

## CHAPTER FOUR: HEALTH AND MEDICAL SUPERVISION

Health and Medical Supervision	Daily Observation of Children – Child Abuse
Revised: December 18, 2014	Policy Number: 4.5B (replaces policy 1.15)

### RECOGNITION OF INDICATORS OF ABUSE AND NEGLECT

There are four different categories:

1. Physical abuse
2. Neglect
3. Sexual Abuse
4. Emotional maltreatment

#### PHYSICAL

##### a) Bruises

- not located on commonly bruised areas, i.e. face, back of body
- multiple bruising
- show pattern or outline instrument
- bite marks
- Cluster bruising- tips of fingers
- Colour of bruises- different stages of healing (black , greenish, yellow)

##### b) Burns

- little round marks on child's skin (cigarette burns)
- hands and backs of legs
- scalding in the bathtub

##### c) Fractures

- show in x-ray at hospital
- below age 2 – greenstick fracture
- spiral fractures – indicates pulling or twisting limbs

##### d) shaking Child or Baby

##### e) Cuts or Lacerations

- on lips, eyes, face and genitals
- head wounds, black eyes, bald spots- hair pulled

#### BEHAVIOUR

- frightened to be with abuser
- frightened to return home

- frightened when another child cries
- overly aggressive or withdrawn
- absent from school
- not relating to adults
- developmental lags, especially language and motor function
- poor social interactions- difficulty sharing, turn-taking cooperating
- resists changes in routines, staff

## **SEXUAL ABUSE**

- many indicators are similar to physical abuse
- any type of sexual overtures of a child under the age of five should be suspect ( i.e. gross description)
- idea of “something secret”
- girls would develop warts around their vagina (virus)
- average age is five

## **EMOTIONAL ABUSE**

- no physical indicators
- difficult to identify
- very difficult to prove in court
- often demonstrates developmental loss, i.e. communication
- this form of abuse if remains constant over a number of years causes serious damage.

## **NEGLECT**

- failure to thrive
- growth disorder which lacks an obvious cause
- weight below third percentile- will gain weight when proper nurturing is given
- developmental retardation in areas of gross motor and language- will accelerate with stimulation
- cradle cap, diaper rash, skin lesions, diarrhea, vomiting, anemia, acute or recurrent respiratory cries a lot (whimpering)
- child is consistently dirty, unwashed or dressed inappropriately for weather
- dull-eyed, listless appearance
- lacks adequate medical and dental attention, when needed
- show evidence of malnourishment and dehydration, i.e. low weight, ill

## **BEHAVIOUR**

- child is constantly hungry
- tired, listless, falls asleep

- requires a lot of attention, i.e. trips, falls, spills things
- little social interaction
- inconsistent attendance
- poor social interactions
- aware child is left with lack of appropriate supervision

It is required by law to promptly report any suspected situation of child abuse to the Children's Aid Society- telephone: 613-332-2425

Protection is guaranteed under the law to any reporter with the exception of professionals for taking such action.

The penalty for failing under the law to any reporter with the exception of professionals for taking such action.

The penalty for failing to report an incident of suspected child abuse is \$1000.00. (Child & Family Act)

Factors to be taken into account include:

- severity of injury
- chronically (minor repeated incidents or one serious incident)
- situation surrounding the injury

parents must be informed of CAS being contacted prior to the contact being made, except in the following circumstances, which must be documented:

- child's seriously injured and requires immediate medical intervention
- parents cannot be reached
- suspect family would immediately move
- suspect child would be further abused before CAS could intervene.

## CHAPTER FOUR: HEALTH AND MEDICAL SUPERVISION

Health and Medical Supervision	Daily Observation of Children -Reporting Child Abuse
Revised December 18, 2014	Policy Number: 4.5C (replaces policy 1.17)

### Policy Statement:

It is legal responsibility of **every person** who performs professional or official duties with respect to a child, to **report abuse** encountered in the course of one's work, to the **Children's Aid Society**. This responsibility is extended to include any volunteers, students or support staff.

Persons failing to report suspicion of child abuse are subject to legal action and fine if convicted.

### Procedure:

#### How a Suspected child Abuse Report Should Be Made:

1. The child and family service Act, since 1984 states that every suspected incident of child abuse must be reported immediately.
2. Please note that the person who suspects the abuse is the person who makes the report to the Children's Aid Society.
3. Staff must notify their supervisor or designate.
4. A call to the police or an agency answering service does not constitute a report – the caller must make the report of suspected child abuse directly to qualified Children's Aid Society staff person. The report should include:
  - a) The name and the address of the child;
  - b) The name and the address of the individual suspected of the abuse;
  - c) The nature of suspected abuse (i.e. physical and behavioural indicators leading to the conclusion of suspicion, including remarks from any interviews);
  - d) The name, address, phone number and professional title and duties of the person making the report;
  - e) Any contacts made with relevant agencies or individuals;
  - f) The date; time and title of the person receiving the report.
5. The Program Supervisor should refer to the daily log records, any observation incidents and the child's personal life.

#### Child's File:

1. The date and time of entry;

2. A description of the observed injury including size, shape, and location on the body.
3. Any drastic changes or chronic problems with the child's health or behaviour;
4. Direct quotation related to child abuse from the child and/or staff member;
5. Dramatization or direct quotations by the child during fantasy play when they relate to suspected injury, neglect or emotional maltreatment
6. The signature of the person making the entry.

The Program Supervisor, in consultation with the Executive Director shall ensure that contact with the family suspected of the abuse should be made only in consultation with the Children's Aid Society and should not be attempted if:

1. The child is seriously injured and the parent(s) or person having charge is not immediately available;
2. There is a chance the family will "move" quickly or that the person having charge will be out when the social worker comes to investigate the report;
3. There is a chance that the child will be further abused before the investigation because the person in charge is seen as the cause of the injuries.

The Program Supervisor is responsible for notifying the child's parent(s) or person having charge when the abuse of the child by another person is suspected.

In the case of suspected Child Abuse by a staff member of The Child Centre, the Program Supervisor in consultation with the Executive Director shall determine whether the staff member should be suspended pending further investigation. Legal counsel shall be consulted if the suspected abuse occurred while the child was in care of the Child Care Centre and a serious occurrence report filed.