationship with the daughter/son and tends to "raise" them with a "firm hand" to teach them their responsibilities, because the biological parent supposedly "spoils" them too much. His/her method of upbringing may be sound, but there is a lack of emotional attachment to the child and therefore the punishments are disproportionate, unfair and insensitive.
Dangerous home and neighbourhood environment	The apartment building has holes in the floor, broken windows, missing stair handrails, there are open sewers around, unprotected old buildings, dealers and prostitutes around the building with the products they leave behind.
Unwanted child	The child was not planned by the parents for various reasons, he is a "burden" to them and so their attitude is that he should be happy they have kept him, so he should not ask for more – he does not receive enough attention from them, his needs are not satisfied.
Does not have school lunches	The child does not bring any snacks to school, does not have school lunches, they often have not even been purchased for him, then is hungry and may steal snacks from classmates or get food or money from them in exchange for various "favours" – this is often associated with bullying. If a child does not bring snacks to school, is hungry, does not have enough energy, this can be followed by inattention, inability to concentrate, etc.

Lack of appetite/suddenly stops eating or drinking	A child who has been eating adequately, has had no digestive problems, no appetite problems, no stomach problems, suddenly changes habits, refuses food or even drinks, claims not to be hungry. The child either refuses food or overeats; this behaviour can develop into serious disorders such as anorexia and bulimia. Anorexia is a disorder characterised by refusal to eat (or subsequent vomiting) with a tendency not to accept a normal body weight appropriate to age or height. Bulimia is morbid overeating followed by inappropriate compensatory behaviour such as self-induced vomiting, use of laxatives, starvation or excessive exercise.
Substance/non-substance addiction of parent(s)	Parents suffering from substance (alcohol, drugs) or non-substance (games, internet, mobile phone, work, sex) addiction devote all their life energy to satisfying their own needs related to the substance they are addicted to. The child's needs and mere presence annoys and restricts them. A parent's addiction reduces his/her ability to identify the child's basic needs, to care for the child and to ensure the child's safety. An addicted parent can be an immediate source of danger to the child, as his/her behaviour under the influence of drugs or alcohol may be dangerous and aggressive, or when under the influence of a non-substance addiction, he/she may abandon the child and fail to satisfy his basic needs.
Unpopularity in a group of children or among teachers	The child is not popular in the group, tend to be an outsider, the others avoid him, label him as a weirdo, a freak, etc. His behaviour may also irritate teachers, who also dislike the child or label him as a problem one.

Restlessness and tension in the child's behavior	The child shows significant restlessness and lack of composure. The child is tense, as if never stops, about to explode. The child comes across as constantly nervous.
Disproportionate fear of new situations	The child does not like to get involved in new things, avoids, for example, a new group, does not want to try new things, new friends, avoids such situations. This fear is not due to children's natural shyness, so it tends to persist despite efforts to positively motivate the child.
Disproportionate reactions to pain	The child either overreacts to pain (even a minor blow may make him wail hysterically) or appears not to feel any pain.
Lack of concentration and poor stamina	Especially during classes, the child shows poor concentration, cannot maintain attention, finds it difficult to concentrate. Is not capable of sustained concentration in any activity or complete a task. Can get tired quickly and easily.
Untreated and neglected teeth	The child has untreated multiple dental cavities, lacks dental hygiene habits, teeth are yellow with visible plaque, with bad breath. The child has problems with chewing, feels pain, untreated teeth lead to inflammation, which can seriously endanger the child's health.
Has no school equipment	The child does not have the conditions for studying in the home, e.g. a desk, school stationery, notebooks, etc. Because he does not have them, he can not use them at school and has nothing to work with, may start to fall behind his classmates. The

	parent is not willing to invest either money or time to get the equipment for the child.
Inadequate care for animals	There may be several animals in the household that are not receiving adequate care, lack vaccinations and food, there is animal excrement in the flat, which can be a source of infection and dirt for the child.
Unnaturally clean and tidy	The child shows signs of excessive cleanliness and grooming, or concern for cleanliness and grooming. For example, he is careful when playing, overreacts to any minor soiling, etc.
Housing instability	The parent often moves the children (to stay with relatives, a new partner, a friend), and short stays, homelessness, stays in shelters, on allotment sites, etc. are typical. The child finds himself in an unstable environment, which can be a source of insecurity, instability, a place where he can not maintain personal hygiene habits, can not study, changes schools, "disappears" from the records of the doctor and the authorities. In addition to the danger of losing control of the child's life, frequent moves can also cause the child the stress of not having a home (the basic human need for security is not satisfied).
Neurotic behaviour	The child may show behaviour that is no longer appropriate to his age (sucking of thumbs), or neurotic behaviour such as tics and twitches (of the whole body or a part of it – eye, hand, leg, etc.). The child can be seen tearing his hair, etc. when he is nervous.

Inappropriate clothing	The child has inappropriate clothing for his/her age, gender, size or the current season, or the clothing is dirty, smelly. The child wears clothes from his older sibling or a sibling of the opposite sex, is mocked at school – one of the reasons for bullying by other children.
Teenage step-sibling	If there is a step-sibling in the family who is favoured by the more dominant partner, he/she tends to "enjoy" the benefits of his/her status at the "expense" of the weaker step-siblings/siblings. If he/she is also a teenager, he has no sexual inhibitions in relation to his/her step-siblings because he/she does not experience them as "his/her blood" and therefore often abuses them for sexual experimentation.
Step-parent in the family	The step-parent may be the one who is unresponsive to the child's needs, the child may be neglected both emotionally and in situations where he should be protected from danger, there is no supervision of the child.
Adequate health care not provided	The child does not go for preventive check-ups, has untreated injuries, untreated illnesses, does not have vaccinations, is not given necessary medications or does not take them. In the case of chronic illness (allergies, eczema, epilepsy, diabetes, coeliac disease, etc.), fails follow his course of treatment, does not follow the diet, does not have compensatory aids, e.g. glasses, orthosis, etc.
Parental disinterest in satisfying the child's needs	Parent(s) do not respond to the emotional, physical or even biological needs of the child, not respecting, ignoring and overlooking them, giving priority to the satisfaction of their own

	needs. If they are financially secure, they provide the child with a babysitter, various coaches, during the summer the children attend all available summer camps. Parents do not go to parent-teacher meetings, do not enquire about how the child is doing at school.
Immature parent	Being a mother/father at a very young age is mostly associated with emotional and social immaturity. Such a parent cannot be sufficiently responsible even towards himself/herself, let alone the child, cannot provide (financially or emotionally) for the child's basic needs, and tends to seek activities appropriate to his/her age rather than provide for the child's care. He/she has problems with himself/herself, failing to show the child affection, or showing it in "bursts" soon followed by rejection and ignorance, which the child does not understand at all.
Does not participate in extra-curricular activities	The child does not participate in activities after school, in community sports games or other community events, does not go on trips or to the outdoor school, ski training, because he does not have money or the necessary equipment. He thus becomes a class outsider.
Low self-esteem, great insecurity when interacting with others	The child distrusts and underestimates himself, blames himself for no reason, does not express himself because he is shy and afraid of expression. He cannot act as an equal partner in communication with his classmates, often stammers when communicating, has an evasive look, cannot make an eye contact when communicating, constantly expects humiliation and ridicule from others.

Suddenly lives in his own world, as if in a bubble	The child is not sensitive to the surroundings, is not interested in what is happening around him, is apathetic, as if he lives in his own world. In severe situations, the child hears voices, as if they speak in his head, he has auditory hallucinations.
Delayed physical/mental development of the child	The child does not have sufficient stimulation from parents in the home, begins to lag behind his peers in physical and mental development. The child has delayed reactions, takes longer to grasp the context, the curriculum, has poor grades, etc. The child may be malnourished, have problems with growth, speech.
Repeatedly treated for urinary tract infection	Urinary tract infections are the most common health problem in children after respiratory diseases. They are mostly caused by a bacterial infection and are treated with antibiotics. If they occur repeatedly along with multiple symptoms indicative of sexual abuse, they may point towards sexual abuse.
Repeated use of alcohol, cigarettes	Many children make no secret of the fact that they smoke or drink alcoholic beverages. As a result of alcohol and cigarette use, there will be changes in the child's behaviour and interests – quite often a sharp decline in interest in school and previous hobbies. There may be a significant deterioration in school performance or behavioural problems. Unexplained outbursts of anger, sudden mood swings, or loss of appetite will occur. The child may suddenly change his or her circle of friends, meet with a completely different group, or avoid friends altogether.

Repeated occurrence of multiple bruises, often in unusual places	Bruises usually differ in age (different colours, according to the degradation of haemoglobin), appear on different parts of the body, often on the head. It is bruises appearing simultaneously on various parts of the body, usually of various ages, that is important. Each bruise could be explained by natural causes, but it is this multiplicity of bruises that is significant!
Cautiousness and distrust when interacting with adults	The child is overly cautious when interacting with adults, suspicious, has difficulty trusting adults, and may avoid contact with adults.
Panic fear of the dark or unfamiliar places	Fear of the dark and unfamiliar places is common in childhood. It is necessary to be alert if a child develops it suddenly. The child refuses to have the light switched off, can't bear being alone in a dark room and demands a source of light, screams, cries, tries to escape from the room. The child experiences feelings of anxiety, fear and endangerment, which may be associated with palpitations, excessive sweating and shivering.
Weepiness or states of anxiety	The child may come across as emotionally unstable – cries easily, even over minor things. He can constantly appear sad and weepy. Although some children experience fear in the form of anxiety (not associated with specific stimuli), they may not be able to say what they are afraid of.
Feelings of shame and guilt, negative self-talk	The child talks negatively about himself, i.e. that he is bad, unworthy, useless, clumsy, etc. Some children say they don't deserve anyone to be good to them, etc. Some children show feelings of shame (for things they do not have to be ashamed of) or guilt (even for a small thing, they may feel very guilty or

	take the blame even though they are not responsible). The child has low self-esteem and does not trust himself to achieve anything.
Bruises, minor injuries, finger and teeth marks	Bruises are usually of various ages (different color, according to the degradation of haemoglobin), on different parts of the body, often on the head. It is bruises appearing simultaneously on various parts of the body, usually of various ages, that is important. Each bruise could be explained by natural causes, but it is this multiplicity of bruises that is significant! Adult teeth marks are a significant finding in connection with physical child abuse!
Burns on the body	Burns, especially from cigarettes, are a significant and typical finding in connection with physical child abuse; this is not something a child is capable of inflicting on himself. Self-harming adolescents may be an exception.
Sock- or glove-like scalds	A burn is a very painful injury, and it is very rare for a child to inflict it on himself just by being careless. Conversely, this is typically possible as a result of forced immersion of the acral parts of the body in boiling water by another person.
Bruising under the eyes	Bruising in this area can only exceptionally be caused by the child himself (a fall, bumping into an object) – we reflexively protect our face with our hands in this situation. Typically, these bruises occur when a child is physically abused by an adult. It should also be noted that such bruising under the eyes is not an isolated occurrence of haematomata on the child's body.

Injury in the mouth, rectum or genital area	In particularly serious cases of sexual abuse, children may also suffer a variety of physical injuries, most of which tend to be minor to moderate and may not always require medical treatment.
Makes self-gratification movements or masturbates	For children up to 5 years old, masturbation is natural (rubbing against a ball and rolling their tummies on it, rubbing their body against the back of a chair, touching their genitals in the bath). It is a cause for concern if he tries to force another child into sexual activities. At the age of 5-11 years, children may also engage in mutual masturbation, but without using violence. At this age, it is a cause for concern if a child tries to force another child into these activities using violence.
Trembling, tension and fear	The child appears stiff, rigid, as if without energy, there may be rapid breathing, sweating, trembling of the hands, sometimes there may be biting of the nails or twisting of strands of hair. The child may have show excessive alertness, exaggerated reactions of anger directed at himself or his surroundings, and feelings of not being able to cope with the situation.
Screams hysterically during nappy changes	Not all children like nappy changes and getting dressed and protest by crying. However, it is hysterical, incessant crying during which the child trembles or starts suffocating that presents a risk.
Problems with social inclusion	The child is unable to integrate into his group. He may either refuse to make friends with peers, preferring being on his own.

	Or he may be rejected by the group. The child usually looks as if he/she does not belong to the group.
Problems with urinating or passing stools	The child refuses to go to the toilet and gives various reasons why he does not want to do so. This behaviour is likely due to the painfulness of the routine. Or bedwetting (enuresis) or leakage of stool (encopresis) occurs in a child who is already weaned off nappies.
Promiscuous behaviour	Sexual abuse causes various relationships-related and sexual disorders. As a result, flirting, seducing and irresponsible and frequent changing of partners, superficial relationships, casual partners or having multiple relationships at the same time are common among sexually abused children. There may also be attempts to force others into sexual activities or to speak proudly about sexual abuse and various sexual practices.
Mental disorder/cognitive deficit of the child	A child who is treated for a mental disorder or shows a reduced intellectual capacity cannot react quickly enough or correctly even to ordinary life situations. This triggers ridicule or anger, and if this situation repeats, people around him generally start to behave in a demeaning, intimidating and aggressive manner towards him.
Mental disorder/cognitive deficit of the parent	One of the parents suffers from mental illness. These are limitations affecting the parents that impair their ability to perform certain childcare duties. For example, it may involve aggressive behaviour of the parent due to a mental disorder, avoidance of other people, suicidal tendencies, obsessive-compulsive disorder, panic attacks, apathy, sometimes it can

develop into serious problems such as hallucinations, delusions, severe depression, suicide attempts, thought disorders, etc. Such a psychological disorder can lead to an impaired ability to protect a child who may become a victim of abuse. The erratic behaviour of the parent (if left untreated) and his/her subsequent and repeated hospitalisations force the child to take on an inappropriately high level of responsibility for the other family members. It often happens that the child tries to hide the parent's condition from the community so that the family are not dealt with by social protection workers, despite the fact that they are threatened by their parent's unpredictable aggression. If a parent suffers from a cognitive deficit, the child has to think for him and hence the solutions to family problems are often at the level of the child's thinking. Also, a cognitive deficit in a parent may put the child at risk due to the fact that the parent is unaware of the child's basic needs, lacking the ability to provide guidance for the child. Parents are unable to control themselves, their anger, their hostile and violent behaviour towards the child.

Psychosomatic problems

The child suffers from recurrent or persistent pain (headaches, abdominal pain, backaches, etc.) and has not been diagnosed with any disease causing the pain, has not had an accident, etc. His pain has no cause. Or the child may feel nauseous, have a tummy ache, and some children may have a raised temperature (even though they otherwise show no signs of illness or cold).

Radical change in the way he dresses

The child begins to dress differently – either suppresses gender characteristics or enhances them inappropriately to the age, for example, a girl tries to dress like a boy, stops wearing skirts, has

	her hair cut short or covers her hair with a cap, wears boys' style of clothing, sometimes imitates male behaviour and movements or dresses eccentrically, inappropriately for her age, wears low-cut, tight-fitting clothes, exposed body parts, provocative, striking make-up, overemphasising femininity.
Regression to bedwetting, leakage of stools, finger sucking	A child who no longer wets his bed or leaks stools suddenly starts bedwetting, leaking stools or sucking his fingers, as if going back to a younger age. This is a child already weaned off nappies who did not have problems with leakage of stools, an older child, especially if a physiological reason for the above problems is ruled out.
Cut wounds on hands or feet	In adolescents it may be self-harm, in younger children it is a finding typical for adult aggression towards children.
Parent himself/herself was a victim of abuse in childhood	If a parent himself/herself was a victim of abuse in childhood, he/she has acquired certain patterns of behaviour from his parents, and despite the fact that the aggression caused a great deal of suffering to him/her, at some point he/she adopts them (as he/she can not act differently) and behaves aggressively towards his/her own child as well. Any form of abuse increases the likelihood of recurrence, and even more attention should be paid if sexual abuse has already occurred in the family, or if any form of sexual abuse has been suspected in the family, even if it has not been confirmed.
The parent has unrealistic expectations of the child	If a parent has unrealistic expectations of a child, he/she puts the child under excessive stress from failure. The parent makes demands on the child that are beyond the child's ability, is

	overly critical of the child and tends to constantly question the child's ability. This is often about the parent's own unfulfilled ambitions.
Parents seek medical care for the child without an objective cause	Parents take the child to the doctor even though the child's condition does not require it. Parents may demand examinations, medical care or even hospitalisation of the child. They often refer to doctors as useless and incompetent people who refuse to treat their child and constantly look for new ones.
The family lacks social support	The family does not have sufficient funds to provide for the child's basic needs. The family lives without the support of relatives and friends, they do not have the ability to seek professional help, to contact competent persons who would be able to help them (statetional and public organisations, non-profit organisations, community help) or live in segregated places where it is difficult for them to get help, etc.
The family is experiencing stressful events	The family is in a situation where the child's needs are put aside for long periods of time, the family is exposed to long-term stress that becomes chronic because they have lost their home and their source of regular income, and the family is suffering from poverty, someone in the family is terminally ill and all care and funds are devoted to that member at the expense of the others. A family member may have been the victim or perpetrator of a crime, become mentally ill or become addicted, and the family has to keep dealing with this. The parents' marriage/relationship may be under constant strain from intense conflicts, or they may be in a period before/during/after a divorce or separation, and the children are "hostages" to the dispute between them.

Family with which older adult children cut off all contact	An adult child leaves home immediately after graduation or when he turns 18 and does not contact the family or contacts one of the family members on rare occasions. As if he had "severed all ties" with the family.
Family living on or below the poverty line	Families who are unable to provide for their own basic physiological needs related to clothing, food, hygiene, etc., because: the mother is constantly pregnant, they have no source of regular income, they have no support from relatives, they cannot manage their finances effectively, their property is being seized, are repaying endless debts, etc.
Suicidal thoughts or attempts	The child thinks about being useless, unworthy, does not want to live, it would be best to die, often self-harms, e.g. scratches himself, pulls out his hair, cuts himself, or takes medication, behaves in a risky way, e.g. deliberately steps into the path of a moving car, etc.
Self-harm practices or suicide attempts	The child hurts himself in an attempt to inflict pain on himself, for example, by hitting the wall with his fists, head, kicking the wall, cutting himself, scratching himself, burning his skin – he turns his anger at the situation against himself. Sometimes it progresses into what is usually demonstrative suicide attempts.
Sexual behaviour is inappropriate for his age	It is necessary to be alert if they imitate sexual behaviour when playing with dolls or other children. Children use swear words and expressions learned from the abuser that do not belong in the normal child vocabulary. It is necessary to be alert if force

	is used in any sexual activity of the child, the older child shows sexual attraction to a much younger child (more than 4 years younger), the child masturbates compulsively, or if the child presents, teaches, shows or shares his/her sexual knowledge and experience inappropriate to the age with other children.
Limited vocabulary	The child does not receive stimulation for development from parents, he has no toys, no one studies with him to save money, he does not go to kindergarten or clubs, they do not buy him books and no one reads with him. The child has a limited vocabulary, has difficulty expressing himself in an age-appropriate way because his contact with the world is mostly about watching television programmes and listening to the limited conversations of his parents and their "mates".
Weak parental skills	Parents are not ready (psychologically, socially or physiologically) for the role of parents, they do not have sufficient skills, do not know how to bring up a child, how to take care of him/her, thus endangering the child's health. Proper nutrition, hygiene and other basic attributes may be absent. The parents themselves often lacked a parental role model (they grew up in a poor surrogate or biological parenting system).
Striving for invisibility	The child is quiet, inconspicuous, moving quietly, almost stealthily, literally easy to overlook, we are almost unaware of his presence in the room or around us.
Socially isolated family	Some families live like an "island" in the sea. They don't let relatives or classmates into their family, don't visit anyone and

	no one visits them. As if they were hiding something behind walls that others are not supposed to see. Their children do not go to the outdoor school or on trips, the children come across as very well-mannered and obedient to their parents. The more isolated the family, the greater the risk to the child, because of the lack of contact with the immediate and wider environment and the lack of supportive relationships, and because the family members are not able to ask for help when they need it and thus are unable to secure it.
Behaviour is either too adult-like or too childish	The child behaves inappropriately for his age – his behaviour is either too childish (sucks his thumb, wants to be carried, wants to cuddle, lisps, uses diminutives, etc.) or too adult (adult language and gestures, taking on responsibility, taking care of siblings, etc.)
Avoids the social group to which the child used to belong	For example, refuses to go out with friends, or changes friends, prefers another group that does not have a good reputation in the neighborhood (e.g. they are truants or are rumoured to be drug users, or have a problem with the law, etc.)
Loss of interest in previously enjoyed activities	The child loses interest in common childhood games, fairy tales, contact and playing with peers in the case of older children, for example, if the child used to do sports or go to club meetings, he or she suddenly refuses this activity without giving a reason, for reasons that are incomprehensible.
Complaints of pain in the lower abdomen	If it is pain outside menstruation, without any obvious cause.

Twitching, flinching when touched by other people	After any unintentional touch, the child uncontrollably (conditioned reflex) flinches, twitches, even when he is not surprised by the touch, but sees who is going to touch him and how, as if he is expecting an attack, a slap, a punch. Refuses any physical touch from another person.
School performance is worse than the child's abilities	Despite the possibilities and abilities (intellect, talent), the child has poor results. Or grades may drop significantly, even if the child has done well at school so far.
Suffering from severe anxiety or panic fears	The child has strong feelings of anxiety, accompanied by feelings of threat, tension, fear, excessive worry, problematic concentration, irritability. Panic fear is characterized by rapid heartbeat, difficulty breathing, accompanied by a feeling of lack of oxygen, as if the child could not breathe, sometimes there are even feelings of suffocation. There may be dizziness, excessive sweating, shivering, possibly numbing of the limbs, severe pain in the chest area or even complete paralysis, loss of control.
Difficulties forming friendships in the group	Children judge others by their appearance and thus a neglected child is pushed out of his group because of his clothes, because he does not attend class activities, does not have presents, computers or a phone, because he has never invited anyone to his home. The child, because of his substandard appearance and learning deficits, becomes a black sheep, has trouble engaging with the group and in group activities, cannot adapt, cannot form long-term friendships.

Escape into a mysterious world	It can take different forms, the child believes in supernatural forces, such as ghosts, the devil, etc., he tries to conjure them, communicate with them, hears different voices, has various rituals that he uses in these situations, for example satanic symbols, etc., and then experiences fear and apprehension, which can turn into bad dreams and nightmares.
Escapes from home	The child escapes from home at every opportunity. When he is small, he goes to relatives or even strangers, when he is older, he hangs around outside late into evening, staying in playgrounds, with friends, in basements, the station and similar places. He does not want to go home to his parents and does not want us to call them. A child may escape from home because of fear of inappropriate behaviour by parents e.g. because of poor grades at school. The child has no supervision and no interests, so he roams around the town even late into the night, killing a lot of free time and boredom, this is where the risk of committing crimes can arise.
Anxious fixation on the contact person	The child lets out a terrible scream if he does not see the mother/contact person. Even at birth, a child has an instinctive need to bond with the mother or other person who regularly cares for him and where the child seeks security and safety. If the mother is stable and reliable in her relationship with the child, is sensitive to his needs, responds to his crying and provides him with love and care, a secure relationship develops between them forming the basis for further healthy psychological development. If the mother does not respond appropriately to the child's needs, three types of disrupted attachment can occur. Avoidant attachment – a child with this attachment may outwardly appear calm, but inwardly

	experiences intense stress. He does not cry when his mother leaves, he does not react strongly to her return. Inwardly, however, he experiences dissatisfaction and frustration. A child with ambivalent attachment reacts to the mother's departure with strong, even desperate crying. He is not sure if his mother will return. When the mother returns, he reacts with uncertainty, on the one hand, he wants to be with her, on the other hand, it is as if he is punishing her for her absence. Such children tend to be confused, afraid and insecure. A child with disorganised attachment, which often arises as a result of abuse, reacts unpredictably. His behavior is unexpected, inexplicable, he can quickly alternate between expressions of love and anger.
Experience with drug and alcohol use	The child often wanders, seeks out groups of people like himself that he feels will understand him, truancy may set in, spending free time sitting in various substandard pubs or on the streets drinking alcoholic beverages or smoking cannabis and using other harmful addictive substances in the form of powder, pills or liquid in a syringe.
Visible abrasions on the neck and wrists from a rope	Unless it is self-harm in an adolescent, traces of the use of an object are a sign of physical aggression towards the child (traces of the use of a rod, rope, wire, etc.).
Sexual themes appear in the child's drawings	This mainly includes depictions of genitals or, conversely, covered genitals, or omitting them or the middle part of the figure, omitting arms and shoulders, draws faces with long eyelashes, highlights the outline of the figure, draws a figure with legs apart. Fruit trees, butterflies, hearts, rain, tears, etc.

	often appear in the drawings of sexually abused children. An unusual use of colours, combinations of green and red, etc. may also indicate violence.
Ravenous hunger and greed	A neglected child whose physiological needs are not satisfied, whether in qualitative or quantitative terms, shows ravenous hunger.
Past suspicions of abuse in the family	Any form of abuse increases the likelihood of recurrence, and even more attention should be paid if sexual abuse has already occurred in the family, or if any form of sexual abuse has been suspected in the family, even if it has not been confirmed. The authority or the school has dealt with a complaint about abuse in the family, either as perpetrator or victim. It can also be neighbourhood violence or violence perpetrated by peers. The abuse may not have been proven, but there was already some suspicion.
Sexually "relaxed" behaviour takes place in the family	In every family, children are brought up in some way and confronted with sexuality, which is an integral part of life. What is important is how parents and other family members show their sexuality. It is natural for children if parents show their affection for each other, e.g. by holding hands, kissing, caressing or showing tenderness to each other. In many families, nudity of adult members in front of children is not taboo; the family members do not respect the privacy of the others. The risk is for families where sexuality is relaxed, where there is not enough privacy for partners, for their intimate needs, or where sexual practices are not just an intimate affair

	of the partners, but can often be witnessed by children. In the most serious cases, children are involved in sexual activities.
Search for sexual stimuli	It's natural for children to be curious about things related to sex; younger children don't usually deliberately seek out porn, they come across it. It is necessary to be alert if the child intensively searches for age-inappropriate information on sexual topics – porn sites, porn magazines, etc. Searching for and watching porn increases the risk of unrealistic access to sex and sexual relationships.
Avoiding situations where you need to undress	The child deliberately does not bring his sports clothes to PE lessons so that he does not have to get changed, refuses all activities where there is a risk of having to undress or get changed, refuses to take part in swimming training or go to the swimming pool, refuses all activities involving changing clothes. At the doctor's, the child has not even completed the compulsory preventive check-up and vaccinations.
Avoidance of eye contact	The child does not want to (is unable to) make an eye contact with adults during conversations, turns his face away, makes various movements (scribbles, plucks his sleeve, kicks with his leg, etc.).
He refers to himself in a derogatory, even hateful way	The child uses words like "I'm useless, I'm worthless, I'm the worst, I don't deserve to be liked, I'm dirty, I'm disgusting, etc."
Occurence of untreated injuries	These are findings of healed traces of physical abuse (scars, abrasions, burns, etc.), usually not a single isolated finding, but typically multiple ones and in various locations on the body, or

	in a location where the child can inflict them on himself only on rare occasions.
Occurrence of inflammatory diseases of the skin, mouth, eyes	The child has visible skin diseases that are untreated, e.g. ulcerative inflammation, atopic eczema, bleeding cracks on the skin, extremely dry skin, cracked mouth corners, untreated mouth ulcers, conjunctivitis.
Parent highly critical of the child	These are mostly parents who had a strict upbringing or have unsatisfied ambitions of their own. Being highly critical can cause the child fear, stress nad anxiety and may become isolated over time as his group of children excludes him for being a nerd. This can lead to low self-esteem, self-judgement and a feeling that "I'm not good enough" in any situation, and to constant, even exhausting, efforts to prove that the child meets the requirements.
High level of sensitivity and taking offence	The child is highly sensitive to himself, reacts inappropriately and aggressively, and takes offence at the slightest stimulus, often not even specifically aimed at him. For example, when the general topic of conversation at the table is about healthy eating, he responds by saying, "Leave me alone, you're bothering me again, I'll eat what I want!"
Exposure to risky situations, taking risks	The child tests the limits of risk to prove things to himself and others: he leans out of the window, he wants to jump out of a moving train, he drinks some liquid while dramatically describing the situation and expecting us to stop him, to feel sorry for him – just to make sure that we appreciate him and care about him.

He starts avoiding his friends/finds a new group	The child refuses to go out with friends or changes friends, prefers another group that does not have a good reputation in the neighborhood (e.g. the are truants or are rumoured to be drug users, or have a problem with the law, etc.)
Neglected appearance of the child	The child is dirty, smelly, has uncut messy hair, dirt under his fingernails, dirty ears, dirty shabby clothes.
Stopped or slightly declining growth curve	A very significant finding! From the information in the child's health record (especially from preventive check-ups), a growth curve can be constructed: a healthy child grows (and gains weight) steadily in the same "band" of the percentile chart. A child who is in an adverse situation (i.e. physical, psychological or other abuse or neglect) retards – his growth starts to slow. Once the child is removed from such a pathological environment, he begins to grow again at "his" pace and returns to his percentile band (the *catch-up growth* phenomenon).
Bad dreams and nightmares	Bad dreams induce fear, anxiety and sadness in children. Nightmares trigger strong emotions and negative feelings, usually a feeling of intense terror, witnessing the presence of an evil being, etc. Sleep disruptions also occur, the child can not fall asleep long into the night, despite being tired, or even falls asleep, but wakes up in the night, frightened and can not fall asleep for a long time.