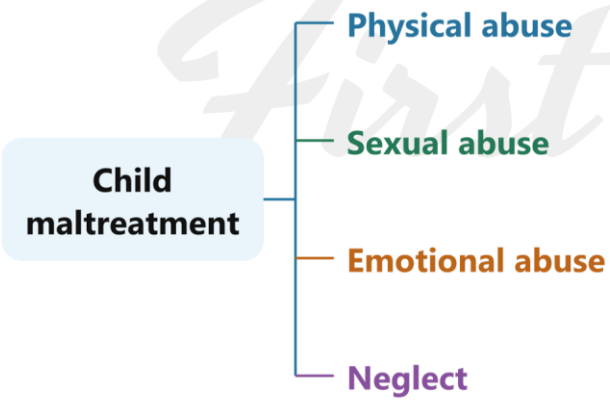
Forensic Medicine and Toxicology - Topic 9 - Clinical forensic medicine - child abuse and torture and human rights

Recognising and Responding to Child Maltreatment

Forms and Consequences

- **Child maltreatment** includes physical abuse, sexual abuse, emotional abuse and neglect within a relationship of responsibility, trust or power.
- Neglect includes failure to meet essential health, nutrition, safety, education or emotional needs when the circumstances support that interpretation.
    - Poverty or difficulty accessing services must not be treated automatically as deliberate neglect.
- The older term **battered baby syndrome** describes repeated inflicted injury in a young child, but maltreatment can occur at any age.
- Consequences include acute injury, impaired development, anxiety, depression, post-traumatic symptoms and difficulties in relationships.



1. Physical Abuse

- Physical abuse involves inflicted bodily harm or harmful physical treatment.
- The concern is assessed against the child's developmental abilities, history and objective injury findings.

2. Sexual Abuse

- Sexual abuse includes the acts covered by child-protection law and requires a child-friendly response.
- Apparent agreement by a child does not remove the reporting and protection duties under POCSO.

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3. Emotional Abuse

- Persistent humiliation, intimidation, rejection or exposure to severe conflict can harm emotional development.
- The assessment should describe behaviour and its effects rather than label a family from one disagreement.

4. Neglect

- Neglect involves unmet essential needs within the actual caregiving circumstances.
- Assess access to resources, illness, disability and available support before attributing blame.

Findings that Require Careful Assessment

Developmental Inconsistency and Warning Injuries

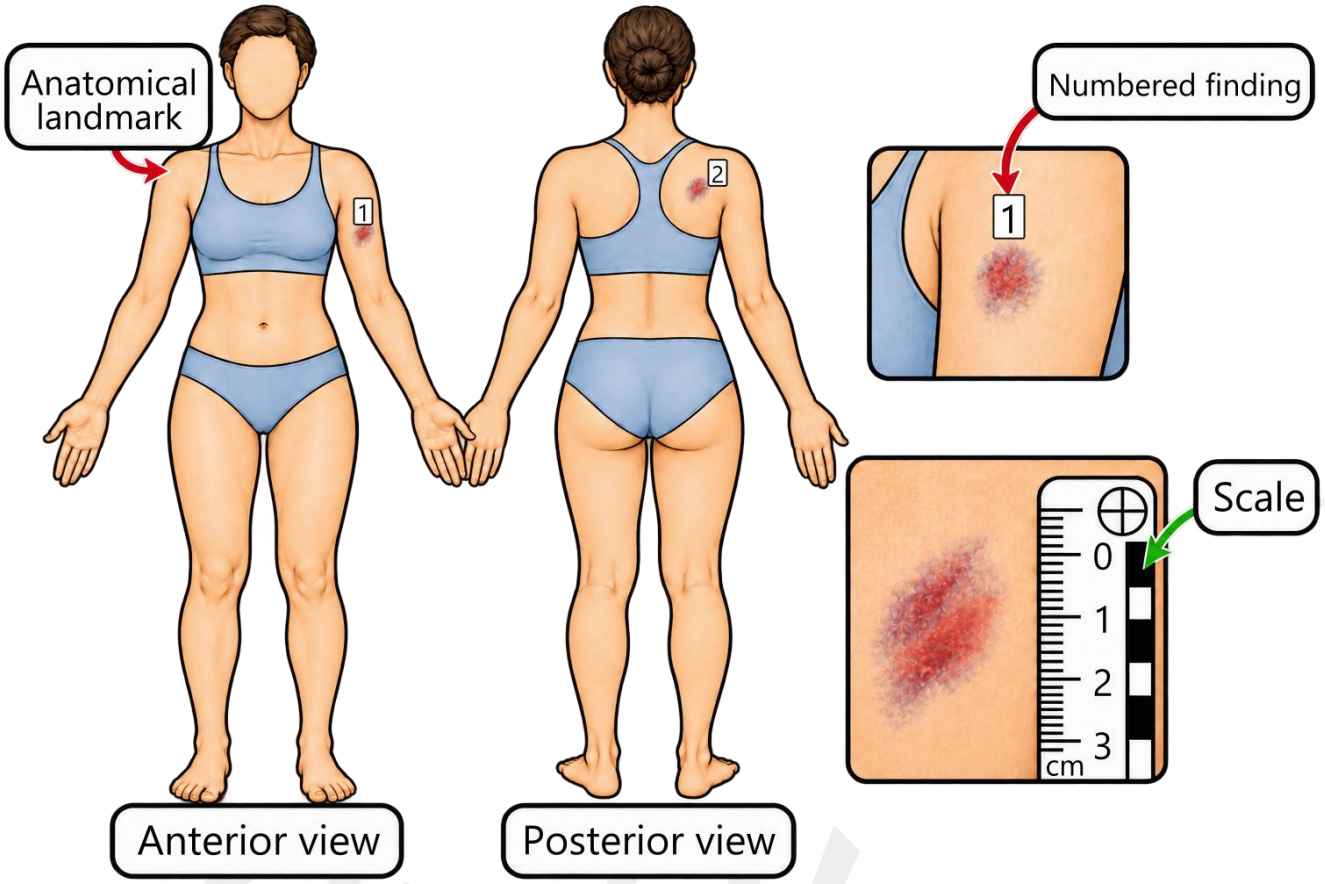
- Concern increases when an injury is inconsistent with the child's developmental abilities or the explanation given.
- Unexplained bruising in an infant who is not independently mobile requires prompt medical and safeguarding assessment.
- Patterned injuries, injuries in protected areas, repeated unexplained injuries and delay in seeking care may be important warning signs.

Differential Diagnosis and Evidential Limits

- Fractures, burns and intracranial injuries need assessment of accidental mechanisms, medical disorders and possible inflicted injury.
    - Bleeding disorders, bone fragility and dermatological conditions can mimic some signs of abuse.
- No single bruise colour, fracture or behavioural response proves abuse or identifies the person responsible.
- An injury may be serious even when a child appears quiet or does not disclose what happened.

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Clinical Assessment and Documentation



A body map for recording the location of injuries

Immediate Care and the Child's History

- Stabilize urgent injuries and assess pain, nutrition, growth, development and mental state.
- Use age-appropriate open questions and avoid repeated leading interviews that can distress the child or affect the account.
- Record who provided each part of the history and preserve the child's significant words accurately.

Examination and Documentation

- Examine the child with appropriate consent, privacy, explanation and a suitable trusted support person.
- Document each lesion separately with size, location, appearance and a body diagram.
- Photographs require appropriate authority, secure handling, a scale and an identifiable link to the written record.

Investigations and Wider Safeguarding

- Seek a paediatric specialist's advice about a skeletal survey, neuroimaging, ophthalmic assessment or relevant laboratory tests when indicated.
    - Investigations should answer the clinical question and should not expose a child to unnecessary procedures.

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- Assess siblings or other children who may share the risk through the appropriate safeguarding team.

Safeguarding and Follow-up



Safety Before Discharge and Reporting

- Determine whether the child can return safely to the present environment before discharge.
- Report suspected sexual offences against children under **POCSO** and coordinate with the relevant child-protection authorities.
- Use the Child Welfare Committee, police, social services and the treating team according to the child's needs and applicable law.

Confidentiality and Continuing Support

- Explain the limits of confidentiality before sensitive questioning whenever possible.
- Share only information necessary for protection, treatment and lawful investigation.
- Arrange follow-up for injury healing, development, psychological recovery and the safety plan.
- A family-centred approach supports a safe caregiver while keeping the child's welfare central.

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Torture and Ill-treatment

Meaning and Professional Responsibility

Definition and Scope

- Torture involves intentional severe physical or mental suffering for purposes such as obtaining information, punishment, intimidation or discrimination, within the relevant legal definition.
- Under the Convention against Torture, this definition also requires involvement of a public official or someone acting in an official capacity, through direct action, instigation, consent or acquiescence.
- Ill-treatment can cause serious harm even when a particular legal definition of torture is not established.

Professional Duties

- A clinician must not participate in torture, certify a person's fitness for torture or use medical knowledge to facilitate abuse.
- Medical duties remain directed towards the patient's health and dignity even when the patient is detained or accused of a serious offence.

Clinical Patterns and Sequelae

Physical Injury Patterns

- Blunt injury may produce bruises, fractures, internal injury and persistent musculoskeletal pain.
- Restraint-related injuries may involve the skin, peripheral nerves, circulation and joints.
- Electrical or thermal injury can leave small skin lesions despite more extensive underlying damage.
- Breathing restriction may lead to neurological symptoms, voice changes or delayed complications without obvious external marks.

Sexual, Psychological and Long-term Effects

- Sexual violence can cause pain, infection, pregnancy, fear and psychological injury without a specific physical lesion.
- Threats, humiliation, isolation and sleep deprivation can produce substantial mental harm without visible injury.
- Long-term consequences include chronic pain, disability, depression, PTSD, sleep disturbance and difficulty trusting others.
- The absence of scars does not exclude torture or other ill-treatment.

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