Clinical Practice Guidelines:
Other/Suspected abuse and assault

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<tr>
<td>Purpose</td>
<td>To ensure a consistent approach to the management of situations of patient Suspected abuse and assault.</td>
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Suspected abuse and assault

If a clinician has any suspicions regarding the safety or welfare of a patient, then those concerns need to be acted upon.\(^1\) They can be based on actions or information that is:

- directly witnessed
- appears suspicious
- stated by the patient
- gained from a third party.

Of particular concern are:

- physical abuse (including domestic and family violence)
- sexual abuse
- child abuse
- neglect.

All individuals are potentially at risk, however certain groups within society face a higher likelihood of harm, such as:

- children
- older persons
- Aboriginal and Torres Strait Islanders
- people who are lesbian, gay, bisexual, or transgender
- ethnic or religious minorities
- the intellectually or physically impaired
- homeless people
- pregnant women
- those with drug dependence
- individuals with mental illness.

Patients may experience a range of feelings including disbelief, fear, guilt, shame, depression and an inability to trust others. The social stigma attached to many forms of abuse can heighten these feelings and increase the distress experienced.\(^2\)

Paramedics should provide ongoing supportive cares and manage the patient with empathy. It is important to assure them that disclosing the information was the right thing to do.

**Reporting of suspected child abuse**

Paramedics are encouraged to report suspected child abuse to the department of child safety. Seemingly trivial information could allow the Department of Child Safety (DCS) or QPS to take action. Section 22 of the *Child Protection Act 1999* protects a person from breach of confidentiality, and Section 186 of the Act ensures that the identity of anyone who reports a concern is protected.\(^3\)
Clinical features

Clinical features of harm or abuse can be subtle or obvious. Any individual may suffer a combination of physical, emotional or sexually related injuries, or actions that constitute neglect.

**Features suggestive of physical abuse:**

- **Pattern of injury:**
  - Old bruising or history of injuries that are difficult to explain
  - Bruising of the arms, wrists, throat or chest from a tight grip
  - Parallel stripe pattern consistent with being struck with a belt, cord, or stick
  - Injuries to forearms and back consistent with blows sustained while in a defensive pose
  - Bite marks
  - Burns and scalds (including cigarette burns)
  - Severe nappy dermatitis, suggesting neglect
  - Injuries in obscure sites – behind the ears, neck, angle of jaw, inside of mouth/tongue, soles of feet, genital region or buttocks
  - Poor physical appearance – associated with poor nutrition
  - Continued questioning produces variations in the history of events.

**Suspicious circumstances:**

- Delays in soliciting medical aid for injuries sustained
- Injuries observed are not consistent with the related history of events.
- Vague or no explanation is given for the injuries
- Patient may present with a minor complaint that does not correspond to their psychological state, they may be disproportionately distressed, anxious or fearful.
- Obvious lack of empathy and concern or inappropriately defensive behaviour from the alleged perpetrator
- Different witnesses provide markedly different explanations for how the injuries occurred.

**Child abuse**

- Child abuse can incorporate physical, emotional, sexual abuse as well as acts of neglect.
- Emotional abuse or psychological child abuse relates to actions that cause serious behavioural, emotional, or mental disorders in a child in the absence of physical harm.
Clinical features

- Suspicious circumstances include:
  - Reluctance by alleged perpetrator for the child to be examined
  - Siblings are blamed for causing the injuries
  - It is inferred that the injury was self inflicted
  - Injuries inconsistent with level of development

Sexual abuse

- Adult
  - Disclosure of sexual assault
  - Loss of consciousness, episode of amnesia or drug related blackout
  - Genito/anal injury
  - Patient may present with a minor complaint that does not correspond to their psychological state, they may be disproportionately distressed, anxious or fearful.
  - Evidence of self harm, history of suicide, or eating disorders

Clinical features (cont.)

- Child
  - Developmental regressive behaviour
  - History of sleep disturbances
  - Old bruising or history of injuries that are difficult to explain
  - Abdominal pain
  - Urinary, or faecal incontinence
  - Phobias
  - Sexualised behaviour

Neglect

- Neglect can be perpetrated against any member of the community however older persons, children, and physically/intellectually impaired individuals are at heightened risk.
- Neglect is the continued failure to maintain a person’s physical or psychological needs. It may involve failing to:
  - provide adequate food, clothing, shelter
  - protect them from physical harm or danger
  - provide appropriate medical care or treatment.

These actions are likely to lead to the impairment of health and development of the individual (especially in children).
Risk assessment

- Personal safety, the safety of other clinicians, the patient and bystanders is paramount.

Additional information

- Patients should be encouraged to talk using their own language. Ask only enough questions to be clear about what the patient is telling you. Do not over interrogate the patient about the incident or ask leading questions. Ensure the questions are medically pertinent and relevant to the ongoing treatment of the patient.
- Do not make any promises to the patient with regard to keeping any disclosed information secret.
- Act on the basis that the information disclosed to you is true, leaving the QPS and/or DCS to perform the investigation.
- Do not advise the alleged perpetrator of the allegations.
- Ensure detailed factual notes are made describing what the patient has disclosed to you, any questions asked or comments made and actions taken following the disclosure (i.e. notification of a doctor, QPS or DCS).

Additional information

**With regard to cases involving sexual assault, if possible:**

- Impress upon the patient the importance of not showering or washing so as to preserve evidence.
- Do not destroy, discard, or wash clothing worn by the patient during the alleged assault.
- Preserve the potential crime scene and everything within it as best as possible.
- Notify doctor, QPS or DCS.
- Transport and notify hospital as required.

**Crime scenes**

Alleged acts of sexual, physical and child abuse are crimes and as such crime scene preservation is always important. Clinicians should be mindful of making every attempt to minimise disruption of a scene while treating a patient appropriately.