HealthStream Regulatory Script

Identifying and Assessing Victims of Abuse and Neglect (CE)

Version: [May 2006]

Lesson 1: Introduction
Lesson 2: Types of Abuse & Neglect
Lesson 3: Identifying Victims of Abuse & Neglect
Lesson 4: Assessment & Referral
Lesson 5: Reporting Requirements
Lesson 6: Staff Education & Training
Welcome to the introductory lesson on identifying abuse and neglect.

As your partner, HealthStream strives to provide its customers with excellence in regulatory learning solutions. As new guidelines are continually issued by regulatory agencies, we work to update courses, as needed, in a timely manner. Since responsibility for complying with new guidelines remains with your organization, HealthStream encourages you to routinely check all relevant regulatory agencies directly for the latest updates for clinical/organizational guidelines.

If you have concerns about any aspect of the safety or quality of patient care in your organization, be aware that you may report these concerns directly to JCAHO.
Abuse and neglect are serious public health problems in the United States.

For example:
- Almost 25% of all women will be victims of domestic abuse at some point in their lives.
- Each year, as many as two million adults over the age of 60 may be victims of elder abuse.
- Each year, two million children are seriously abused. At least 1,000 of these children die as a result of their injuries.
JCAHO recognizes abuse and neglect as serious public health threats.

Therefore, JCAHO has a standard for identifying and assessing victims of abuse and neglect.

The rationale for this standard is summed up to the right.
This course will help you:
• Improve public health and your facility’s quality of care by identifying victims of abuse and neglect.
• Comply with the JACHO standard on abuse and neglect.

You will learn about:
• Types of abuse and neglect
• Signs and symptoms of abuse and neglect
• How to assess and refer victims
• Your duty to report certain abuse and neglect
<table>
<thead>
<tr>
<th>Course Goals</th>
</tr>
</thead>
</table>

After completing this course, you should be able to:
- List types of abuse and neglect and the features of each.
- Identify how to screen for abuse and neglect.
- Recognize signs and symptoms of abuse and neglect.
- Recognize how to assess victims of abuse and neglect.
- Cite the significance of mandatory reporting laws.
Course Outline

This introductory lesson gives the course rationale, goals, and outline.

Lesson 2 defines and describes different types of abuse and neglect.

Lesson 3 gives information on identifying victims of abuse and neglect.

Lesson 4 describes how to assess and refer victims.

Lesson 5 discusses issues related to reporting abuse.

Finally, lesson 6 describes key aspects of staff education and training on abuse and neglect.

FLASH ANIMATION: 1006.SWF/FLA
Welcome to the lesson on types of abuse and neglect.

After completing this lesson, you should be able to:

- Identify different types of abuse and neglect, and the features of each.
- Recognize the dynamics of domestic violence.
<table>
<thead>
<tr>
<th>2002</th>
<th>Types of Abuse &amp; Neglect</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>JCAHO requires hospitals to have criteria for identifying victims of abuse and neglect.</td>
</tr>
<tr>
<td></td>
<td>Hospitals must be able to identify victims of:</td>
</tr>
<tr>
<td></td>
<td>• Physical assault</td>
</tr>
<tr>
<td></td>
<td>• Rape</td>
</tr>
<tr>
<td></td>
<td>• Sexual molestation</td>
</tr>
<tr>
<td></td>
<td>• Domestic abuse</td>
</tr>
<tr>
<td></td>
<td>• Elder neglect or abuse</td>
</tr>
<tr>
<td></td>
<td>• Child neglect or abuse</td>
</tr>
<tr>
<td></td>
<td>On the following screens, let’s take a closer look at each type of maltreatment.</td>
</tr>
<tr>
<td>Physical assault</td>
<td>Physical assault may be part of:</td>
</tr>
<tr>
<td>------------------</td>
<td>----------------------------------</td>
</tr>
<tr>
<td>means threatening or using force on a victim.</td>
<td>Domestic abuse&lt;br&gt;Elder abuse&lt;br&gt;Child abuse</td>
</tr>
<tr>
<td>The threat or use of force causes the victim to fear bodily harm.</td>
<td></td>
</tr>
</tbody>
</table>

*IMAGE: 2003.GIF*
**Types of Abuse & Neglect: Rape**

<table>
<thead>
<tr>
<th><strong>Rape</strong> is any penetration of a victim:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Genital</td>
</tr>
<tr>
<td>• Anal</td>
</tr>
<tr>
<td>• Oral</td>
</tr>
</tbody>
</table>

This penetration is:
| • By force                              |
| • Without the victim’s consent          |

The rapist may use:
| • A part of his or her body             |
| • An object                             |

*Rape may be part of:*

→ Domestic abuse
→ Elder abuse
→ Child abuse
<table>
<thead>
<tr>
<th>Types of Abuse &amp; Neglect: Sexual Molestation</th>
</tr>
</thead>
<tbody>
<tr>
<td>When an <strong>adult</strong> is sexually molested, this includes any <strong>nonconsensual</strong> sexual contact, short of rape.</td>
</tr>
<tr>
<td><strong>Any</strong> activity with a <strong>child</strong> for the purpose of sexual gratification is molestation. This includes:</td>
</tr>
<tr>
<td>• Rape</td>
</tr>
<tr>
<td>• Anal or genital touching</td>
</tr>
<tr>
<td>• Persuading a child to perform sexual acts</td>
</tr>
<tr>
<td>• Persuading a child to view sexually oriented material</td>
</tr>
<tr>
<td>• Exposing an adult’s genitalia to a child</td>
</tr>
<tr>
<td>• Taking pornographic pictures of a child</td>
</tr>
</tbody>
</table>
In domestic violence:
- The victim is usually a woman.
- The abuser is a person who is or wants to be the victim’s intimate partner.

Domestic violence usually involves:
- A female victim
- A male abuser

However:
- Domestic violence also can occur in same-sex relationships.
- Males in heterosexual relationships can be victims.
Domestic Abuse: Dynamics

The dynamics of domestic violence are quite specific.

The abuser tries to control the victim.

This is done through a pattern of:
• Attacking the victim
• Pressuring or forcing the victim to do what the abuser wants
Domestic Abuse: Examples of Abusive Behaviors

Examples of abusive behaviors in domestic violence are:
- Physical abuse
- Verbal abuse
- Sexual assault, including rape
- Isolating the victim from family, friends, and other sources of social support
- Depriving the victim of clothing, food, necessary medication, or other essential items
- Intimidating or threatening the victim

Domestic violence can include some or all of these.

Often, the violence:
- Begins as verbal and emotional abuse
- Escalates to physical violence

IMAGE: 2008.jpg
Elder abuse / neglect is mistreatment that harms an older person.

Forms of elder abuse and neglect are:
- **Physical abuse**
- **Physical neglect**
- **Sexual abuse**
- **Psychological abuse**
- **Psychological neglect**
- **Financial abuse**
- **Financial neglect**

Click on each form of abuse / neglect for definitions and examples.

<table>
<thead>
<tr>
<th>CLICK TO REVEAL</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Physical abuse</strong></td>
</tr>
<tr>
<td>Acts of violence that cause pain, injury, impairment, or disease in an elder. For example:</td>
</tr>
<tr>
<td>- Pushing, striking, slapping, or pinching</td>
</tr>
<tr>
<td>- Force-feeding</td>
</tr>
<tr>
<td>- Incorrect positioning</td>
</tr>
<tr>
<td>- Improper use of physical restraints</td>
</tr>
<tr>
<td>- Improper use of drugs</td>
</tr>
<tr>
<td><strong>Physical neglect</strong></td>
</tr>
<tr>
<td>Failure to provide for the elder’s physical health and wellbeing. For example:</td>
</tr>
<tr>
<td>- Not providing meals, fluids, physical therapy, or hygiene</td>
</tr>
<tr>
<td>- Not providing physical aids such as eyeglasses or hearing aids</td>
</tr>
<tr>
<td><strong>Sexual abuse</strong></td>
</tr>
<tr>
<td>Nonconsensual sexual contact of any kind</td>
</tr>
<tr>
<td><strong>Psychological abuse</strong></td>
</tr>
<tr>
<td>Behavior that causes mental or emotional distress. For example:</td>
</tr>
<tr>
<td>- Verbally berating, harassing, or intimidating an elder</td>
</tr>
<tr>
<td>- Threatening an elder with punishment or deprivation</td>
</tr>
<tr>
<td>- Humiliating an elder</td>
</tr>
<tr>
<td>- Intentionally isolating an elder from family, friends, or activities</td>
</tr>
<tr>
<td><strong>Psychological neglect</strong></td>
</tr>
<tr>
<td>Failure to provide for an elder’s social and emotional needs</td>
</tr>
<tr>
<td><strong>Financial abuse</strong></td>
</tr>
<tr>
<td>Misuse of income or resources. For example:</td>
</tr>
<tr>
<td>- Stealing money or possessions</td>
</tr>
<tr>
<td>- Forcing an elder to sign contracts, grant power of attorney, purchase items, or make changes to a will</td>
</tr>
<tr>
<td><strong>Financial neglect</strong></td>
</tr>
<tr>
<td>Failure to use available resources to maintain the health and wellbeing of an elder</td>
</tr>
</tbody>
</table>
Child neglect occurs when a parent or other caretaker does not meet one or more of a child’s basic needs.

These needs are:
- Physical
- Developmental
- Psychological

Click on each category for examples.

Examples of physical needs:
- Food
- Clothing
- Shelter
- Physical safety
- Medical and dental care

Examples of developmental needs:
- Love and nurturing
- Education

Examples of psychological needs:
- Emotional support
- Emotional safety
<table>
<thead>
<tr>
<th>Types of Abuse &amp; Neglect: Child Abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Physical</strong></td>
</tr>
<tr>
<td><strong>Emotional</strong></td>
</tr>
<tr>
<td><strong>Sexual</strong></td>
</tr>
</tbody>
</table>

Click on each form of abuse for more specific information.

**Physical**
Physical child abuse is intentional injury by a parent or other caregiver. Injuries can range from minor bruises to death.

**Emotional**
Emotional abuse happens when a parent or other caregiver systematically treats a child in a way that is extremely negative. Examples of emotionally abusive treatment are:
- Shaming
- Humiliating
- Terrorizing
- Rejecting

**Sexual**
Sexual abuse happens when a parent or other caregiver involves a child in a sexual activity.
### Match the categories of elder abuse with the appropriate example of abusive behavior

<table>
<thead>
<tr>
<th>Category</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical abuse</td>
<td>Inappropriate use of restraints on an older person</td>
</tr>
<tr>
<td>Sexual abuse</td>
<td>Raping an older person</td>
</tr>
<tr>
<td>Psychological abuse</td>
<td>Humiliating an older person</td>
</tr>
<tr>
<td>Financial abuse</td>
<td>Forcing an older person to sign a will</td>
</tr>
</tbody>
</table>
You have completed the lesson on types of abuse and neglect.

Remember:
- Physical assault is the threat or use of force.
- Rape is penetration without the victim’s consent.
- Sexual molestation is nonconsensual sexual contact between adults (short of rape). With a child, sexual molestation is any sexual act.
- Domestic violence occurs between intimate partners.
- Elder abuse or neglect is mistreatment that harms an older person.
- Child neglect happens when a child’s basic needs are not met.
- Child abuse may be physical, emotional, or sexual.
Lesson 3: Identifying Victims of Abuse & Neglect

3001

Introduction & Objectives

Welcome to the lesson on identifying victims of abuse and neglect.

After completing this lesson, you should be able to:
- Recognize how to screen for domestic abuse and elder abuse / neglect.
- List signs of abuse and neglect.
- List risk factors for child abuse.
- Identify when to reassess for abuse and neglect.

<table>
<thead>
<tr>
<th>Lesson Map:</th>
</tr>
</thead>
<tbody>
<tr>
<td>JCAHO requirements</td>
</tr>
<tr>
<td>Domestic abuse Screening strategies and questions Signs and symptoms</td>
</tr>
<tr>
<td>Elder abuse Screening strategies and questions Signs and symptoms</td>
</tr>
<tr>
<td>Child abuse Risk factors Signs and symptoms</td>
</tr>
<tr>
<td>Reassessing</td>
</tr>
<tr>
<td>JCAHO Requirements</td>
</tr>
<tr>
<td>---------------------</td>
</tr>
<tr>
<td>JCAHO requires that healthcare staff must be able to identify abuse or neglect.</td>
</tr>
<tr>
<td>On the following screens, we will look at how to identify:</td>
</tr>
<tr>
<td>- Domestic abuse</td>
</tr>
<tr>
<td>- Elder neglect and abuse</td>
</tr>
<tr>
<td>- Child neglect and abuse</td>
</tr>
</tbody>
</table>
Domestic Abuse: Routine Screening

To identify domestic abuse, your facility should screen patients routinely.

Patients should be asked direct questions about abuse by intimate partners. This should be part of a standard health history.

Questions should address:
- Physical abuse
- Emotional abuse
- Sexual abuse

Patients should be screened whether or not they have obvious signs and symptoms of abuse.

FLASH ANIMATION: 3003.SWF/FLA
Domestic Abuse: Routine Screening

**Remember:** Domestic violence most often involves:
- A female victim
- A male abuser

As a result, experts differ on who should be screened routinely:
- **All** adolescent and adult patients? Or
- **Female** adolescents and adults only?

Ask your supervisor about your facility’s policies.

FLASH ANIMATION: 3004.SWF/FLA
To introduce domestic violence screening, you may wish to start with a framing statement.

For example:
- *Because domestic violence is so common today, I ask all patients about it.*
- *I am going to ask you a few questions about domestic violence, because so many women are victims.*

After introducing the issue, ask direct questions. For example:
- *Does your intimate partner ever hurt or threaten you?*
- *Does your intimate partner ever force you to perform sexual acts?*
- *Did someone cause these injuries? Was it your partner?*
Domestic Abuse: Disclosure

<table>
<thead>
<tr>
<th>Asking about domestic violence helps show victims that:</th>
<th>IMAGE: 3006.JPG</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Support is available.</td>
<td></td>
</tr>
<tr>
<td>• Domestic violence is a legitimate healthcare issue.</td>
<td></td>
</tr>
<tr>
<td>This makes it more likely that victims will talk about any abuse that</td>
<td></td>
</tr>
<tr>
<td>may be going on.</td>
<td></td>
</tr>
<tr>
<td>However, many victims may not talk about abuse, due to:</td>
<td></td>
</tr>
<tr>
<td>• Embarrassment or shame</td>
<td></td>
</tr>
<tr>
<td>• Fear that the abuser will retaliate</td>
<td></td>
</tr>
<tr>
<td>Therefore, all healthcare staff must be alert for signs and</td>
<td></td>
</tr>
<tr>
<td>symptoms of abuse.</td>
<td></td>
</tr>
</tbody>
</table>
Signs of domestic violence can include patterns such as:

- Not keeping healthcare appointments or following medical advice
- Unusually high number of healthcare visits
- Repeated vague complaints
- Health problems associated with abuse, such as chronic pain, insomnia, headaches, gastrointestinal problems, or substance abuse
- Repeated vaginal or urinary tract infections
- Secrecy or obvious discomfort when questioned about the possibility of abuse
- An intimate partner who controls or dominates your interaction with the patient
- An intimate partner who seems unreasonably anxious or concerned
- An intimate partner who will not leave the patient alone with you
Domestic Abuse: Signs

Injuries also can be a sign of domestic violence.

Be suspicious of:
- Unexplained injuries
- Inconsistent or unlikely explanations for injuries
- A delay in seeking medical treatment for an injury
- Injuries to the back, head, neck, chest, breasts, abdomen, or genitals
- Broken bones
- Burns
- Knife wounds
- Bilateral or multiple injuries
- Multiple injuries in different stages of healing
- Physical injury during pregnancy, especially on the breasts or abdomen
- Perinatal death
If you see signs of abuse, follow up with direct questions.

If the patient is willing to talk about the abuse, follow up as described in lesson 4.

If the patient denies abuse:
- **Respect** his or her right to do so.
- **Inform** the patient that you will remain available for support.
- **Offer** the patient information on domestic violence resources in your community. This is especially important if you think the patient may be at high risk for serious injury.
- **Reassess** the patient at his or her next visit.
Review

Screening for domestic abuse should be part of a standard health history for:

- a. All adolescent and adult patients
- b. Female adolescents and adults only
- c. Either A or B, depending on facility policy
- d. None of these answers

**MULTIPLE CHOICE INTERACTION**

Correct answer: C

Feedback for A: Incorrect. The best answer is C.

Feedback for B: Incorrect. The best answer is C.

Feedback for C: Correct.

Feedback for D: Incorrect. The best answer is C.
<table>
<thead>
<tr>
<th>3011</th>
<th>Identifying Victims: Elder Abuse and Neglect</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Remember: Screening for domestic violence should be routine.</td>
</tr>
<tr>
<td></td>
<td>Screening for elder abuse and neglect also should be standard clinical practice.</td>
</tr>
</tbody>
</table>
Identifying Victims: Elder Abuse and Neglect

All facility staff who have contact with older patients should know the facility’s elder abuse / neglect screening protocol.

This protocol should include:
- Basic demographic questions
- Questions about the patient’s overall wellbeing
- Direct questions about abuse and neglect (see image to the right)
Elder Abuse and Neglect: Signs

Some elders may not talk about abuse or neglect.

Possible reasons include:
- Fear
- Shame
- Cognitive impairments

Therefore, the screening protocol for elder abuse / neglect should include looking for clinical signs and symptoms.

Let’s review common signs on the following screen.
Elder Abuse and Neglect: Signs

<table>
<thead>
<tr>
<th>CLICK TO REVEAL</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Common signs and symptoms of physical abuse:</strong></td>
</tr>
<tr>
<td>• Physical injuries (bruises, cuts, fractures, rope marks), especially if bilateral and/or in various stages of healing</td>
</tr>
<tr>
<td>• Unexplained injuries</td>
</tr>
<tr>
<td>• Inconsistent or unlikely explanations for injuries</td>
</tr>
<tr>
<td>• Two different explanations for injuries given by the patient and the caregiver</td>
</tr>
<tr>
<td>• Lab results that suggest drug overdose or under-medication</td>
</tr>
</tbody>
</table>

| **Common signs and symptoms of physical neglect:** |
| • Dehydration |
| • Malnutrition |
| • Pressure sores |
| • Poor personal hygiene |
| • Poor compliance with medical regimens |

| **Common signs and symptoms of sexual abuse:** |
| • Injury to the genital area |
| • Unexplained STD’s or genital infections |

| **Common signs and symptoms of psychological abuse and neglect:** |
| • Extreme withdrawal |
| • Depression or agitation |
| • Childish behavior |
| • Mixed feelings toward caregivers or family members |

| **Common signs and symptoms of financial abuse and neglect:** |
| • Poor care despite adequate money |
| • Confusion or lack of awareness about finances |
| • Sudden transfer of money to a family member or other caregiver |

Click for common signs and symptoms of elder:  
- Physical abuse  
- Physical neglect  
- Sexual abuse  
- Psychological abuse or neglect  
- Financial abuse or neglect
You see several elderly patients. Each patient has multiple injuries. You would be MOST likely to suspect abuse in the patient with:

a. Unexplained bilateral bruises
b. Bruises and fractures fully explained by the history provided
c. Unilateral bruises and abrasions, all in the same stage of healing
d. Bruises explained in the same way by both the patient and his or her caregiver

**MULTIPLE CHOICE INTERACTION**

Correct answer: A

Feedback for A: Correct.

Feedback for B: Incorrect. The correct answer is A.

Feedback for C: Incorrect. The correct answer is A.

Feedback for D: Incorrect. The correct answer is A.
Children do not usually tell healthcare providers about abuse or neglect. Therefore, healthcare staff must be alert to the possibility of abuse. Healthcare staff should know:

- Risk factors for abuse
- Signs of abuse and neglect

Let’s take a closer look at each of these.
Children are never responsible for being abused. However, certain types of children are at increased risk for abuse. Children in certain types of families also are at increased risk. On the other hand, certain protective factors may lessen the risk of abuse.

Click for examples of:
- **Child-related risk factors for abuse**
- **Family-related risk factors for abuse**
- **Protective factors**

### CLICK TO REVEAL

**Examples of child-related risk factors for abuse:**
- Premature birth
- Disabilities
- Behavior problems
- Problems such as chronic medical conditions
- Colic in babies
- Normal child behavior (e.g., crying, wetting, soiling, spilling) that may cause the parent or caregiver to lose control

**Examples of family-related risk factors for child abuse:**
- Other violence in the home, such as domestic abuse or violence between siblings
- Substance abuse by parents
- Parents who are not mature enough to care for a child
- Parents who do not have a support system
- Parents who have unreasonable expectations for their children
- Parents who were abused as children
- Family situations that create high levels of stress (e.g., financial burdens, serious illness or death in the family, separation or divorce, depression or other mental health conditions)

**Examples of protective factors:**
- Supportive family environment
- Stable family relationships
- Parents with jobs
- Adequate housing
- Access to healthcare and social services
- Caring adults outside the family who can serve as role models
### Child Abuse and Neglect: Signs of Physical Abuse

<table>
<thead>
<tr>
<th>The most common physical signs of child abuse are:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Injuries on multiple body sites</td>
</tr>
<tr>
<td>• Injuries in different stages of healing</td>
</tr>
<tr>
<td>• Bruises of different colors on the same body surface</td>
</tr>
<tr>
<td>• Injuries not explained by the history provided</td>
</tr>
</tbody>
</table>

A physically abused child also may:

- Overdress (even in very warm weather) to hide injuries
- Have bald patches where clumps of hair have been pulled
- Be withdrawn or overly aggressive
- Resist physical examination

---

**Be suspicious of injuries that are:**

- Multiple
- In different stages of healing
- Poorly explained
<table>
<thead>
<tr>
<th>Specific types of injuries that may be signs of physical abuse are:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• <strong>Bruises and welts</strong></td>
</tr>
<tr>
<td>• <strong>Burns</strong></td>
</tr>
<tr>
<td>• <strong>Cuts or scratches</strong></td>
</tr>
<tr>
<td>• <strong>Fractures</strong></td>
</tr>
<tr>
<td>• <strong>Abdominal injuries</strong></td>
</tr>
<tr>
<td>• <strong>Central nervous system (CNS) injuries</strong></td>
</tr>
</tbody>
</table>

Click on each to learn more.

**CLICK TO REVEAL**

**Bruises and welts**
Bruises and welts may be a sign of abuse if they form patterns. These patterns often show the shape of the item that caused the injury. For example:

- Hand
- Teeth
- Belt buckle
- Electrical cord

**Burns**
Burns may be a sign of abuse. Look for:

- Cigar or cigarette burns, especially on the soles of the feet, palms of the hands, back, or buttocks
- Immersion burns. These look like:
  - Stockings on the feet and legs
  - Gloves on the hands and arms
  - Donuts on the buttocks or genitals
- Patterned burns that look like an electrical appliance, such as an iron, stove burner, or grill

**Cuts and scratches**
Cuts and scratches can be a sign of abuse. Look for:

- Rope burns, especially on the wrists, ankles, neck, or torso
- Cuts or scratches on the palate, mouth, gum, lips, eyes, or ears
- Cuts or scratches on the external genitalia

**Fractures**
Abuse can result in fractures to the:

- Skull
- Ribs
- Long bones
- Metaphyseal plates [glossary]
**Abdominal injuries**
These abdominal injuries may be signs of abuse:
- Bruising of the abdominal wall
- Bruising of the small intestine
- Intestinal perforation [glossary]
- Liver or spleen rupture
- Blood vessel rupture
- Injury to the kidneys or bladder
- Injury to the pancreas

**CNS injuries**
CNS injuries often can be signs of abuse. Be suspicious of:
- Massive bleeding in and around the brain (often due to violent shaking or blunt trauma)
- Massive bleeding in the retina of the eye
- Stroke due to swelling of the brain
- Neck injuries that damage the spinal cord
Sexually abused children **may** have the following physical signs:

- Scratches or bruises on the external genitalia and/or inner thighs
- Rectal or genital pain or bleeding
- Distortion or significant reduction of the hymen
- Changes in the tone of muscles in the anus and rectum
- STD’s, especially in children who have not reached puberty (see table at right)
- Pregnancy
- Evidence of self-mutilation
- Evidence of attempted suicide
- Evidence of eating disorders (anorexia or compulsive eating)

Physical signs may be present as:

- A combination of signs
- Any one sign to an unusual degree

**Important note:** Physical signs are frequently not seen in sexually abused children. Absence of physical signs does not mean the child has not been abused.
Sexually precocious behavior can be a sign of sexual abuse. This is true especially if the behavior is ongoing.

Other possible behavioral signs of sexual abuse:
- Tend to be non-specific
- May be caused by a stressor other than abuse

<table>
<thead>
<tr>
<th>Behavioral findings that may indicate sexual abuse:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hyperactivity or withdrawal</td>
</tr>
<tr>
<td>Poor self-esteem, shame, or guilt</td>
</tr>
<tr>
<td>Poor peer relationships</td>
</tr>
<tr>
<td>Distorted body image</td>
</tr>
<tr>
<td>Regressive behaviors such as bedwetting</td>
</tr>
<tr>
<td>Fears or phobias, especially of adults</td>
</tr>
<tr>
<td>Deterioration in academic performance</td>
</tr>
<tr>
<td>Eating disorders</td>
</tr>
<tr>
<td>Compulsive behavior</td>
</tr>
<tr>
<td>Sexual abuse of a sibling, friend, or young child</td>
</tr>
<tr>
<td>Pregnancy</td>
</tr>
<tr>
<td>Attempts to run away from home</td>
</tr>
<tr>
<td>Suicide attempts</td>
</tr>
</tbody>
</table>
Historical signs of neglect can include:
- Lack of well child care (e.g., immunizations)
- Lack of medical care for chronic illnesses
- Lack of items such as eyeglasses or hearing aids

Physical signs of possible neglect can include:
- Under-nutrition
- Failure to thrive in infants
- Poor hygiene
- Developmental delays
- Untreated medical conditions
- Dental cavities
### Behavioral Indicators of Neglect

Behavioral signs of possible neglect can include:
- Depression
- Anxiety
- Bedwetting
- Sleep disturbances
- Excessive masturbation
- Poor interpersonal skills (lack of cuddliness, avoiding eye contact, preferring inanimate objects to people)
- Discipline problems
- Aggressive behavior
- Role reversal, in which the child acts like the parent, and vice versa
- Too much responsibility at home, including having to take care of younger siblings
A certain sign of sexual abuse is:
- Pregnancy
- Sexual promiscuity
- Excessive masturbation
- All of the above
- None of the above

**MULTIPLE CHOICE INTERACTION**

Correct answer: E

Feedback for A: Incorrect. Any of these could be a sign of abuse. However, none of these is specific for abuse. Therefore, the correct answer is E.

Feedback for B: Incorrect. Any of these could be a sign of abuse. However, none of these is specific for abuse. Therefore, the correct answer is E.

Feedback for C: Incorrect. Any of these could be a sign of abuse. However, none of these is specific for abuse. Therefore, the correct answer is E.

Feedback for D: Incorrect. Any of these could be a sign of abuse. However, none of these is specific for abuse. Therefore, the correct answer is E.

Feedback for E: Correct. Any of these could be a sign of abuse. However, none of these is specific for abuse.
<table>
<thead>
<tr>
<th>When to Screen for Abuse and Neglect</th>
</tr>
</thead>
<tbody>
<tr>
<td>JCAHO requires hospitals to identify victims of abuse and neglect:</td>
</tr>
<tr>
<td>• Upon entry into the hospital system</td>
</tr>
<tr>
<td>• On an ongoing basis</td>
</tr>
<tr>
<td>To identify victims on an ongoing basis, screen patients:</td>
</tr>
<tr>
<td>• As part of each health history</td>
</tr>
<tr>
<td>• As part of each health assessment</td>
</tr>
<tr>
<td>• At every encounter in emergency / urgent care</td>
</tr>
<tr>
<td>• At every new patient encounter</td>
</tr>
<tr>
<td>• At periodic checkups</td>
</tr>
<tr>
<td>• At every visit for a new chief complaint</td>
</tr>
<tr>
<td>• Whenever you see suspicious signs or symptoms</td>
</tr>
<tr>
<td>• With every report of a new intimate relationship (in the case of domestic violence)</td>
</tr>
</tbody>
</table>
Summary

You have completed the lesson on identifying victims of abuse and neglect.

Remember:

- Screening for domestic violence should be routine clinical practice.
- Domestic violence screening should include direct questions about abuse by intimate partners.
- Some victims may not disclose abuse. Therefore, healthcare staff must be alert for signs and symptoms of domestic violence.
- If a patient denies domestic violence, respect the right to do so. Communicate your ongoing support and availability.
- Routine screening for elder abuse and neglect should be standard clinical practice.
- Elderly patients should be asked direct questions about abuse and neglect.
- Elderly patients are not always willing or able to talk about abuse or neglect. Therefore, healthcare staff must be alert for signs and symptoms.
- Children do not usually talk about abuse or neglect. Therefore, know the risk factors for child abuse. Be alert for signs and symptoms.
- Screen patients for abuse and neglect at appropriate intervals.
Lesson 4: Assessment and Referral

4001

Introduction & Objectives

Welcome to the lesson on assessment and referral for victims of abuse or neglect.

After completing this lesson, you should be able to:
• Recognize the parts of an abuse / neglect assessment.
• Identify when victims should be referred to another provider.
• Identify procedures for collecting and documenting evidence of abuse and neglect.

FLASH ANIMATION: 4001.SWF/FLA
JCAHO requires assessments for identified victims of abuse or neglect.

Your facility must do one or both of the following:
- Have qualified in-house staff who can assess victims
- Refer victims to appropriate outside agencies for assessment and/or other services

To facilitate referrals, your facility must maintain a current list of local resources.
Assessing and Referring Victims

On the following screens, let's take a closer look at assessment and/or referral for victims of:

- Domestic abuse
- Elder abuse or neglect
- Child abuse or neglect

FLASH ANIMATION: 4003.SWF/FLA
Only trained providers should assess domestic violence.

The goals of the assessment are:
- To give the patient a chance to talk about the abuse in a supportive environment
- To find out about any health problems related to the abuse
- To address the patient’s immediate and long-term health and safety needs

FLASH ANIMATION: 4004.SWF/FLA
Domestic Abuse Assessment: Components

A domestic violence assessment should include:
- Validation of the patient’s experience
- Assessment of the patient’s immediate safety
- Discussion and assessment of health issues related to the abuse

Click on each item in the list to learn more.

Validation of the patient’s experience
Validate the patient by:
- Listening non-judgmentally
- Expressing concern for the patient’s safety
- Making it clear that the patient is not to blame for the abuse

Assessment of the patient’s immediate safety
Ask questions to find out:
- Whether the patient is in immediate danger
- Whether the patient has somewhere safe to go
- Whether the patient’s children (if any) may be in danger
- Whether the violence has increased recently
- Whether the abuser has used weapons
- Whether the abuser has held the patient against his or her will
- Whether the abuser has stalked the patient
The answers to these questions are important for developing a plan for safety. It may be necessary to refer the patient to local resources for safety.

Discussion and assessment of health issues related to the abuse
Victims of domestic violence may have:
- Injuries
- Stress disorders (peptic ulcers, irritable bowel syndrome, insomnia)
- STD’s
- Vaginal and urinary tract infections
- Multiple pregnancies, miscarriages, and/or abortions
- Difficulty managing chronic illnesses (hypertension, diabetes, asthma, HIV / AIDS)
- Substance abuse
- Mental health problems (depression, posttraumatic stress disorder [glossary], anxiety, stress)
- Complications of pregnancy
- Decreased likelihood of taking preventive health measures (mammograms, Pap smears)
Any such issues should be addressed.
Domestic Abuse Assessment: Components

The domestic abuse assessment also should include:

- **Questions about the pattern and history of abuse**
- **Questions about the abuser**
- **Assessment of the patient’s suicide and homicide risk**

Click on each item in the list to learn more.

<table>
<thead>
<tr>
<th>CLICK TO REVEAL</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Questions about the pattern and history of abuse</strong></td>
</tr>
<tr>
<td>Ask questions to find out:</td>
</tr>
<tr>
<td>• When the abuse started</td>
</tr>
<tr>
<td>• How frequent and severe the abuse is</td>
</tr>
<tr>
<td>• Whether the abuse has ever led to hospitalization</td>
</tr>
<tr>
<td>• What happened during the most serious abusive event</td>
</tr>
<tr>
<td>• Whether the abuse has included forced sex</td>
</tr>
<tr>
<td>• Whether the abuser controls the victim’s access to friends, family, co-workers, money, food, medical care, etc.</td>
</tr>
<tr>
<td>• Whether the abuser has ever hurt other family members, children, pets</td>
</tr>
</tbody>
</table>

| **Questions about the abuser**  |
| Ask questions to find out whether the abuser: |
| • Uses illegal drugs or alcohol |
| • Is more violent when using drugs / alcohol |
| • Has mental health problems |
| • Takes medication |
| • Has any specific pattern, timing, or **triggers [glossary]** for the abuse |
| • Has a criminal record |

| **Assessment of the patient’s suicide and homicide risk**  |
| Find out whether the patient is at risk for killing herself and/or her abuser. |
Domestic Abuse: Referral

Your facility may be unable to assess victims of domestic violence. In this case, identified victims must be referred to another provider for assessment.

Remember:

Maintain a current list of local resources, to facilitate appropriate referrals.
Domestic Abuse: Referral

Your facility may have the capacity to assess victims. In this case, staff members still must be able to refer victims to other local resources.

These resources may include:
- Emergency shelter / housing
- Transportation
- Counseling or support groups
- Childcare / welfare assistance
- Elderly / adult protective services
- Legal assistance
- Substance abuse treatment
- Police (to file a report)
- The legal system (to get a protection order)

Important: Victims of domestic abuse should NOT be referred to couples counseling. This may increase the risk of serious abuse and harm to the patient.
If an older patient is identified as a victim of abuse / neglect, it is important to find out:

- How and when the mistreatment happens
- Who is responsible for the mistreatment
- The frequency, severity, and intent of the mistreatment
- Whether the patient is in immediate or serious danger
- How the patient views and copes with the mistreatment
Assessment of a victim of elder abuse should address the patient's:

- Access to healthcare
- Cognitive status
- Emotional status
- Overall health and functional status
- Social and financial resources
Elder Abuse and Neglect: Referrals

Your facility may be unable to assess victims of elder abuse and neglect. In this case, identified victims must be referred to another provider for assessment.

Your facility may have the capacity to assess victims. In this case, staff members still must be able to refer victims to other local resources.

For a list of agencies and resources on elder abuse and neglect, organized by state, see: [http://www.ama-assn.org/ama1/pub/upload/mm/386/elderabuse.pdf](http://www.ama-assn.org/ama1/pub/upload/mm/386/elderabuse.pdf)
When assessing an identified victim of elder abuse, assess the patient’s:

- Cognitive status
- Emotional status
- Overall health and functional status
- All of the above
- None of the above

**MULTIPLE CHOICE INTERACTION**

Correct answer: D

Feedback for A: Not quite. The best answer is D.
Feedback for B: Not quite. The best answer is D.
Feedback for C: Not quite. The best answer is D.
Feedback for D: Correct.
Feedback for E: Incorrect. The best answer is D.
All suspected victims of child abuse must be assessed. This assessment should include:
- Complete medical history
- Physical exam
- Developmental assessment
- Any labs or medical imaging needed to diagnose past and current injuries
- Any labs needed to rule out a medical cause for the physical exam findings (e.g., genetic bleeding disorder)
Assessing a suspected victim of sexual abuse can be difficult, both emotionally and technically.

If you are not emotionally and intellectually prepared:
- Do not start the assessment.
- Refer the victim for assessment.
Child Abuse and Neglect: Interviews

The assessment of suspected child abuse should include interviews with:

- The child (if possible)
- His or her parents or guardians

Before interviewing the child, ask a reliable source for background information.

This includes:

- **Specifics of the abuse**
- **Social history**

Click on each item in the bulleted list to learn more.

### CLICK TO REVEAL

**Specifics of the abuse**

Try to find out:

- When the abuse happened (date and time)
- Where the abuse happened
- The sequence of events
- Who was present
- How much time passed before getting medical help for the child’s injuries

**Complete social history**

Try to find out:

- Where the child lives
- How long he or she has lived there
- Who else lives in the household
- Who else has been in the house or has had access to the child
- What support systems are available to the family
- What sort of childcare the family uses
A child older than three years may be able to tell a sensitive and skillful interviewer that a particular adult hurt him or her.

When interviewing the child:

<table>
<thead>
<tr>
<th><strong>DO</strong></th>
<th><strong>Do NOT</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Speak to the child in private. The parents should not be present.</td>
<td>• Suggest answers.</td>
</tr>
<tr>
<td>• Sit near the child. Sit at the child’s eye level.</td>
<td>• Offer rewards for answers.</td>
</tr>
<tr>
<td>• Take time to build trust.</td>
<td>• Press the child for answers that he or she does not want to give.</td>
</tr>
<tr>
<td>• Use words the child can understand to explain why you are asking questions.</td>
<td>• Criticize or correct the child’s choice of words or terms.</td>
</tr>
<tr>
<td>• Use the child’s own words and terms whenever possible. Ask the child to explain words or terms that you do not know.</td>
<td>• Suggest that the child is to blame.</td>
</tr>
<tr>
<td>• Use aids such as anatomic dolls only if you are trained in their use.</td>
<td>• Leave the child alone.</td>
</tr>
<tr>
<td>• Encourage the child to ask questions. Answer all questions truthfully, in a way that suits the child’s age and understanding.</td>
<td>• Act shocked or horrified at what the child says.</td>
</tr>
<tr>
<td>• Let the child know that you understand what a difficult situation he or she has faced.</td>
<td></td>
</tr>
<tr>
<td>• Make it very clear that the child was not at fault for any abuse.</td>
<td></td>
</tr>
</tbody>
</table>
When interviewing the parents or guardians of a suspected victim of child abuse:

<table>
<thead>
<tr>
<th><strong>DO</strong></th>
<th><strong>Do NOT</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Stay objective.</td>
<td>Try to prove that the parents are guilty of abuse or neglect.</td>
</tr>
<tr>
<td>Explain the reason for the interview.</td>
<td>Act angry, horrified, or disapproving.</td>
</tr>
<tr>
<td>Explain your legal duty to report suspected abuse.</td>
<td>Judge or place blame.</td>
</tr>
<tr>
<td>Explain what will happen next.</td>
<td>Give any feedback on explanations for injuries. Feedback can help abusers change unlikely explanations.</td>
</tr>
<tr>
<td>Answer any questions.</td>
<td></td>
</tr>
<tr>
<td>Contact the reporting agency in your state before the interview. A social worker or other agent may wish to sit in on the interview. The agent may want to interview the parents after your interview.</td>
<td></td>
</tr>
<tr>
<td>Notify law enforcement as well as the reporting agency, if you think the parents might flee with the child after they hear the suspected diagnosis.</td>
<td></td>
</tr>
</tbody>
</table>
Your facility may not be able to assess child abuse / neglect. In this case, identified victims must be referred for assessment.

Your facility may have the capacity to assess victims. In this case, staff members still must be prepared to make referrals to local resources.

In either case, suspected victims of child abuse should not be discharged before you consult child protective services in your state.

If the child and parents must leave to follow up with a local resource:
- Your organization must take steps to ensure the child’s safety.
- Local law enforcement may need to be contacted.

For a list of agencies and resources on child abuse and neglect, organized by state, see:
- Childabuse.pdf (link to childabuse.pdf)
- childsexabuse.pdf (link to childsexabuse.pdf)
When interviewing a suspected victim of child abuse:

<table>
<thead>
<tr>
<th>DO</th>
<th>DO NOT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Speak to the child in private.</td>
<td>Make it clear that you are in a position of authority, by sitting at a tall desk across from the child.</td>
</tr>
<tr>
<td>Explain why you are asking questions.</td>
<td>Correct the child if he or she uses slang terms for body parts.</td>
</tr>
<tr>
<td>Make it clear that the child is not to blame.</td>
<td>Act horrified at what the child tells you.</td>
</tr>
<tr>
<td>Allow the child to come up with his or her own answers to your questions.</td>
<td>Discourage questions.</td>
</tr>
</tbody>
</table>
When assessing victims of abuse or neglect, careful documentation is critical for future legal action.

All documentation should be:
- Precise
- Professional

In some cases, the medical record is the only evidence of abuse.
If possible, the following should be documented:

- What the victim says, including any taped interviews
- The appearance and behavior of the victim
- The name of the abuser and his or her relationship to the victim
- The date, time, location, and description of the abusive event(s)
- Any objects or weapons used during the abusive event(s)
- Names and descriptions of any witnesses to the abuse
- Detailed written description of injuries (see text image to the right)
- Results of key diagnostic procedures
Photographs do not replace a written description of injuries. However, they can provide valuable supporting evidence.

When taking photos of injuries:
- Photograph before medical treatment, if possible.
- Use color film and a color standard [glossary].
- Photograph bite marks in black-and-white, as well as color, if possible.
- Hold up a coin, ruler, or other object to show the size of the injury.
- Include the victim's face in at least one photo.
- Take at least two photos of every major injury.
- Carefully label all photos.
When abuse involves sexual assault, specific procedures must be followed.

Each state has legal procedures for collecting evidence to:
- Establish the time and place of the assault.
- Establish the identity of the rapist.

These procedures are organized into a protocol called a "rape kit."
Common elements of a rape kit protocol include:

- Ask the patient to disrobe on a clean cloth or paper sheet. A staff member should bag each item of clothing in a separate paper bag. Panties should be placed in the bag provided in the kit. The cloth or sheet should be placed in its own paper bag. Staff must wear gloves throughout this process.
- Give the patient a gown and ask the patient to lie on the exam table.
- Collect blood samples.
- Perform an oral examination for injuries. Collect saliva.
- Collect fingernail scrapings from under the patient’s nails.
- Prepare smears when indicated.
- Document all physical injuries.
- Use a Wood’s light to look for dried semen. Document the locations of semen.

Be certain to collect, store, and transfer evidence with strict adherence to chain-of-evidence protocols!
Rape Kit Protocol (2)

The last part of the rape kit protocol is the genital exam:
- Collect samples of pubic hair, head hair, and body hair.
- Collect pubic hair combings.
- Inspect external genitalia for injury and other evidence.
- Conduct an internal exam. Collect vaginal and/or anal swabbings.
- Ask the patient to give a urine specimen.

All evidence should be stored in the original container used to collect it. Each side of the container should be secured with an “evidence seal.”

Important: All elements of this protocol may not apply in your state. Check with your supervisor or experienced legal counsel. Follow your facility’s policies.
<table>
<thead>
<tr>
<th>Domestic Abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td>With domestic violence, it may be necessary to collect forensic evidence even if the abuse is non-sexual.</td>
</tr>
<tr>
<td>You may need to collect:</td>
</tr>
<tr>
<td>• Torn, stained, or bloody clothing</td>
</tr>
<tr>
<td>• Fingernail scrapings</td>
</tr>
<tr>
<td>• Hair</td>
</tr>
<tr>
<td>• Fibers</td>
</tr>
<tr>
<td>• Soil</td>
</tr>
<tr>
<td>• Debris</td>
</tr>
<tr>
<td>• Other foreign materials</td>
</tr>
<tr>
<td>• Blood</td>
</tr>
<tr>
<td>• Saliva</td>
</tr>
<tr>
<td>As with the rape kit, <strong>chain-of-evidence protocols</strong> must be followed when:</td>
</tr>
<tr>
<td>• Collecting evidence</td>
</tr>
<tr>
<td>• Storing evidence</td>
</tr>
<tr>
<td>• Transferring evidence</td>
</tr>
<tr>
<td>Review</td>
</tr>
<tr>
<td>--------</td>
</tr>
</tbody>
</table>
| You are documenting evidence of suspected abuse. An example of a best practice is:  
  a. Using color film for photographing injuries  
  b. Noting that a parent’s explanation for a child’s injury does not match the injury  
  c. Photographing injuries instead of providing a detailed written description in the medical record  
  d. Both A and B  
  e. All of the above |

<table>
<thead>
<tr>
<th>TRUE / FALSE INTERACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Correct answer: D</td>
</tr>
</tbody>
</table>
| A: Not quite. The best answer is D.  
B: Not quite. The best answer is D.  
C: Incorrect. The best answer is D.  
D: Correct.  
E: Incorrect. The best answer is D. |
### Summary

You have completed the lesson on assessing and referring victims of abuse and neglect.

Remember:

- The domestic abuse assessment has several parts. The goals are to give the victim a chance to talk, to collect key information, and to address the patient's immediate and long-term health and safety needs.
- Be prepared to refer victims of domestic abuse to other local resources.
- If an older patient discloses abuse or neglect, specific information should be collected. Specific items should be assessed.
- Be prepared to refer victims of elder abuse / neglect to local agencies and resources.
- Suspected victims of child abuse must be assessed.
- Suspected child victims should be interviewed if they are old enough to cooperate and understand. Their parents or guardians should be interviewed separately.
- Be prepared to refer families to local child abuse resources.
- Careful documentation of abuse / neglect assessment is critical for future legal actions.
- Forensic evidence of abuse / neglect must be gathered according to state and local laws and chain-of-evidence protocols.
Welcome to the lesson on reporting requirements for suspected abuse and neglect.

After completing this lesson, you should be able to:
- Recognize the significance of reporting laws.
- Identify the impact of reporting laws on the patient-provider relationship.
JCAHO Requirements

JCAHO requires immediate **internal** reporting of identified victims of abuse and neglect.

Consult your supervisor about facility protocols for reporting internally.

In addition, JCAHO requires that all identified cases must be reported to appropriate **outside** agencies, as required by:

- Hospital policy
- The law
5003

Reporting Requirements

The following screens give an overview of state laws for reporting:

- Domestic abuse
- Elder abuse/neglect
- Child abuse/neglect

**Note:** Consult your supervisor about facility-specific requirements for reporting to outside agencies. Facility policies may require other reporting, in addition to what the state requires.
Some states require healthcare providers to report certain cases of domestic abuse. Which cases must be reported depend on the types of injuries involved.

**Learn the reporting requirements in your state.**

Find out:
- What you are required to report
- How to report
If your state requires you to report domestic abuse:
- Inform patients of your duty to report **before** beginning an abuse screening or assessment.
- Bear in mind that reporting can compromise the safety of victims. The abuser may retaliate with further abuse. Help patients plan for safety.
Many states require healthcare providers to report known or suspected elder abuse and neglect.

Learn the reporting requirements in your state.

Find out:
- When you are required to report
- What you are required to report
- How to report
- Who is responsible for filing the report

For a chart of state-by-state mandatory reporting requirements, see: http://www.abanet.org/media/factbooks/eldt1.html.
<table>
<thead>
<tr>
<th>Reporting Requirements: Elder Abuse</th>
</tr>
</thead>
</table>

When intervening in a case of known or suspected elder abuse or neglect:
- Fulfill the requirements of state law.
- Choose interventions that least restrict the patient’s independence and decision-making.

FLASH ANIMATION: 5006.SWF/FLA
<table>
<thead>
<tr>
<th>Reporting Requirements: Child Abuse</th>
</tr>
</thead>
</table>

All states require healthcare providers to report *known or suspected* child abuse or neglect.

However, state laws vary on:
- Definitions of child abuse and neglect
- Reporting procedures

Learn the laws in your state, including:
- What you are required to report
- How to report
<table>
<thead>
<tr>
<th>Child Abuse: Immunity for Mandatory Reporters</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reporting laws grant immunity to mandatory reporters [glossary] who make reports in good faith.</td>
</tr>
<tr>
<td>For example, you suspect child abuse. You make a report. The matter is investigated. It turns out that there is not enough evidence to prove abuse.</td>
</tr>
<tr>
<td>Your immunity as a mandatory reporter means that you cannot be sued for making a “false accusation” of abuse.</td>
</tr>
</tbody>
</table>
Protecting patient confidentiality is **not** a legal reason for failing to report suspected child abuse.

Reporting suspected child abuse is **not** a violation of patient-provider privilege.
Most states have criminal penalties for healthcare providers who do not report suspected child abuse.

The crime is a misdemeanor in most states. Penalties may include:
- Fines
- Jail time

Providers who fail to report also risk civil liability. The patient or the patient's family might later sue the provider. The provider will be liable if the court finds that a reasonable clinician should have suspected abuse based on the patient's:
- Signs
- Symptoms
- Medical history
Your state requires you to report any injury resulting from domestic abuse. Your patient has injuries that cause you to suspect abuse.

True or False: To encourage your patient to talk about the abuse, you should not tell her that you must report abuse.

a. True
b. False

**TRUE / FALSE INTERACTION**

Correct answer: B

Feedback for A: Incorrect. This statement is false.

Feedback for B: Correct. This statement is false.
You have completed the lesson on reporting requirements.

Remember:
- Most states require healthcare providers to report certain cases of domestic abuse.
- Many states require healthcare providers to report known or suspected elder abuse and neglect.
- All states require healthcare providers to report suspected child abuse and neglect.
- Learn the reporting requirements in your state.
Lesson 6: Staff Education & Training

6001

Introduction & Objectives

Welcome to the lesson on educating healthcare staff.

After completing this lesson, you should be able to:

- List key topics of abuse / neglect training for healthcare staff.
- Identify the personnel that should receive abuse / neglect training.
- Recognize when training should be provided.
JCAHO requires that hospital staff must be educated about abuse and neglect. This education makes it possible for all staff members to screen for abuse and neglect.
What Training should address:

- How victims experience and view abuse
- Cultural competency (i.e., the ability to provide culturally competent care to victims of abuse)
- The dynamics of abuse
- The physical and mental health effects of various forms of abuse and neglect
- How to provide proper care to victims of abuse, including recognizing signs of abuse
- Abuse screening protocols
- How employees in abusive relationships can get help
Full abuse and neglect training should be mandatory for all front-line providers.

These are:
- Physicians
- Dental providers
- Nurse practitioners
- Physician assistants
- Nurses and nursing assistants
- Social workers
- Medical interpreters
- Medical assistants
- Emergency responders
- Public health professionals
- Midwives
- Substance abuse counselors
- Mental health professionals
- Rehabilitation therapists
- Same-day surgery providers
- Other allied health workers
Training should be provided to healthcare staff in all settings where abuse and neglect may be identified.

These are:
- Adult primary care
- Pediatric primary care
- Family practice
- Geriatrics
- Urgent and emergency care
- Obstetrics / gynecology and women’s health
- Family planning and prenatal care
- Public health
- Dental care
- Orthopedic surgery
- Inpatient care areas
- Behavioral and mental health settings
- Substance abuse treatment
- School health
- STD clinics
- Public [health] clinics
- Private [health] clinics
- Rehabilitation / occupational settings
When

<table>
<thead>
<tr>
<th>Training should be provided:</th>
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<tr>
<td>• As part of staff orientation</td>
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<tr>
<td>• On an ongoing basis</td>
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![Image: 6006.JPG](image:6006.jpg)
All frontline healthcare staff should be able to recognize signs and symptoms of abuse / neglect.

a. True
b. False

Correct answer: A
Feedback for A: Correct. This statement is true.
Feedback for B: Incorrect. This statement is true.
You have completed the lesson on staff education and training.

Remember:
- Key topics for staff training on abuse and neglect are cultural competency, dynamics of abuse, health effects of abuse / neglect, and how to provide care to victims.
- All front-line providers should be trained on abuse / neglect.
- Training should be provided to staff in all healthcare settings.
- Training should be provided as part of staff orientation.
- Training also should be ongoing.
## Course Glossary

<table>
<thead>
<tr>
<th>#</th>
<th>Term</th>
<th>Definition</th>
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<tbody>
<tr>
<td></td>
<td>abrasion</td>
<td>area where skin is torn or worn</td>
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<td></td>
<td>anorectal tone</td>
<td>elastic tension of the muscles of the anus and rectum</td>
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<td></td>
<td>cerebral edema</td>
<td>brain swelling</td>
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<tr>
<td></td>
<td>cerebral infarction</td>
<td>death / damage of part of the brain caused by a sudden insufficiency of blood supply</td>
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<td></td>
<td>chain of evidence protocols</td>
<td>procedures (including documentation and testimony) that ensure that evidence is not altered or tampered with in any way after being obtained; also referred to as chain of custody protocols</td>
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<tr>
<td></td>
<td>color standard</td>
<td>a basis for comparison of colors in a photo</td>
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<td></td>
<td>JCAHO</td>
<td>Joint Commission for the Accreditation of Healthcare Organizations</td>
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<td></td>
<td>mandatory reporter</td>
<td>a person required by law to report suspected abuse or neglect</td>
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<td></td>
<td>metaphyseal plate</td>
<td>growing part of a long bone</td>
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<td></td>
<td>nonconsensual</td>
<td>without understood approval of involved parties</td>
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<td></td>
<td>perforation</td>
<td>hole in the wall of an organ</td>
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<tr>
<td></td>
<td>perinatal</td>
<td>referring to the time just before, during, and immediately after birth</td>
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<td></td>
<td>posttraumatic stress disorder</td>
<td>psychiatric illness that can occur following a traumatic event in which there was threat of injury or death</td>
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<td></td>
<td>precocious</td>
<td>exceptionally early development or maturity</td>
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<td></td>
<td>pre-pubertal</td>
<td>at the age immediately before puberty</td>
</tr>
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<td></td>
<td>pseudomature</td>
<td>falsely mature</td>
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<td></td>
<td>retinal hemorrhage</td>
<td>extensive bleeding in the retina (light-sensitive layer of tissue that lines the back of the eyeball)</td>
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<tr>
<td></td>
<td>subarachnoid hemorrhage</td>
<td>bleeding on the surface of the brain</td>
</tr>
<tr>
<td></td>
<td>subdural hematoma</td>
<td>a massive blood clot beneath the dura mater (the outer membrane of the brain and spinal cord) causing neurologic symptoms resulting from pressure on the brain</td>
</tr>
<tr>
<td></td>
<td>trigger</td>
<td>an act that sets in motion some course of events</td>
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</tbody>
</table>
Final Exam

Question Title: Question 1
Question: In domestic abuse, the abuser is:

Answer 1: A child
Answer 2: A parent
Answer 3: A caretaker
Answer 4: An intimate partner
Answer 5: None of the above

Correct Answer: An intimate partner
Answer Rationale: Domestic abuse is abuse by an intimate partner.

Question Title: Question 2
Question: ________ may be part of domestic abuse.

Answer 1: Rape
Answer 2: Physical assault
Answer 3: Isolating the victim from support
Answer 4: All of the above
Answer 5: None of the above

Correct Answer: All of the above
Answer Rationale: Domestic violence may be physical, sexual, emotional, or psychological.
Question Title: Question 3
Question: Physical injury is seen in all cases of child abuse.

Answer 1: True
Answer 2: False

Correct Answer: False
Answer Rationale: Emotional and sexual abuse do not always cause physical injury.

Question Title: Question 4
Question: JCAHO requires all accredited hospitals to have the ability to assess victims of abuse or neglect.

Answer 1: True
Answer 2: False

Correct Answer: False
Answer Rationale: JCAHO requires all accredited hospitals to IDENTIFY victims of abuse or neglect. Hospitals also must assess identified victims OR refer victims to outside agencies for assessment.

Question Title: Question 5
Question: When screening for domestic abuse, it would be appropriate to ask:

Answer 1: (a) Did your boyfriend cause these injuries?
Answer 2: (b) Does your husband ever hurt or threaten you?
Answer 3: (c) What did you do that caused your husband to assault you?
Answer 4: Both A and B
Answer 5: All of the above

Correct Answer: Both A and B
Answer Rationale: When screening for domestic abuse, it is important to make it clear that the victim is not at fault. Asking a patient what she did to "cause" an assault implies that she is to blame.

Question Title: Question 6
Question: A possible sign of domestic violence is an unusually high number of:

Answer 1: Abortions
Answer 2: Pregnancies
Answer 3: Miscarriages
Answer 4: All of the above
Answer 5: None of the above
Correct Answer: All of the above
Answer Rationale: Signs of domestic abuse can include an unusually high number of pregnancies, miscarriages, and/or abortions.

Question Title: Question 7
Question: You are performing a physical exam on a 28-year-old female. You note that she has bilateral bruises on the breasts and abdomen. The bruises are in different stages of healing. You ask the patient whether her intimate partner caused the bruises. The patient denies any possibility of domestic violence. The best practice is to:

Answer 1: Press the patient to talk about the abuse.
Answer 2: Offer the patient information on domestic violence resources in the community.
Answer 3: Inform the patient that you will no longer be able to treat her if she is not honest with you.
Answer 4: Make a note in the patient’s chart that she is unwilling to talk about abuse. This will help you remember to avoid the subject at future checkups.

Correct Answer: Offer the patient information on domestic violence resources in the community.
Answer Rationale: If a patient with signs and symptoms of abuse denies abuse, respect his or her right to do so. Inform the patient of your ongoing support and availability. Offer information on additional domestic violence resources. Reassess the patient at appropriate intervals (e.g., at future checkups).

Question Title: Question 8
Question: Choose the child at increased risk for abuse:

Answer 1: A child with Down syndrome
Answer 2: A child whose family is stable financially
Answer 3: A healthy baby born at 38 weeks gestation
Answer 4: A child whose parents have a strong social support system

Correct Answer: A child with Down syndrome
Answer Rationale: Disabilities and problems such as chronic medical conditions are child-related risk factors for abuse.

Question Title: Question 9
Question: Burns that may be signs of child abuse are:

Answer 1: Patterned burns
Answer 2: Immersion burns
Question Title: Question 10
Question: A pre-pubertal patient has two STDs. These STDs were not acquired from the mother during pregnancy or childbirth. The patient is a certain victim of sexual abuse if the STDs are:

Answer 1: HIV and genital warts
Answer 2: Gonorrhea and syphilis
Answer 3: Genital herpes and Chlamydia
Answer 4: Candida albicans and Trichomonas

Correct Answer: Gonorrhea and syphilis
Answer Rationale: These two STDs are certain signs of child sexual abuse (if not acquired perinatally).

Question Title: Question 11
Question: All new patients should be screened for abuse and neglect. However, screening is not necessary for established patients.

Answer 1: True
Answer 2: False

Correct Answer: False
Answer Rationale: Screening for abuse and neglect should be ongoing for established patients.

Question Title: Question 12
Question: All frontline healthcare staff should understand the dynamics of abusive relationships.

Answer 1: True
Answer 2: False

Correct Answer: True
Answer Rationale: Abuse / neglect training for healthcare staff should include the dynamics of abuse.

Question Title: Question 13

Question: You are working with a victim of domestic abuse. You conclude that the patient’s immediate safety is threatened. It would be appropriate to refer this patient to all of the following EXCEPT:

Answer 1: The local police, to file a report
Answer 2: The legal system, to get a restraining order
Answer 3: Emergency shelter / housing, to give the patient a safe place to go until she can make more long-term arrangements
Answer 4: Couples counseling, to give the patient and her partner a neutral setting where they can learn more healthy ways of relating

Correct Answer: Couples counseling, to give the patient and her partner a neutral setting where they can learn more healthy ways of relating

Answer Rationale: Victims of domestic violence should NOT be referred to couples counseling. This can increase the risk of serious abuse.

Question Title: Question 14

Question: You should NOT assess a suspected victim of child sexual abuse if:

Answer 1: You are ready to receive all information sensitively.
Answer 2: You are ready to take all of the child’s statements seriously.
Answer 3: You do not know how to collect all necessary forensic evidence.
Answer 4: You feel emotionally prepared to accept that child sexual abuse does occur.

Correct Answer: You do not know how to collect all necessary forensic evidence.

Answer Rationale: Do not start a child sexual abuse assessment if you are not prepared to collect forensic evidence.

Question Title: Question 15

Question: You are interviewing a suspected victim of child abuse. It would be appropriate to say:

Answer 1: What your parents did to you was horrible! I can’t imagine anything more awful!
Answer 2: Do you have any questions about what we’ve talked about so far? I will do my best to answer any questions.
Answer 3: Are you sure you don’t remember how this happened? Is it possible that your mother burned you with a cigarette?
Answer 4: All of the above
Answer 5: None of the above

Correct Answer: Do you have any questions about what we’ve talked about so far? I will do my best to answer any questions.
When interviewing a suspected victim of child abuse, encourage questions. Answer questions completely and honestly, within the limits of the patient’s age and understanding. Do **not** press the child for answers, suggest answers, or express shock or horror.

Question Title: Question 16
Question: You are interviewing the parents of a suspected victim of child abuse. It would be appropriate to say:

Answer 1: (a) I am interviewing you today because I think your child may be a victim of abuse.
Answer 2: (b) We are not here today to prove that your child has been abused, or to place blame.
Answer 3: (c) As a licensed healthcare provider, I have a legal duty to report suspected cases of child abuse.
Answer 4: Both A and C
Answer 5: All of the above

Correct Answer: All of the above
Answer Rationale: These are all appropriate statements.

Question Title: Question 17
Question: You photograph injuries as evidence of suspected abuse. True or False: A written description of the same injuries does not need to be included in the medical record.

Answer 1: True
Answer 2: False

Correct Answer: False
Answer Rationale: Photographs can provide valuable supporting evidence of abuse. However, they do not replace a detailed written description of injuries.

Question Title: Question 18
Question: Choose the true statement(s):

Answer 1: Rape kits are the same in every state.
Answer 2: A rape kit is a set of protocols for collecting evidence from a victim of sexual assault.
Answer 3: Rape kits can confirm that sexual assault has occurred, but cannot establish the identity of the rapist.
Answer 4: All of the above
Answer 5: None of the above

Correct Answer: A rape kit is a set of protocols for collecting evidence from a victim of sexual assault.
A rape kit is a set of legal protocols for collecting evidence from a victim of sexual assault. This evidence can establish the time and place of the assault, and the identity of the rapist. Rape kits differ from state to state.

**Question Title: Question 19**
**Question:** All states require healthcare providers to report suspected:

- Answer 1: Child abuse
- Answer 2: Elder abuse
- Answer 3: Domestic abuse
- Answer 4: All of the above
- Answer 5: None of the above

**Correct Answer:** Child abuse

**Answer Rationale:** Many states have reporting requirements for domestic and elder abuse. However, not all do. **ALL** states require healthcare providers to report suspected child abuse.

**Question Title: Question 20**
**Question:** For mandatory reporters of suspected child abuse:

- Answer 1: Failure to report is a crime.
- Answer 2: Reports of suspected child abuse made in good faith are immune from legal liability.
- Answer 3: Sharing confidential information related to the suspected abuse is not a violation of patient-provider privilege.
- Answer 4: All of the above
- Answer 5: None of the above

**Correct Answer:** All of the above

**Answer Rationale:** All of these statements are true.