

Purpose

- Child abuse is the physical and mental injury, sexual abuse, negligent treatment, or maltreatment of a child under the age of 18 by a person who is responsible for the child's welfare. The recognition of abuse and the proper reporting is a critical step to improving the safety of children and preventing child abuse.
- Assessment of a child abuse case based upon the following principles:
 - **Protect** the life of the child from harm, as well as that of the EMS team from liability.
 - **Suspect** that the child may be a victim of abuse, especially if the injury / illness is not consistent with the reported history.
 - **Respect** the privacy of the child and family.
 - **Collect** as much evidence as possible, especially information.

STAY SAFE!

- Always assess and reassess the scene
- Involve law enforcement before approaching if there is any concern of personal safety
- If possible remove the patient from the situation and transport

Procedure - Assessment

1. With all children, assess for and document **psychological characteristics of abuse**, including excessively passivity, compliant or fearful behavior, excessive aggression, violent tendencies, excessive crying, fussy behavior, hyperactivity, or other behavioral disorders.
2. With all children, assess for and document **physical signs of abuse**, including especially any injuries that are inconsistent with the reported mechanism of injury. The back, buttocks, genitals, and face are common sites for abusive injuries.
3. With all children, assess for and document **signs and symptoms of neglect**, including inappropriate level of clothing for weather, inadequate hygiene, absence of attentive caregiver(s), or physical signs of malnutrition.
4. With all children, assess for and document **signs of sexual abuse**, including torn, stained, or bloody underclothing, unexplained injuries, pregnancy, or sexually transmitted diseases.
5. Immediately report any suspicious findings to both the receiving hospital (if transported). Law Enforcement must also be notified.
6. EMS should not accuse or challenge the suspected abuser. This is a legal requirement to report, not an accusation. In the event of a child fatality, law enforcement must also be notified.

Procedure - Reporting

- Immediately report any suspicious findings to the receiving hospital (if transported). This should occur in person with either the patient's nurse or the facility charge nurse/administrator. This information should not be provided over the radio.
- If the patient (victim) is not transported, or if there are other individuals/bystanders that you have any concern for, contact your Supervisor immediately to notify the Department of Social Services (DSS) or Adult Protective Services (APS).

Procedure - Documenting

1. Clearly document reported histories:
 - a. Utilize **exact quotations** as much as possible.
 - b. Note who stated what, especially if there are discrepancies in between the different parties involved or if reports of the event change over time.
 - c. Document any concerning findings in the scene that may indicate physical altercation or signs of neglect, but **be specific with facts--not opinions/suspicions.**
2. Clearly document physical exam findings.
3. Document clinical decision making and treatments, but never document accusations as a confirmed assessment--this will be decided by the judicial system.
4. Document to whom (and when) and suspicions were reported (hospital staff, law enforcement, supervisor, etc.).

Non-Accidental Trauma Examples

HEENT

Frenulum tear -

Abuse = force feeding, holding mouth/suffocation → document prior to airway procedure

Accidental = faceplant, toothbrush

- **Load pixs from oseana → ADD TO CHILD ABUSE**
- Accidental bruising patterns
- PIC
- Accidental burns should not have a defined pattern
- PIC
- Scald Injury
- PIC