

# ABUSE AND ASSAULT

Primary Care Paramedicine

Module: 20  
Section: 06



- Intimate partner violence
- Elder abuse
- Sexual assault
- Child abuse

Abuse and Assault

# **INTIMATE PARTNER VIOLENCE**

- You are assessing an 18 y/o F with arm pain, accompanied by her 27 y/o boyfriend.
- Initial history revealed that she is a gravida 1, para 0, at 26 weeks gestation and living in a mobile home with her partner.
- She states that her partner had “slapped her around” on several occasions but wasn’t a big deal but today he was angrier than normal since he just found out he has lost his job and pushed her over during an argument.
- She just wants to make sure that her baby is okay.

- Has serious physical, emotional, social and economic consequences for victims, their family and society, making this phenomenon a major public health issue.
- Included legal marriage, common law, cohabitation and dating relationships.
  - IPV refers to violence against current or former spouses or dating partners, whether or not the individuals live together or have children.
- No one is immune, affects people of all ages, wealth, culture, religions and education background.

- Violence between partners can be categorized as:
  - Spousal violence
  - Dating violence
  - Intimate partner violence
  - Non-intimate partner violence

- Four main types:
  - Physical
    - Intentional use of physical force
  - Psychological
    - Verbal and non-verbal communication with the intent to harm mentally or emotionally
  - Sexual
    - Rape, unwanted sexual contact, non-contact unwanted sexual experiences
  - Economical
    - One partner has control over other partner's access to economic resources.

- Statistics:
  - 336,000 persons aged 15 – 89 were victims of police reported IPV in Canada (2013)
  - Accounts for approximately 25% of all police reported violent crimes
  - Most victims of IPV are female
    - Women accounted for nearly 80% of victims of police reported IPV
  - Individuals in their early 20's are at greatest risk of IPV
  - More than 3 in 4 victims of IPV are physically assaulted
  - Physical assaults are more often committed by a current partner while intimidation offences are more often related to a former partner



- Known factors that increase risk of IPV
  - Men who have witnessed physical violence by fathers against mothers.
  - Alcohol is a prominent factor but not a causal factor.
  - Women are at greatest risk of severe violence.
  - Risk of being killed by a spouse or partner is 8x higher for women in common law relationships.
  - Children of IPA victims have a 30 - 40% chance of being abused.

- Men are also maltreated.
  - May be too humiliated to report the incident
  - May feel guilt, loss of control, and shame
  - Society is less empathetic toward maltreated men.
- Same-sex relationships
  - Can be as fraught with peril as heterosexual unions
  - Concerns about coming out may prevent these victims from seeking help.

# Reasons Abuse is Not Reported

- Fear of reprisal
- Fear of humiliation
- Denial
- Lack of knowledge
- Lack of financial resources

# People Who Maltreat Their Partners

- Diverse population
  - Approximately one-half show no psychological deficits or difficulties.
  - May be paranoid, overly sensitive, obsessive, or threatening
  - Often abuse alcohol or drugs
  - May have weapons

**Table 46-7**

**Characteristics of a Person Who Maltreats a Partner**

- Was maltreated as a child, or may come from a family where maltreatment was common
- May become more violent with each ensuing attack
- Very low self-esteem
- Remorseful after the attack; promises it will never happen again (but it does)
- May direct violence at children, especially children from a partner's previous relationship(s)

- Ways of maltreatment
  - Intimidation and threats to maintain their control over the person
  - Throw objects in a rage
  - Threaten regarding what he or she will do if the spouse leaves or reports the abusive behaviour
  - Isolation as a means of domination

- Physical
  - 45% of women suffer from some sort of assault during pregnancy
- Verbal
  - Seek numbing effects of alcohol or drugs
- Emotional
  - Frequent depression, evasiveness, anxiety or suicidal behaviour

- Domestic violence calls can be dangerous.
  - Potentially violent person
  - Highly charged emotions
  - Remove unnecessary people from the scene.
  - If scene safety in doubt, call for law enforcement.

- Identifying a battered patient
  - Victim may be protective of the attacker, frightened, or honestly unable to recall details.
  - May avoid eye contact or be evasive
  - Listen for verbal clues.
  - Use direct questioning.
  - Try to empathize and reassure the patient.
  - Be objective and nonjudgmental.



- Patient care report
  - More than just documentation of the transfer of care
  - Permanent record of treatment and disposition
  - Hard evidence for the prosecution and the defence
  - Statements must be objective, nonjudgmental, and neatly written.

- Not simply a family issue
  - It is a crime.
  - Law enforcement personnel are always helpful.

- Adult Protection Act
  - Section 5 (1) states that every person who has information, whether or not it is confidential or privileged, indicating that an adult is in need of protection shall report that information to the Minister.
  - This does not include adults that have full capacity and are able to make rational decisions.
  - May be liable if not reported

- Family Services Act
  - Section 35.1 (1), a professional person may disclose information to the Minister respecting a person whom the professional person has reason to believe is a neglected adult or an abused adult, including information that has been acquired through the discharge of the professional person's duties or within a professional relationship.
  - Reporting this information is voluntary.

- Protection for Persons in Care Act
  - Section 2 (1) states that every individual or service provider who has reasonable and probable grounds to believe that there is or has been abuse against a client shall report that abuse to the Minister or a police service or a committee, body or person authorized under another enactment to investigate such an abuse.
  - Subsection (1) applies even if the information on which the belief is founded is confidential and its disclosure is prohibited under any other
  - Not reporting could lead to a guilty offense and liable to a fine of not more than \$2000 and in default of payment to imprisonment for a term of not more than 6 months.

Abuse and Assault

# **ELDER ABUSE**

- You are called to a local church for an 82 y/o M. Dispatch states they don't have a chief complaint but you are responding with Adult Protective Services.
- On arrival you are met by a couple of bystanders that state for several weeks, they have noticed that Mr. Lee, had bruises, cuts and scrapes on his face, hands, and arms.
- He always had some plausible explanation and, knowing that he was the sole caretaker for his very ill wife of 61 years, they did not press the issue.
- Today they note he was holding his arm and seemed to be in a great deal of pain. On exam you note multiple bruises and a possible deformity at the wrist.

- A single or repeated act or lack of appropriate action, occurring in any relationship where there is an expectation of trust, which causes harm or distress to an older person.

Source: WHO

- 1 in 5 Canadians believe they know of a senior who might be experiencing some form of abuse.

Source: Stats Canada



- Incidence is growing
- Strains on caregivers and nursing home systems
  - Older patients present much differently than children.



**Table 46-5**

## **Profile of Maltreated Older Patients**

- Women
- People older than 75 years
- People with one or more chronic physical or mental impairments placing them in a care-dependent position
- People who live with their abusers
- Socially isolated people
- People who exhibit problematic behaviour (such as incontinence or shouting)

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**Table 46-6**

## **Profile of a Person Who Maltreats Elders**

- Lives with the victim
- Has drug or alcohol dependency problems
- Is older than 50 years
- Depends on the victim for financial support
- Has poor impulse control
- Is ill prepared or reluctant to provide care
- Has a history of domestic violence

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- Violence may be a learned response.
  - Stress of caring for an older person
  - Diminishing social network, frailty, and medical illness
  - Increased risk for maltreatment in nursing facilities

- Direct action causing harm to the victim
  - Physical abuse
  - Sexual abuse
  - Psychological abuse
  - Emotional abuse
  - Financial abuse
  - Neglect (active or passive)
  - Abandonment

- Neglect

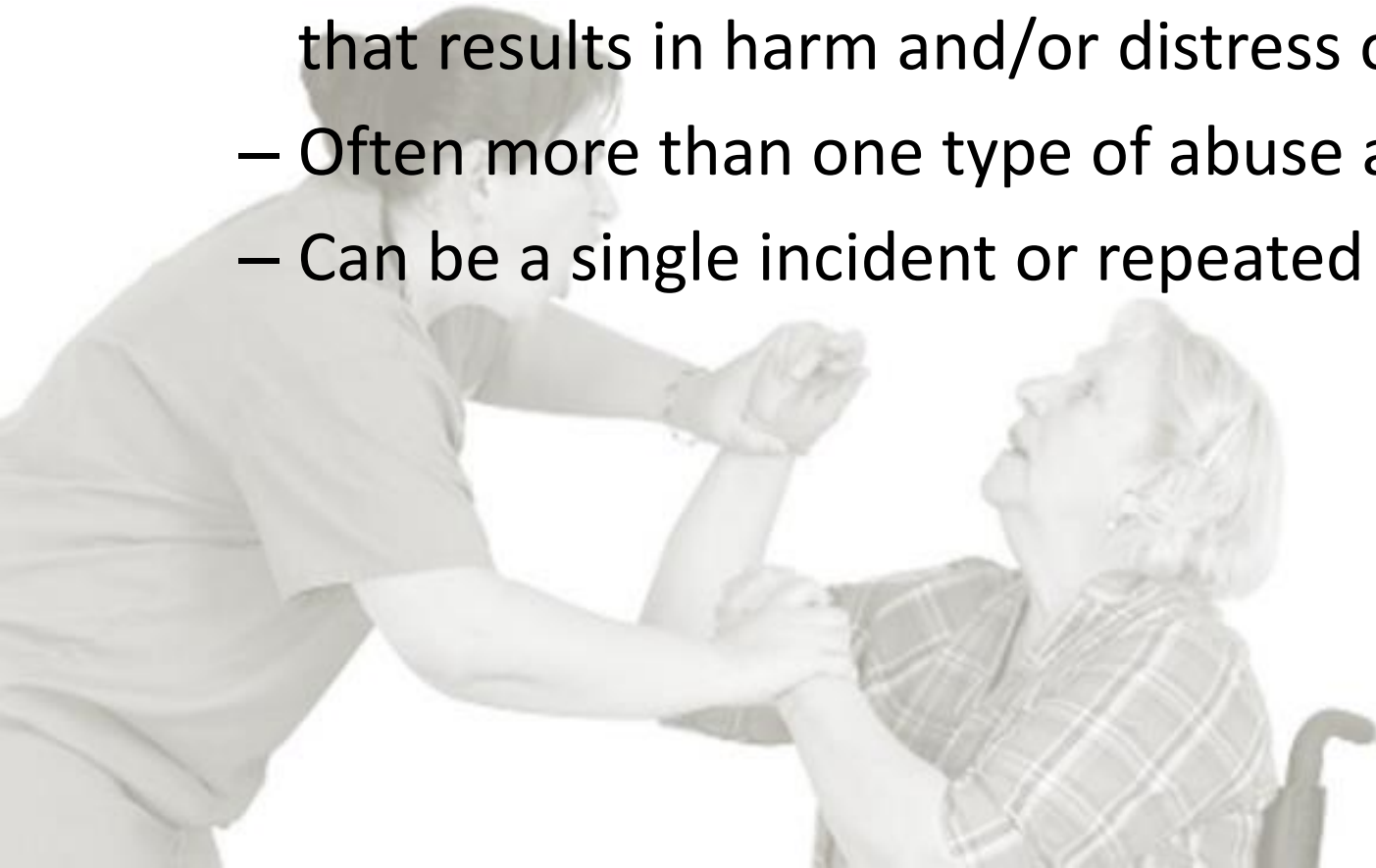
- Lack of action by a person in a relationship of trust (i.e. family or care giver) that results in harm and/or distress on a older person.

- Indicators:

- Inadequate food in residence
- Clothing unwashed
- Living space is untidy/safety issues
- Medications are unorganized, missing
- Basic necessities are not met



- Abuse
  - Similar to neglect, lack of action by a person in a relationship of trust that results in harm and/or distress on a older person.
  - Often more than one type of abuse at same time
  - Can be a single incident or repeated pattern of behaviour



## Physical Abuse

- Hitting
- Kicking
- Pushing
- Burning
- Over/under medicating
- Inappropriate chemical/physical restraint

## Psychological Abuse

- Insults
- Threats
- Humiliation
- Intimidation
- Harassment
- Isolating friends/family
- Treating like a child

# Associated Behaviors/Activities



## Financial Abuse

- Misusing or stealing money, property or assets
- Cashing cheques without authorization
- Forging signatures
- Pressuring to change a will
- Sign legal documents they don't understand
- Staying at home without paying fair share of expenses.



- Domestic
  - Physical or emotional violence or neglect when elder is being cared for in a home-based setting
- Institutional
  - Physical or emotional violence or neglect when elder is being cared for by a person paid to provide care

- Caregiver stressed or over-burdened
- Physical or mental impairment
- Family history and a cycle of violence
- Personal problems of the caregiver

- Evaluate each situation.
  - Fearful patient with unexplained bruises or sores
  - Unkempt, dirty patient while the caregiver is clean
  - Caregiver answers all your questions.
  - Patient complains of items being taken or money confiscation.
  - Not allowed to socialize with peers and is kept in isolation

# Signs of Elder Maltreatment



- Fear, anxiety, depression or passiveness in relationship to a family member, friend or care provider.
- Unexplained physical injuries
- Dehydration, poor nutrition and/or poor hygiene present.
- Improper use of medication
- Confusion about new legal documents (will, mortgage)
- Sudden drop in cash flow/financial holdings
- Reluctance to speak about situation

- Older people do not generally seek help.
  - Fear of being institutionalized
  - Fear of getting the person performing the maltreatment into trouble
  - Polypharmacy, confusion, or brain disorders



- Physical examination and history should address:
  - Patient's capacity to answer questions
  - Patient's level of fear
  - Patient's cleanliness
  - Appropriately and consistently marked pill bottles
  - Patient's bruises or sores
  - Consistent current history between patient and caregiver
- Objectively record observations on the PCR.
- Adult protective services

- Questions about the scene
  - Is the home tidy, and are the surroundings orderly?
  - Is there food in the refrigerator?
  - What is the heating or cooling situation, and is it appropriate to the weather?
  - Does the patient use a walking or wheelchair device?

- Patients residing in nursing homes
  - Undocumented decubitus ulcers
  - Tied-off catheters
  - Dangerous use of restraints
  - May not have a way to report the maltreatment
  - May be victims of maltreatment by visiting family members



- Varies from province to province
  - If the person is in “need of protection”
    - unable to care for themselves, or in need of support, or living in a care facility you are obligated to report
  - If the person has capacity and is independent than they have the right to decide

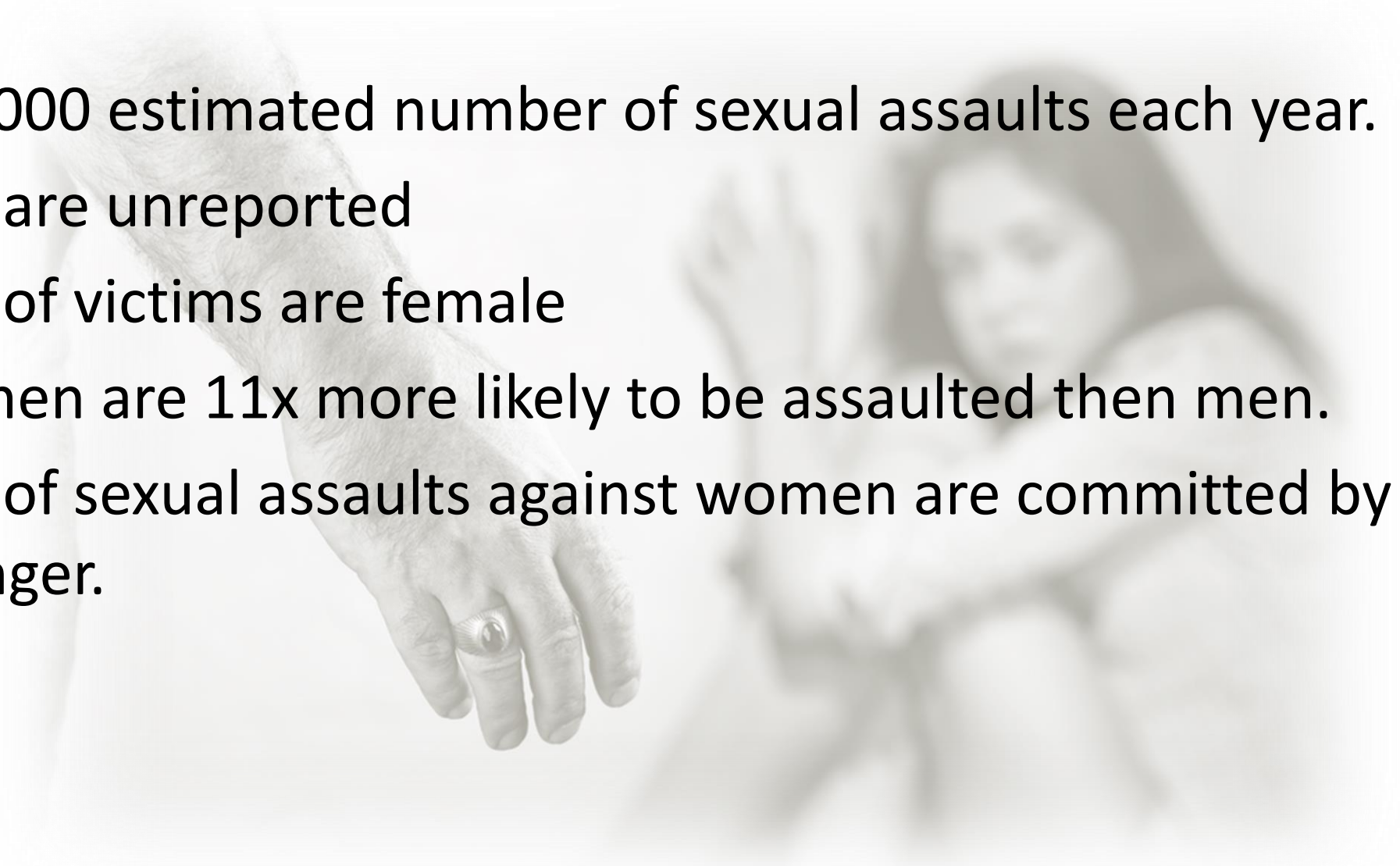


- Adult Protection Act, section 5 (1) states that every person who has information, whether or not it is confidential or privileged, indicating that an adult is in need of protection shall report that information to the Minister.
- May be liable if not reported.

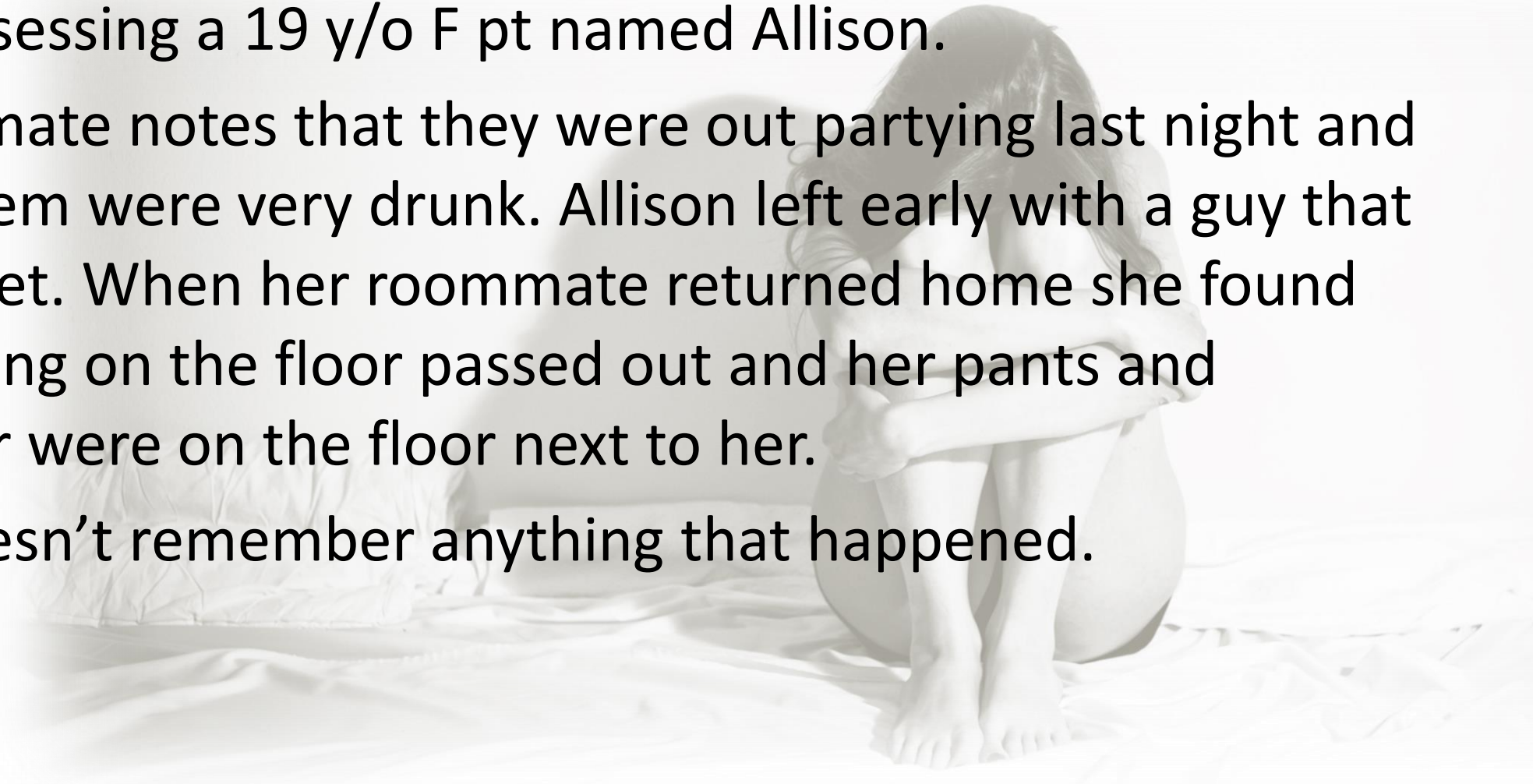
- Family Services Act, section 35.1 (1), a professional person may disclose information to the Minister respecting a person whom the professional person has reason to believe is a neglected adult or an abused adult, including information that has been acquired through the discharge of the professional person's duties or within a professional relationship. Reporting this information is voluntary.

Abuse and Assault

# **SEXUAL ASSAULT**

- 460,000 estimated number of sexual assaults each year.
  - 90% are unreported
  - 90% of victims are female
  - Women are 11x more likely to be assaulted than men.
  - 25% of sexual assaults against women are committed by a stranger.
- 

- You are assessing a 19 y/o F pt named Allison.
- Her roommate notes that they were out partying last night and both of them were very drunk. Allison left early with a guy that she had met. When her roommate returned home she found Allison laying on the floor passed out and her pants and underwear were on the floor next to her.
- Allison doesn't remember anything that happened.



- Canada's Criminal Code has no specific "rape" provision. Instead, it defines assault and provides for a specific punishment for "sexual assault".
- In defining "assault", the Code includes physical contact and threats. The provision reads:
  - (1) A person commits an assault when
    - (A) Without the consent of another person, he applies force intentionally to that other person, directly or indirectly;
    - (B) He attempts or threatens, by an act or a gesture, to apply force to another person, if he has, or causes that other person to believe on reasonable grounds that he has, present ability to effect his purpose; or
    - (C) While openly wearing or carrying a weapon or an imitation thereof, he accosts or impedes another person or begs.
  - (2) This section applies to all forms of assault, including sexual assault, sexual assault with a weapon, threats to a third party or causing bodily harm and aggravated sexual assault.

- Please note there are other specific sexual offences codified in the Criminal Code:
  - Sexual exploitation
  - Invitation for sexual touching
  - Child pornography
  - Voyeurism
- An individual charged with sexual assault could be convicted of additional sexual crimes as well depending on the circumstances.



- Sexual assault
  - Unwanted oral, genital or manual sexual contact.
- Rape
  - Penile penetration of the genitalia without the consent of the victim.

# Symptoms of Sexual Abuse

- Nightmares
- Restlessness
- Withdrawal tendencies
- Hostility
- Phobias related to the offender
- Regressive behavior, such as bed wetting
- Truancy
- Promiscuity, in older children and teens
- Drug and alcohol abuse



- Explain all of your actions to the patient and obtain consent for all treatment.
- Discourage washing, showering or douching prior to leaving scene.
- Always wear gloves to avoid interference with evidence.
- Stabilize injuries that need immediate treatment if and only if the victim agrees.
- If possible have client sit on linen on gurney. Fragments of evidence may fall onto linen.
- If clothing or jewelry is removed have patient place each in a paper bag to preserve potential evidence.

- Be professional and compassionate.
  - You should know the specific protocols for victims and assist police and any medical or social services personnel on the scene.
  - Trust-building, respect, and empathy are keys to prehospital care.
  - Foster empowerment of the victim.

- Consider the victim's psychological and physical state, but also help preserve evidence.
  - May be hysterical, embarrassed, and/or frightened
  - Denial and disbelief are common.

- Provide care.
  - Observe routine precautions.
  - Take the patient's history.
  - Perform a limited physical examination.
  - Shield the patient from onlookers.
  - Provide treatment as quickly, quietly, and calmly as possible.
  - Help the patient regain a sense of control.
  - Refrain from seeking details that are not necessary to provide emergent care.

- Preserve evidence.
  - If possible, if genital or anal penetration, advise the patient not to bathe, douche, urinate, or defecate.
  - If oral penetration, advise the patient not to eat, drink, brush teeth, or use mouthwash.
  - Leave evidence untouched (bring unwashed clothes).
  - Establish chain of custody.
  - Notify police, per protocol.

- May refuse assistance or transport
  - Maintain privacy and avoid public exposure.
  - Adult patients have the right to decline care.



- Document patient's demeanor and statements related to the assault (e.g. time, date, place of attacks)
- Document all findings, procedures and assessments in meticulous detail.
- Offer transportation to medical facilities where medical/forensic exams are performed.
- Notify receiving facilities of estimate time of arrival.
- Notify receiving nurse or doctor of evidence collected (if any).
- You may be asked to appear in court 2 to 3 years later.
- Record only objective facts.
- Subjective statements should be in quotation marks.
- Thoroughly document all patient statements pertaining to the crime and witnesses.

- Sexual assault is a crime
- Obligation to report (?)
- Maintain crime scene
- Preserve chain of evidence

- In most cases, the person who maltreated the child is an adult who knows the child.
- Children of any age and either gender can be victims of sexual maltreatment.

- Usually does not occur as a single incident
  - Does not always involve violence and physical force
  - Power or authority or the parent–child bond used to victimize the child
  - Child manipulated into thinking that the acts are acceptable
  - Child may be made to feel deeply ashamed and powerless.

- Assessment
  - Limited to determining the type of dressing any injuries require
  - Sometimes a sexually abused child is also beaten.
  - Do not examine the genitalia of a young child.
  - Child may present with behavioural or physical problems.

- No person has the explicit duty to report a crime, as there is no obligation to do so within the Criminal Code of Canada.
- Persons in professional positions may be obligated under the policy of their work place or provincial legislation to report crimes that they believe have been committed.
- Because of their professional positions, these types of people have an ethical and also legal obligation under the laws of the province in which they work, or are bound by their work contracts.

Abuse and Assault

# **CHILD ABUSE**



- You are assessing a 10 y/o M with a broken arm. The mother lets you into the house, where you find the boy lying on a couch, crying.
- He is unable to move without assistance. His back is covered with bruises. His mother stands beside the patient, with a flat affect.
- The boy tells you his father had disciplined him because he "didn't practice the piano." He points to the 2"x 4" board in the corner of the room.
- You notice blood on the carpet next to the couch, and the patient tells you his father is not home.



- The term "child abuse" refers to the violence, mistreatment or neglect that a child or adolescent may experience while in the care of someone they either trust or depend on, such as a parent, sibling, other relative, caregiver or guardian.
- Abuse may take place anywhere and may occur, for example, within the child's home or that of someone known to the child.

Child abuse can occur from infancy to age 18 and can be inflicted by any number of caregivers.



# Maltreatment, Neglect, and Assault

- All too common
  - Important to recognize the signs and symptoms
  - Differentiate among maltreatment, neglect, and assault.
  - Prevention and early detection are key.

**Table 46-1**      **Substantial Incidence of Child Maltreatment in Canada (2008)**

Type of Maltreatment	Percentage
Neglect	34
Exposure to intimate partner violence	34
Physical abuse	20
Emotional maltreatment	9
Sexual abuse	3

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- Improper or excessive action that injures or otherwise harms
  - Physical abuse
  - Sexual abuse
  - Neglect
  - Emotional abuse

**Table 46-2**

## **Potential Complications of Child Maltreatment**

- Low self-esteem and underachievement
- Abnormal growth and development
- Poor school performance
- Substance abuse
- Criminal behaviour beginning in young adulthood
- Suicidal tendencies
- Psychological disorders or psychiatric symptoms
- Permanent physical or neurological damage
- Teen promiscuity and pregnancy
- Eating disorders
- Negative learned behaviour
- Vulnerability to further abuse
- Increased survivor health care costs to family and society
- Death

- Child neglect
  - Caregiver fails to supply basic necessities
  - Engages in inadequate or dangerous child-rearing practices
    - Failure to provide adequate food, clothing, or shelter
    - Caregiver's misuse of drugs or alcohol
    - Failure to provide support or affection
  - Child abandonment

- Maltreated children
  - May have permanent or life-threatening injuries
  - If maltreatment is not reported, child likely to be victimized again.
    - Always better to err on the side of caution to protect the victim.
  - Withdrawing a child from the family environment is a last resort option to assure his or her safety.

# Profile of an At-Risk Child

- Occurs in all communities and among all socioeconomic strata.
  - Younger children are at higher risk for fatal abuse and neglect.
  - Children from low-income or single-parent families have more reported occurrences of abuse and neglect.

Table 46-3	Risk Factors for Child Maltreatment
<b>Parent or Caregiver</b>	
<ul style="list-style-type: none"> <li>▪ Parental history of maltreatment as a child</li> <li>▪ Substance abuse</li> <li>▪ Insufficient or inaccurate knowledge about child development</li> </ul>	
<b>Family</b>	
<ul style="list-style-type: none"> <li>▪ Disorganized and disruptive family structure</li> <li>▪ Marital or partner discord</li> <li>▪ Financial or outside stressors present (poverty, unemployment)</li> <li>▪ Inappropriate or dysfunctional parent–child interaction</li> </ul>	
<b>Child</b>	
<ul style="list-style-type: none"> <li>▪ Disability of the child</li> <li>▪ Attention deficits or difficult temperament of the child</li> </ul>	
<b>Environment</b>	
<ul style="list-style-type: none"> <li>▪ Isolation of caregivers; lack of social support</li> <li>▪ Violent, crime-filled community</li> </ul>	

Modified from Public Health Agency of Canada. Canadian Incidence Study of Reported Child Abuse and Neglect 2008: Major Findings. Ottawa, 2010. Pg. 62. Accessed June 14, 2019 at: <https://cwrp.ca>. Available at: <https://cwrp.ca/sites/default/files/publications/en/CIS-2008-rprt-eng.pdf>.



- Assessing a potential child maltreatment case
  - Be attuned to suspicious behavioural traits
    - Does not become agitated when a parent leaves the room
    - Does not look to a parent for reassurance
    - May cry excessively or not at all
    - Wary of physical contact
    - May appear apprehensive

- Can be anyone
  - Who has care, custody, or control of the child
  - Parents, step-parents, foster parents, babysitters, and relatives

- Abusive parents
  - Receive little enjoyment from parenting
  - Isolated from the community
    - Afraid of sources of support in their community
  - Most were maltreated or neglected themselves
    - View themselves as victims in life or in the parent–child relationship

# People Who Maltreat Children

- Shared characteristics
  - Drug use
  - Poor self-concept
  - Immaturity
  - Lack of parenting knowledge
  - Lack of interpersonal skills

**Table 46-4**

**“Red Flag” Caregiver Behaviours**

- Apathy
- Bizarre or strange conduct
- Little or no concern about the child
- Overreaction to child misbehaviour
- Not forthcoming with events surrounding injury
- Intoxication
- Overreaction to child’s condition

# Characteristics of Abused Children

- Crying, often hopelessly, or not crying at all, during treatment
- Avoiding the parents or showing little concern for their absence
- Unusually wary or fearful of physical contact



# Characteristics of Abused Children



- Apprehensive and/or constantly on the alert for danger
- Prone to sudden behavioral changes
- Absence of nearly all emotions
- Neediness, constantly requesting favors, food, or things

- Comes in many forms, be alert and report any concerns

Physical

Sexual

Emotional

Neglect



- Physical abuse may consist of just one incident or it may happen repeatedly. It involves deliberately using force against a child in such a way that the child is either injured or is at risk of being injured.
  - Physical abuse includes beating, hitting, shaking, pushing, choking, biting, burning, kicking or assaulting a child with a weapon. It also includes holding a child under water, or any other dangerous or harmful use of force or restraint. Female genital mutilation is another form of physical abuse.



- Sexual abuse and exploitation involves using a child for sexual purposes.
- Includes:
  - Fondling
  - Inviting a child to touch or be touched sexually
  - Intercourse
  - Rape
  - Incest
  - Sodomy
  - Exhibitionism
  - Involving a child in prostitution or pornography

- Neglect is often chronic, and it usually involves repeated incidents. It involves failing to provide what a child needs for his or her physical, psychological or emotional development and well being.
- For example, neglect includes failing to provide a child with food, clothing, shelter, cleanliness, medical care or protection from harm.
- Emotional neglect includes failing to provide a child with love, safety, and a sense of worth.

- Emotional abuse involves harming a child's sense of self. It includes acts (or omissions) that result in, or place a child at risk of, serious behavioural, cognitive, emotional or mental health problems.
- For example: verbal threats, social isolation, intimidation, exploitation, or routinely making unreasonable demands, terrorizing a child, or exposing them to family violence.

- Abuser use many ways to gain access to a child, exert power and control over them, and prevent them from telling anyone about the abuse or seeking support.
- A child who is being abused is usually in a position of dependence on the person who is abusing them.
- Abuse is a misuse of power and a violation of trust. The abuse may happen once or it may occur in a repeated and escalating pattern over a period of months or years. The abuse may change form over time.

- 32% of Canadian adults have experienced child abuse.
- Physical abuse was the most common form of abuse (32%), followed by sexual abuse (10%) and exposure to intimate partner violence (8%).
- Physical abuse is more common in men (31%) than in women (21%).
- Sexual abuse is more common in women (14%) than in men (6%).

- Car seat burns
- Staphylococcal scalded skin syndrome
- Chickenpox
  - Cigarette burns
- Hematological disorders that cause easy bruising

- A child's behavior is one of the most important indicators of abuse.



- Keen ear for inconsistencies in the history
- Take into consideration the mental and emotional age of the child.
- Do the examination with another colleague, if possible.
- Soft tissue injuries
  - Most common consequence of abuse
- Burns and scalds
- Fractures
- Head injuries
- Shaken baby syndrome
- Abdominal injuries





**Table 44-2**

**COLOR OF BRUISES AND THEIR AGE\***

<b>Age</b>	<b>Skin Appearance</b>
0 to 2 days	tender and swollen, red
0 to 5 days	blue, purple
5 to 7 days	green
7 to 10 days	yellow
10 or more days	brown
2 or more weeks	cleared

\*Adapted from Richardson, A.C., "Cutaneous Manifestations of Abuse" in Reece, R.M. *Child Abuse: Medical Diagnosis and Management*.

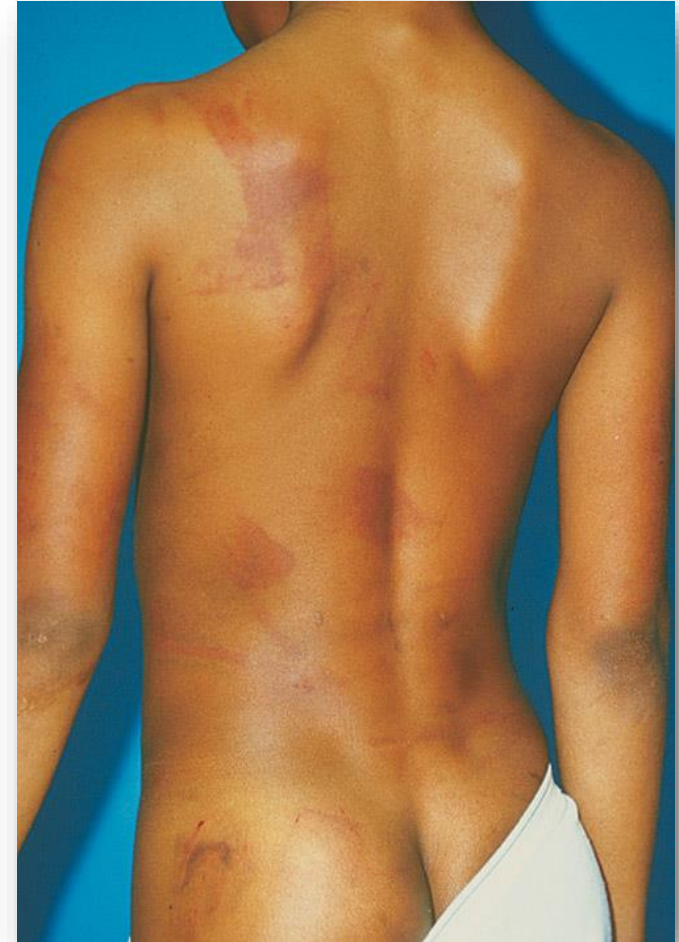
- CHILD ABUSE mnemonic
  - Consistency of the injury with the child's developmental age
  - History inconsistent with injury
  - Inappropriate parental concerns
  - Lack of supervision
  - Delay in seeking care
  - Affect
  - Bruises of varying ages
  - Unusual injury patterns
  - Suspicious circumstances
  - Environmental clues

- Soft-tissue injuries
  - Most common findings in the physical examination of an abused child
    - Multiple bruises in various stages of healing
    - Bruises in unexpected locations
    - Bites and burns
    - Stocking or glove burns and doughnut burns (hot water)
    - Fractures from fall, twisting, or jerking injuries
    - Head injuries
    - Abdominal injuries

- Malnutrition
- Severe diaper rash
- Diarrhea or dehydration
- Hair loss
- Untreated medical conditions
- Inappropriate, dirty or torn clothing
- Tired or listless attitudes
- Nearly constant demands for physical contact or attention

- Parents/caregivers simply ignore the child
- Reject, humiliate or criticize the child
- Isolated or deprived of human contact or nurturing
- Terrorized or bullied
- Encourage destructive or antisocial behaviour
- Unrealistic expectations of success

- Observe the scene.
  - Household dynamics
  - More than one victim may be encountered.
  - Keep the scene as safe and calm as possible.



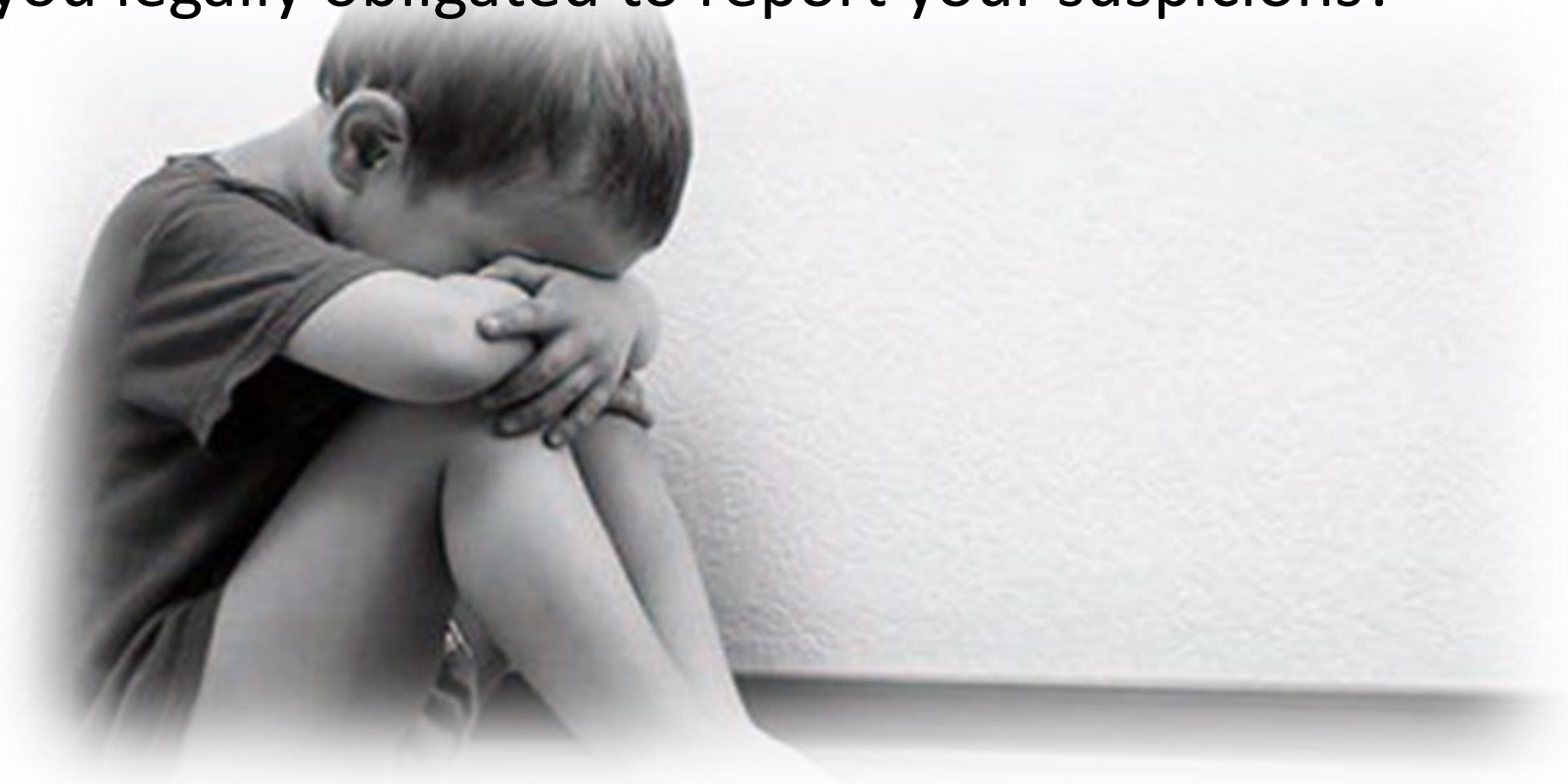
- Patient care reports (PCRs)
  - Objective observations
  - Very important for the police and child protective services
  - Mandated reporter





# Reporting Requirements Abuse or Neglect of a Child

- Are you legally obligated to report your suspicions?



- Children and Family Services Act,
  - Section 23 (1) states that every person who has information, whether or not it is confidential or privileged, indicating that a child is in need of protective services shall report it.
  - Section 23 (2) states that a person performing professional or official duties with respect to a child who in the course of their duties has reasonable grounds to suspect abuse shall report it.
  - No action lies against a person for reporting information, unless the reporting is done falsely and maliciously.
  - Not reporting can lead to a summary offense and are liable to a fine of not more than two thousand dollars or a period of imprisonment not exceeding 6 months, or both.

- Family Services Act
  - Section 30 (1) states that any person who has information causing him to suspect that a child has been abandoned, deserted, physically or emotionally neglected, physically or sexually ill-treated or otherwise abused shall inform the Minister of the situation without delay.
  - A professional person who acquires information in the discharge of their professional responsibilities that causes the professional person to suspect that a child has been abused or neglected, and who does not inform the appropriate agency or Minister is guilty of an offense.
  - No action lies against a person for reporting information, unless the reporting is done falsely and maliciously.
  - Not reporting can lead to a summary offense and are liable to a fine of not more than two thousand dollars or a period of imprisonment not exceeding 6 months, or both.

- Child, Youth, and Family Enhancement Act
  - Section 4(1) states any person who has reasonable and probable grounds to believe that a child is in need of Intervention shall forthwith report the matter to a director.
  - Applies when the information on which the belief is founded is confidential and its disclosure is prohibited under any other Act.
  - No action lies against a person reporting pursuant to this section, unless the reporting is done maliciously or without reasonable and probable grounds for the belief.
  - Failing to report may lead to an offense and liable to a fine of not more than \$2000 and in default of payment to imprisonment for a term of not more than 6 months.

- Intimate partner abuse
- Sexual abuse
- Elder abuse
- Child abuse