HealthStream Regulatory Script

Identifying and Assessing Victims of Abuse and Neglect

Release Date: June 2009
Current HLC Version: 603

Lesson 1: Introduction
Lesson 2: The Joint Commission Standard PC.01.02.09
Lesson 3: Identifying Victims of Abuse
Lesson 4: Staff Education and Training
Lesson 5: Assessment and Referral
Lesson 6: Reporting Requirements
Welcome to the introductory lesson on identifying and assessing victims of abuse and neglect. This lesson provides the course rationale, goals, and outline.

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 The Joint Commission.
Course Rationale

Physical, emotional, and sexual abuse can leave lasting scars. Victims of abuse can become abusers. Identifying abuse can break the cycle of violence.

This course will provide you with the information needed to identify victims of abuse and neglect.

This will allow you to:
- Improve public health
- Improve patient care

"Abuse can leave lasting physical and emotional scars. This contributes to the cycle of violence."
### Course Goals

After completing this course, you should be able to:

- Recall the elements of The Joint Commission Standard PC.01.02.09
- Describe abuse/neglect-screening procedures
- List topics that should be included in healthcare staff training
- Recall the key elements of an abuse assessment
- Identify when reporting abuse/neglect is legally mandated
Course Outline

This introductory lesson provided you with the course rationale and goals.

Lesson 2 will present the elements of performance in The Joint Commission Standard PC.01.02.09.

Lesson 3 will provide information on how to identify victims of abuse and neglect.

Lesson 4 describes staff education and training recommendations.

Lesson 5 presents information on assessment and referral.

Lesson 6 will detail reporting requirements.
Introduction & Objectives

Welcome to the lesson on The Joint Commission Standard PC.01.02.09.

After completing this lesson, you should be able to:
- Discuss the elements of Standard PC.01.02.09
- Define key terms related to abuse
Abuse and neglect are a public health concern.

For example, each year:

- 4.8 million women are physically assaulted or raped by intimate partners. 2.9 million men experience physical assault.
- Two million adults may be victims of elder abuse.
- One million children are abused or neglected. At least 1,500 of these children will die.
- Shaken-baby syndrome affects over 1,000 children.
The Joint Commission has a standard for victims of abuse. Standard PC.01.02.09 states:

“The hospital assesses the patient who may be a victim of possible abuse and neglect.”

In the rationale for this standard, the Joint Commission discusses the important role providers play in protecting victims of abuse.

*By assessing patients who may be possible victims of abuse or neglect, healthcare organizations fulfill an important role in helping to protect patients.*

- Rationale for Standard PC.01.02.09
Element 1

The Joint Commission Standard PC.01.02.09 has seven elements of performance.

Element 1: Each hospital must have written criteria for identifying victims of:
- Physical assault
- Sexual assault
- Sexual molestation
- Domestic abuse
- Elder neglect or abuse
- Child neglect or abuse

Let’s begin by defining the terms in Element 1.
Physical assault is the threat or use of force upon a victim.

Sexual assault is any nonconsensual genital, anal, or oral penetration of a victim.

Sexual molestation includes:
- Any nonconsensual sexual contact, short of rape, between adults
- Any sexual act with a child:
  - Anal or genital touching
  - Exposure of genitalia
  - Taking pornographic pictures
  - Rape
  - Persuading a child to perform sexual acts

Each of these forms of physical and sexual violence may be seen with domestic abuse, elder abuse, or child abuse.
Terms of Element 1: Domestic Abuse

In domestic abuse:
- The victim is an adult or adolescent.
- The abuser is a person who is, was, or wishes to be in an intimate or dating relationship with the victim.

The abuser tries to control the victim with threats and/or violence.

Domestic abuse may include:
- Inflicting physical injury
- Psychological abuse
- Sexual assault, including rape
- Social isolation
- Depriving the victim of clothing, food, medication, or other needed items
- Intimidating or threatening the victim

Domestic abuse also may be referred to as:
- Domestic violence
- Intimate partner violence
- Partner abuse
Elder abuse/neglect is any form of mistreatment that results in harm to an older person.

This includes:
- Physical abuse
- Physical neglect
- Sexual abuse
- Psychological abuse
- Psychological neglect
- Financial abuse
- Financial neglect

Click on each form of abuse or neglect to learn more.

**Physical abuse**
Acts of violence that may result in pain, injury, impairment, or disease. For example:
- Pushing, striking, slapping, or pinching
- Force-feeding
- Incorrect positioning
- Inappropriate use of physical restraints
- Inappropriate use of medications

**Physical neglect**
Failure to provide items or services needed for optimal health and functioning. For example:
- Withholding meals, fluids, physical therapy, or hygiene
- Failure to provide physical aids such as eyeglasses or hearing aids

**Sexual abuse**
Nonconsensual sexual contact of any kind

**Psychological abuse**
Conduct that causes mental or emotional distress. For example:
- Verbally berating, harassing, or intimidating
- Threatening with punishment or deprivation
- Humiliating
- Social isolation

**Psychological neglect**
Failure to provide adequate social stimulation

**Financial abuse**
Misuse of income or resources. For example:
- Stealing money or possessions
- Forcing an older person to sign contracts, assign durable power of attorney, purchase goods, or make changes to a will

**Financial neglect**
Failure to use available funds or resources to maintain the health and wellbeing of an older person
Terms of Element 1: Child Neglect

Child neglect occurs when a child’s needs are not met by a:
- Parent
- Guardian
- Caretaker

These needs may be:
- **Physical**
- **Developmental**
- **Psychological**

Click on each category for examples.

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

**Developmental needs**
Examples of developmental needs include:
- Love and nurturing
- Education

**Psychological needs**
Examples of psychological needs include:
- Emotional support
- Emotional safety
Child abuse may be:

- **Physical**
- **Emotional**
- **Sexual**

Click on each form of abuse for more information.

**Physical**

Injuries associated with child abuse can range from minor bruises to death.

**Emotional**

Emotional abuse occurs when a child is repeatedly shamed, humiliated, terrorized, or rejected.

**Sexual**

Sexual abuse is the involvement of a child in any sexual activity.
### Flash Interaction: 2010.SWF/FLA

**Match the categories of elder abuse with the appropriate example of abusive behavior**

<table>
<thead>
<tr>
<th>Category</th>
<th>Example</th>
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</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>
Standard PC.01.02.09 also includes elements:

2. Each hospital must maintain a current list of service agencies and organizations.
3. Hospital staff must be educated about abuse and neglect. All staff should be able to recognize abuse and neglect. They must know their roles in follow-up.
4. Criteria must be used to identify possible victims of abuse and neglect upon entry into the hospital. They also must be used on an ongoing basis.
5. Suspected victims of abuse or neglect must be assessed or referred to another agency for assessment.
6. All cases of abuse or neglect must be reported within the hospital.
7. All cases of possible abuse and neglect must be reported to outside agencies as mandated by hospital policy and applicable law.
Complying with PC.01.02.09 Elements of Performance

The following lessons will provide you with the information you need to comply with Standard PC.01.02.09 elements.

<table>
<thead>
<tr>
<th>Point</th>
<th>Description</th>
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<tbody>
<tr>
<td>1</td>
<td>Written criteria for identifying victims</td>
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<tr>
<td>2</td>
<td>List of agencies for referral</td>
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<td>3</td>
<td>Staff education</td>
</tr>
<tr>
<td>4</td>
<td>Identification of victims</td>
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<tr>
<td>5</td>
<td>Assessment and/or referral of identified victims</td>
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<td>6</td>
<td>Internal reporting</td>
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<td>7</td>
<td>Reporting to outside agencies</td>
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</table>
You have completed the lesson on elements of performance of The Joint Commission Standard PC.01.02.09.

Remember:
- Standard PC.01.02.09 has seven elements of performance, related to:
  - Identifying victims of abuse or neglect
  - Educating healthcare staff
  - Assessing and referring victims to available resources
  - Reporting abuse and neglect
  - Physical assault is the threat or use of force.
  - Sexual assault refers to penetration without the victim’s consent.
  - Sexual molestation includes nonconsensual sexual contact between adults (short of rape) and any sexual act with a child.
  - Domestic abuse occurs between intimate partners.
  - Elder abuse or neglect is any form of mistreatment that results in harm to an older person.
  - Child neglect occurs when a child’s basic needs are not met.
  - Child abuse may be physical, emotional, or sexual.
### Introduction & Objectives

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

After completing this lesson, you should be able to:

- Describe screening procedures for each type of abuse and neglect
- List signs of domestic abuse, elder abuse/neglect, and child abuse/neglect
- List risk factors for child abuse

<table>
<thead>
<tr>
<th>Lesson Map</th>
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<tbody>
<tr>
<td>Identifying Victims of Abuse</td>
</tr>
<tr>
<td>- Domestic abuse</td>
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<tr>
<td>- Elder abuse and neglect</td>
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<td>- Child abuse and neglect</td>
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</table>
Element 1 of PC.01.02.09 states:

Hospitals must have written criteria for identifying victims of:
- Physical assault
- Rape
- Sexual molestation
- Domestic abuse
- Elder neglect or abuse
- Child neglect or abuse
<table>
<thead>
<tr>
<th>3003</th>
<th>Identifying Victims</th>
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This lesson focuses on identifying victims of:
- Domestic abuse
- Elder neglect and abuse
- Child neglect and abuse
Domestic Abuse

To identify victims of domestic abuse, your facility should routinely ask patients about abuse. This should be part of a standard health history.

Patients should be asked direct questions about abuse by past or current intimate partners. This should be done even if there are no obvious signs of abuse.

Routine inquiry may include:
- All adolescent and adult patients
- Female adolescents and adults only

Consult your supervisor or facility guidelines for facility-specific policies on screening.
Begin your abuse inquiry with a statement like:

_Because domestic violence is so common today, I have started to ask all patients about it._

Then, ask direct questions:
- _Does your intimate partner ever hurt or threaten you?_
- _Does your intimate partner ever force you to perform sexual acts against your will?_
- _Did someone cause these injuries? Was it your partner?_
Domestic Abuse: Disclosure

Routine inquiry about domestic abuse helps to:
- Support victims
- Validate domestic abuse as a healthcare issue
- Promote patient trust
- Keep the patient’s chart updated

This increases the likelihood that victims will disclose abuse.

Many victims will not disclose, as a result of:
- Embarrassment or shame
- Fear of the abuser

All healthcare staff must be alert for signs and symptoms of domestic abuse.
Domestic Abuse: Indicators (1)

Signs of domestic abuse can include:
- Missed medical appointments
- Not following medical advice
- Discomfort when questioned
- Presence of a partner who:
  - Controls the interview
  - Appears overly anxious or concerned
  - Will not leave the patient alone with you
- Unusually high number of healthcare visits
- Repeated visits with vague complaints
- Health problems often related to abuse
- Repeat vaginal or urinary tract infections

Look for patterns related to:
- Health problems
- When, how, and why patients access healthcare services
### Additional signs of domestic abuse include:
- Unexplained injuries
- Inconsistent or unlikely explanations for injuries
- Delaying medical treatment for an injury
- Injuries to the head, neck, chest, breasts, abdomen, or genitals
- Bilateral or multiple injuries
- Multiple injuries in different stages of healing
- Injury to the breasts or abdomen during pregnancy
If the patient discloses abuse, follow-up as described in lesson 5.

If the patient denies abuse:
- **Respect** his or her right not to disclose
- **Inform** the patient of your support and availability
- **Offer** the patient information on domestic violence resources if you believe the patient may be at high risk for serious injury
- **Reassess** the patient at appropriate intervals (as described later in the lesson)
<table>
<thead>
<tr>
<th>Inquiry for domestic abuse should be part of a standard health history for:</th>
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<tbody>
<tr>
<td>a. All adolescent and adult patients</td>
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<tr>
<td>b. Female adolescents and adults only</td>
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<tr>
<td>c. Either A or B, depending on facility policy</td>
</tr>
<tr>
<td>d. None of these answers</td>
</tr>
</tbody>
</table>

**MULTIPLE CHOICE INTERACTION**

Correct answer: C

Feedback for A: Incorrect. The best answer is C. Inquiry for domestic abuse should be part of routine clinical practice. Follow facility policy.

Feedback for B: Incorrect. The best answer is C. Inquiry for domestic abuse should be part of routine clinical practice. Follow facility policy.

Feedback for C: Correct. Inquiry for domestic abuse should be part of routine clinical practice. Follow facility policy.

Feedback for D: Incorrect. The best answer is C. Inquiry for domestic abuse should be part of routine clinical practice. Follow facility policy.
Routine screening for elder abuse and neglect should be standard clinical practice.

All hospital staff who have contact with older patients should be familiar with the screening protocol. The protocol should include:

- Basic demographic questions to determine the older patient's family composition and socioeconomic status
- General questions to determine the patient's overall wellbeing
- Direct questions regarding abuse and neglect. For example:
  - Has anyone at home ever hurt you?
  - Has anyone ever asked you to sign documents you did not understand?
  - Have you ever had difficulty obtaining your medications?
## Elder Abuse and Neglect: Indicators

Elders may not disclose abuse or neglect. They may be afraid or ashamed. Other elders may have cognitive impairments that keep them from disclosing.

The screening protocol for abuse and neglect should include an assessment for clinical indicators.

Click on each of the following to reveal common signs and symptoms of:

- **Physical abuse**
- **Physical neglect**
- **Sexual abuse**
- **Psychological abuse or neglect**
- **Financial abuse or neglect**

### CLICK TO REVEAL

**Physical abuse**
Signs and symptoms may include:
- Physical injuries (e.g., bruises, cuts, fractures, rope marks)
- Unexplained injuries
- Inconsistent or unlikely explanations of injuries
- Contradictory explanations of injuries given by the patient and the caregiver
- Medication overdose or under-medication

**Physical neglect**
Signs and symptoms may include:
- Dehydration
- Malnutrition
- Pressure sores
- Poor personal hygiene
- Not following medical advice

**Sexual abuse**
Signs and symptoms may include:
- Injury to the genital area
- Unexplained genital infections

**Psychological abuse and neglect**
Signs and symptoms may include:
- Extreme withdrawal
- Depression or agitation
- Childish behavior
- Mixed feelings toward caregivers or family members

**Financial abuse and neglect**
Signs and symptoms may include:
- Substandard care despite adequate resources
- Confusion or lack of awareness about finances
- Sudden transfer of assets to a family member or other caregiver
### Review

You see several elderly patients. Each has multiple injuries. You would be likely to suspect abuse in the patient with:

a. Bruises and fractures fully explained by the history provided
b. Unilateral bruises and abrasions, all in the same stage of healing
c. Bruises explained in a consistent way by both the patient and his or her caregiver
d. None of the above is suspicious

#### MULTIPLE CHOICE INTERACTION

Correct answer: D

Feedback for A: Incorrect. The correct answer is D. Any injury could be an indicator of abuse. Suspicious injuries are not explained, bilateral, or in different stages of healing.

Feedback for B: Incorrect. The correct answer is D. Any injury could be an indicator of abuse. Suspicious injuries are not explained, bilateral, or in different stages of healing.

Feedback for C: Incorrect. The correct answer is D. Any injury could be an indicator of abuse. Suspicious injuries are not explained, bilateral, or in different stages of healing.

Feedback for D: Correct. Any injury could be an indicator of abuse. Suspicious injuries are not explained, bilateral, or in different stages of healing.
Children most often do not disclose abuse or neglect.

Therefore, healthcare staff must remain alert to the possibility of abuse. You must look for:

- Risk factors
- Indicators

Let’s take a closer look at each of these.
Certain types of children are at increased risk for abuse.

Children in certain types of family situations also are at increased risk.

Click on each of the bulleted items below to learn more about:

- Child-related risk factors for abuse
- Family-related risk factors for abuse

**Child-related risk factors for abuse**

- Premature birth
- Disabilities or abnormalities
- Certain immature behaviors, such as crying

**Family-related risk factors for child abuse**

- Other violence in the home, such as domestic abuse or violence between siblings
- Substance abuse by parents or guardians
- Parents or guardians who lack the maturity to care for a child
- Parents or caretakers who lack 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. For example: financial burdens, serious illness or death in the family, separation or divorce
Child Abuse and Neglect: Indicators of Physical Abuse

Physical findings most commonly associated with child abuse include:
- Injuries on multiple body sites
- Injuries in different stages of healing
- Injuries inadequately explained by the history provided

Click on each of the injuries below to learn more
- **Bruises and welts**
- **Burns**
- **Cuts or abrasions**
- **Fractures**
- **Abdominal injuries**
- **Central nervous system injuries**

**CLICK TO REVEAL**

**Bruises and welts**
Bruises and welts may be a sign of abuse if they form irregular patterns, often resembling the shape of the article used to inflict the injury:
- Hand
- Teeth
- Belt buckle
- Electrical cord

**Burns**
Burns that may indicate abuse include:
- Cigar or cigarette burns, especially on the soles of the feet, palms of the hands, back, or buttocks
- Immersion burns, which appear stocking-like on the feet/legs, glove-like on the hands/arms, and donut-shaped on the buttocks or genitals
- Patterned burns resembling an electrical appliance, such as an iron, burner, or grill

**Cuts and abrasions**
Cuts and abrasions often indicative of abuse include:
- Rope burns, especially on the wrists, ankles, neck, or torso
- Cuts/abrasions on the palate, mouth, gum, lips, eyes, or ears
- Cuts/abrasions on the external genitalia

**Fractures**
Abuse can result in fractures to the:
- Skull
- Ribs
- Long bones
- Metaphyseal plates

**Abdominal injuries**
Abdominal injuries that may indicate abuse include:
- Bruising of the abdominal wall
- Bruising of the small intestine
- Intestinal perforation
- Liver or spleen rupture
- Blood vessel rupture
- Injury to the kidneys or bladder
- Injury to the pancreas

**Central nervous system (CNS) injuries**
CNS injuries that may indicate abuse include:
- Subdural hematoma (often due to violent shaking or blunt trauma)
- Retinal hemorrhage
- Subarachnoid hemorrhage (often due to violent shaking)
- Cerebral infarction (due to cerebral edema)
Sexually abused children may have:
- Abrasions or bruises of the external genitalia and/or inner thighs
- Rectal or genital pain or bleeding
- Distortion or significant reduction of the hymen
- Alterations in anorectal tone [glossary]
- STD's, especially in prepubertal [glossary] children (if not perinatally [glossary] acquired)
- Pregnancy

**Important note:** Physical signs are often not seen in sexually abused children. Absence of physical signs does not exclude a diagnosis of sexual abuse.
Persistent, sexually precocious behavior can indicate sexual abuse.

Other potential behavioral findings tend to be nonspecific, and may be indicative of stressors other than abuse. Other behaviors that suggest sexual abuse may be due to stress and not abuse.
Historical findings that may indicate neglect include:
- Lack of well-child care (e.g., immunizations)
- Lack of medical care for chronic illnesses
- Lack of necessary health aids (e.g., eyeglasses, hearing aids)

Physical findings include:
- Under-nutrition
- Poor hygiene
- Developmental delays
- Untreated medical conditions
- Dental cavities

A child may be a victim of neglect if findings indicate that his or her physical needs are not being met.
Neglected children may have:
- 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

They may also:
- Assume the role of the parent/caretaker
- Have excessive responsibilities at home
<table>
<thead>
<tr>
<th>Review</th>
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</thead>
<tbody>
<tr>
<td>Which of the following behavioral findings is NOT a certain indicator of sexual abuse?</td>
</tr>
<tr>
<td>a. Pregnancy</td>
</tr>
<tr>
<td>b. Sexual promiscuity</td>
</tr>
<tr>
<td>c. Excessive masturbation</td>
</tr>
<tr>
<td>d. A, B, and C</td>
</tr>
<tr>
<td>e. None of these answers</td>
</tr>
</tbody>
</table>

**MULTIPLE CHOICE INTERACTION**

Correct answer: D

Feedback for A: Incorrect. The correct answer is D. Any one of these indicators *may* be a sign of sexual abuse. However, none is specific for abuse.

Feedback for B: Incorrect. The correct answer is D. Any one of these indicators *may* be a sign of sexual abuse. However, none is specific for abuse.

Feedback for C: Incorrect. The correct answer is D. Any one of these indicators *may* be a sign of sexual abuse. However, none is specific for abuse.

Feedback for D: Correct. Any one of these indicators *may* be a sign of sexual abuse. However, none is specific for abuse.

Feedback for E: Incorrect. The correct answer is D. Any one of these indicators *may* be a sign of sexual abuse. However, none is specific for abuse.
When to Screen for Abuse and Neglect

According to Element 4 of PC.01.02.09, victims of abuse and neglect must be identified. This should be done “at entry into the hospital system and on an ongoing basis.”

“Ongoing” screening may be done:
- As part of each routine health history
- As part of each standard health assessment
- At every encounter in emergency care
- At every new patient encounter
- At periodic checkups
- At every visit for a new primary complaint
- With every report of a new intimate relationship
- Whenever signs or symptoms are noted
### Summary

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

**Remember:**
- Inquiry for domestic abuse should be part of routine clinical practice. Check with your supervisor or consult facility guidelines about who to screen.
- Domestic abuse inquiry should include direct questions to the patient about abuse by past or current intimate partners.
- Routine inquiry for elder abuse and neglect should be standard clinical practice. Direct questions about abuse and neglect should be asked.
- Older patients may not disclose victimization. Know the signs of elder abuse/neglect.
- Children most often do not disclose abuse or neglect. Know the risk factors for child abuse. Be alert for signs of child abuse and neglect.
- Assess for abuse and neglect at appropriate intervals.
- Not all victims will disclose abuse. Healthcare staff must be alert for signs and symptoms of domestic abuse.
- Respect the patient’s right not to disclose.
- Communicate your support and availability.
Welcome to the lesson on educating and training healthcare staff.

After completing this lesson, you should be able to:

- List key topics to be covered in abuse/neglect training
- Identify the personnel that should receive training
- Recall when training should be provided
Element 3 specifies that hospital staff providing direct care to patients must be educated on abuse and neglect. These staff members must be capable of screening for abuse and neglect.
What training should include:
- How victims experience and view abuse
- How to provide culturally competent care
- The dynamics of abusive relationships
- The physical and mental health consequences of abuse and neglect
- How to provide appropriate care to victims of abuse
- How employees in abusive relationships can access assistance

When teaching screening and response techniques, consider involving staff in interactive role-playing and modeling to help develop skills.
Who

Comprehensive education and training should be mandatory for all front-line providers.

These include:
- 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

Healthcare staff that does not provide direct patient care (receptionists, security guards) can play an essential role in identifying victims of abuse, and should receive general awareness training.
Training should be provided to healthcare staff in all settings where abuse and neglect may be identified or assessed. This includes:

- 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
- Substance abuse treatment
- School health
- STD clinics
- Rehabilitation/occupational settings

Victims of abuse or neglect may come to the hospital in a variety of ways.
<table>
<thead>
<tr>
<th>4006</th>
<th>When</th>
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<tbody>
<tr>
<td>Training should be provided:</td>
<td>![IMAGE: 4006.JPG]</td>
</tr>
<tr>
<td>• As part of staff orientation</td>
<td><strong>To ensure staff competence, training should be ongoing.</strong></td>
</tr>
<tr>
<td>• On an ongoing basis</td>
<td>![IMAGE: 4006.JPG]</td>
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</table>
All frontline healthcare staff should be able to recognize signs and symptoms of abuse/neglect.

a. True  
b. False

MULTIPLE CHOICE INTERACTION

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 include cultural competency, abusive relationships, health consequences, and how to provide appropriate care to victims.
- Comprehensive education and training should be mandatory for all front-line providers.
- Training should be provided to healthcare staff in all settings where abuse/neglect may be identified or assessed.
- Training should be provided as part of staff orientation, as well as on an ongoing basis.
Welcome to the lesson on assessment and referral for victims of abuse or neglect.

After completing this lesson, you should be able to:

- Identify the components of an appropriate abuse/neglect assessment
- Recall when victims should be referred to alternate providers or services
- Describe appropriate procedures for collecting and documenting evidence of abuse/neglect
Elements 2 and 5 of Standard PC.01.02.09

Element 5 specifies that victims of abuse or neglect must be assessed.

Each hospital should assign qualified staff to conduct assessments. Victims may also be referred to outside agencies for assessment and/or other services.

Element 2 of Standard PC.01.02.09 requires that hospitals maintain a current list of local resources, to facilitate such referrals.

<table>
<thead>
<tr>
<th>Standard PC.01.02.09 Elements of Performance</th>
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<tbody>
<tr>
<td>1</td>
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Assessing and Referring Victims

Let’s take a closer look at assessment and referral for victims of:

- Domestic abuse
- Elder abuse or neglect
- Child abuse or neglect
Only trained healthcare staff should assess identified victims of abuse.

The goals of the assessment are to:
- Create a supportive environment
- Enable personnel to collect information about health problems
- Assess the patient’s health and safety needs
- Develop and implement a safety plan
Domestic Abuse Assessment: Components

The domestic abuse assessment should include:
- **Validation of the patient’s experience**
- **Assessment of the patient’s immediate safety**
- **Assessment of health issues related to the abuse**

Click on each item in the list to learn more.

<table>
<thead>
<tr>
<th>CLICK TO REVEAL</th>
</tr>
</thead>
</table>

**Validation of the patient’s experience**
Provide validation by:
- Listening non-judgmentally
- Expressing concern for the patient's safety
- Emphasizing that the patient is not to blame for the abuse

**Assessment of the patient's immediate safety**
Ask questions to determine if:
- Patient is in immediate danger
- Patient has somewhere safe to go
- Patient's children may be in danger
- Violence has escalated recently
- Abuser has used weapons
- Abuser has held the patient against his or her will
- Abuser has stalked the patient

Help the patient plan for safety. Refer the patient to local resources for safety.

**Assessment of health issues related to the abuse**
Related health issues may include:
- Injuries
- Stress-related complaints (e.g., peptic ulcers, irritable bowel syndrome, insomnia)
- STD’s
- Vaginal and urinary tract infections
- Multiple pregnancies, miscarriages, and/or abortions
- Decreased ability to manage chronic illnesses (e.g., hypertension, diabetes, asthma, HIV/AIDS)
- Substance abuse
- Mental health problems (e.g., depression, *posttraumatic stress disorder* [glossary], anxiety, stress)
- Complications of pregnancy
- Reluctance to have had preventive health screenings (e.g., regular mammograms and Pap smears)

Any such issues should be addressed.
### Domestic Abuse Assessment: Components

The domestic abuse assessment also should include:
- **Questions regarding 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.

#### Questions regarding the pattern and history of abuse
Ask the patient, for example:
- When the abuse started
- If the abuse has ever led to hospitalization
- What happened during the most serious abusive event
- If the abuse has included forced sexual acts
- If the abuser controls or limits the victim’s access to friends, family, coworkers, money, food, medical care, etc.
- If the abuser has ever hurt other family members, children, or pets

#### 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 a criminal record

#### Assessment of the patient’s suicide and homicide risk
Determine if the patient is at risk for suicide or killing the abuser.
Domestic Abuse: Referral

Identified victims should be referred to another hospital or facility if your facility is unable to perform an assessment.

All staff members should be prepared to provide referrals to other local resources.

These resources may include:

- Emergency shelter/housing
- Transportation
- Organizations able to provide for other basic needs (e.g., food, clothing)
- Counseling or support groups
- Childcare/welfare assistance
- Legal assistance
- Substance abuse treatment
- Police (to file a report)
- The legal system (to secure 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.
**Elder Abuse and Neglect**

If an older patient discloses abuse or neglect, it is important to determine:
- If the patient is in immediate or serious danger
- How and when the mistreatment occurs
- Who is responsible for the mistreatment
- The frequency, severity, and intent of the abuse/neglect
- How the patient views and copes with the abuse/neglect
Elder Abuse and Neglect: Overall Assessment

Assessment of a victim of elder abuse should evaluate the patient's:

- Access to healthcare
- Cognitive status
- Emotional status
- Overall health and functional status
- Social and financial resources
<table>
<thead>
<tr>
<th>Elder Abuse and Neglect: Referrals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identified victims should be referred to another hospital or facility if your facility is unable to perform an assessment.</td>
</tr>
<tr>
<td>All trained staff members should be prepared to provide referrals to other local resources.</td>
</tr>
<tr>
<td>For a list of agencies and resources on elder abuse and neglect, organized by state, see:</td>
</tr>
<tr>
<td><a href="http://www.ncea.aoa.gov/NCEAroot/Main_Site/Find_Help/State_Resources.aspx">http://www.ncea.aoa.gov/NCEAroot/Main_Site/Find_Help/State_Resources.aspx</a></td>
</tr>
</tbody>
</table>

**Remember:**

Maintain a current list of local resources, to facilitate appropriate referrals.
You are assessing an identified victim of elder abuse. Which of the following should NOT be evaluated?

- a. Cognitive status
- b. Emotional status
- c. Overall health and functional status
- d. None of these should be evaluated
- e. All of these should be evaluated

**MULTIPLE CHOICE INTERACTION**

Correct answer: E

Feedback for A: Incorrect. This is not the best answer. The best answer is E. You should assess the patient’s cognitive status, emotional status, and overall health and functional status.

Feedback for B: Incorrect. This is not the best answer. The best answer is E. You should assess the patient’s cognitive status, emotional status, and overall health and functional status.

Feedback for C: Incorrect. This is not the best answer. The best answer is E. You should assess the patient’s cognitive status, emotional status, and overall health and functional status.

Feedback for D: Incorrect. This is not the best answer. The best answer is E. You should assess the patient’s cognitive status, emotional status, and overall health and functional status.

Feedback for E: Correct. You should assess the patient’s cognitive status, emotional status, and overall health and functional status.
A thorough health assessment must be performed if child abuse is suspected.

This assessment should include:
- Complete medical history
- Physical exam
- Developmental assessment
- Lab studies to:
  - Determine the nature and extent of current injuries
  - Identify the presence of any previous injuries
Before assessing a potential victim of child sexual abuse, ask yourself a series of questions to determine your readiness. If you are not prepared, obtain the assistance of another staff member.

- Am I prepared to accept that abuse of this sort occurs?
- Am I prepared to receive all information sensitively?
- Am I prepared to take all of the child’s statements seriously?
- Am I prepared to collect all necessary forensic evidence?
- Am I prepared to stop the examination before contaminating important evidence that should be collected or observed by a more appropriate expert?
The assessment of suspected child abuse should include an interview with:
  - The child (if possible)
  - The child’s caretakers

First, obtain necessary background information from a reliable source:
  - **Specifics of the abuse**
  - **Complete social history**

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

**Specifics of the abuse**
Useful information related to the abusive incident includes:
  - Date
  - Time
  - Place
  - Sequence of events
  - People present
  - How much time elapsed before seeking medical attention for the child’s injuries

**Complete social history**
Useful information includes:
  - Where the child lives
  - How long he or she has lived there
  - Other members of the household
  - Support systems available to the family
  - Childcare arrangements
### Interviewing the Child

When interviewing the child:

<table>
<thead>
<tr>
<th><strong>DO</strong></th>
<th><strong>Do NOT</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Conduct the interview in private, without the caretaker present</td>
<td>• Suggest answers</td>
</tr>
<tr>
<td>• Sit near the child, at the child’s eye level, not across a desk or table</td>
<td>• Press the child for answers he or she is reluctant to give</td>
</tr>
<tr>
<td>• Establish trust</td>
<td>• Criticize or correct the child’s choice of language</td>
</tr>
<tr>
<td>• Explain the purpose of the interview in a way the child can understand</td>
<td>• Convey blame or guilt</td>
</tr>
<tr>
<td>• Ask the child to explain words or terms that are unclear</td>
<td>• Leave the child unattended</td>
</tr>
<tr>
<td>• Use the child’s own words and terms whenever possible</td>
<td>• Display shock or horror at what the child tells you</td>
</tr>
<tr>
<td>• Use aids such as anatomically detailed dolls only if you are trained in their use</td>
<td>• Offer rewards</td>
</tr>
<tr>
<td>• Encourage the child to ask questions, and answer them</td>
<td></td>
</tr>
<tr>
<td>• Acknowledge the difficulty of the situation</td>
<td></td>
</tr>
<tr>
<td>• Stress that the child was not at fault</td>
<td></td>
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</tbody>
</table>
When interviewing the caretaker(s) of a suspected victim of child abuse:

<table>
<thead>
<tr>
<th>DO</th>
<th>DO NOT</th>
</tr>
</thead>
</table>
| - Remain as objective as possible  
- Withhold judgment until all facts are known  
- Explain the reason for the interview  
- Explain your legal obligation to report suspected abuse  
- Describe any additional actions that will be taken  
- Answer any questions  
- If the patents may flee, contact the mandated reporting agency in your state | - Attempt to prove abuse or neglect.  
- Display anger, horror, or disapproval  
- Place blame or make judgments  
- Give the parents any feedback on their explanations (your information could allow the parents to change an unlikely explanation) |
### Child Abuse and Neglect: Referrals

Your facility may be unable to provide an appropriate child abuse assessment. In this case, identified victims should be referred to another hospital or facility for assessment.

If your facility is able to perform assessments, all staff members still should be prepared to provide referrals to other local resources.

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>Conduct the interview in private.</td>
<td>Sit across from the child, at a desk or table.</td>
</tr>
<tr>
<td>without the child's caretaker present.</td>
<td>to emphasize your position of authority.</td>
</tr>
<tr>
<td>Explain the purpose of the interview.</td>
<td>Correct the child when he or she uses</td>
</tr>
<tr>
<td>Emphasize that the child was not at fault.</td>
<td>incorrect words or terms for body parts.</td>
</tr>
<tr>
<td>Allow the child to formulate his or her own answers to your</td>
<td>Acknowledge your horror and sympathy for the</td>
</tr>
<tr>
<td>questions.</td>
<td>child's suffering.</td>
</tr>
<tr>
<td></td>
<td>Discourage questions.</td>
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</tbody>
</table>
## Documentation and Collection of Evidence

When assessing victims, careful documentation is critical for future legal actions.

In some cases, the medical record provides the only evidence of abuse.

---

*Patient assessment must be done in a way that preserves evidentiary materials and supports future legal actions.*

- *Rationale for Standard PC.01.02.09*
The following should be documented:
- Statements made by the victim (and caretaker), including any taped interviews
- Observed appearance and behavior of the victim
- Name of the abuser and his or her relationship to the victim
- 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 description of injuries
- Results of pertinent laboratory or other diagnostic procedures

Document all information in a precise, professional manner.

**Description of injuries should include:**
- Type
- Number
- Size
- Degree of healing
- Possible causes
- Explanation provided, including a professional opinion as to whether the provided explanation is likely
- Location, recorded on a body chart or drawing
Photographs

Photographs can provide valuable corroborating evidence. They should **not** replace a detailed written description of injuries.

When taking photographs of injuries:
- Photograph prior to providing medical treatment, if possible
- Use color film and a color standard
- Photograph bite marks in black-and-white and color
- Hold up a coin, ruler, or other object to show the size of the injury
- Include the victim’s face in at least one picture
- Take at least two pictures of every major injury
- Carefully label all photographs

![Properly Labeled Photograph](IMAGE: 5021.JPG)
<table>
<thead>
<tr>
<th><strong>5022</strong></th>
<th><strong>Rape Kit</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>In cases of sexual assault, each state has legally mandated procedures for collecting evidence to:</strong></td>
<td><strong>IMAGE: 5022.JPG</strong></td>
</tr>
<tr>
<td>- Establish the time and place of the assault</td>
<td>State and local evidence protocols vary considerably. Familiarize yourself with local requirements.</td>
</tr>
<tr>
<td>- Establish the identity of the rapist</td>
<td></td>
</tr>
<tr>
<td>These procedures are organized into a protocol called a &quot;rape kit.&quot;</td>
<td></td>
</tr>
</tbody>
</table>

**Note:**

State and local evidence protocols vary considerably. Familiarize yourself with local requirements.
Common elements of a rape kit protocol include:

- Have the patient disrobe on a clean paper sheet
- Have the patient bag each item of clothing in a separate paper bag (healthcare staff, wearing gloves, can help as necessary)
- Have the patient place the sheet in a new paper bag
- Give the patient a gown and have the patient lie on the exam table
- Collect blood samples
- Perform an oral examination for injuries, and collect saliva
- Collect fingernail scraping from under the patient’s nails.
- Document all physical injuries
- If available, use a Wood’s light to inspect the patient for dried semen. Document the location(s) of semen

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

- Perform a genital exam:
  - Collect samples of pubic hair
  - Collect samples of head and body hair
  - Collect pubic hair combings
  - Inspect external genitalia for injury and particulate evidence.
  - Collect vaginal and/or anal swabbings
- Ask the patient to give a urine specimen

**Important:** All elements of this protocol may not apply in your state. Check with your supervisor or experienced legal counsel.
Domestic Abuse

Forensic evidence also may be collected in cases of non-sexual domestic violence.

This evidence may include:
- Torn, stained, or bloody clothing
- Fingernail scrapings
- Hair
- Fibers
- Soil
- Debris
- Other foreign materials
- Blood
- Saliva
- Semen

Collect, store, and transfer evidence of domestic abuse with strict adherence to chain-of-evidence protocols [glossary].
When documenting evidence of suspected abuse, include opinions such as, "The caretaker’s explanation of the child’s injury is inconsistent with the presentation of the injury."

TRUE / FALSE INTERACTION
Correct answer: A

Feedback for A: Correct. Pertinent opinions are an important part of the medical record. For example, the examining healthcare professional should indicate possible causes of injuries. He or she should record their opinion about the explanation provided for injuries.

Feedback for B: Incorrect. Pertinent opinions are an important part of the medical record. For example, the examining healthcare professional should indicate possible causes of injuries. He or she should record their opinion about the explanation provided for injuries.
You have completed the lesson on assessing and referring victims of abuse and neglect.

Remember:

• The goals of a domestic abuse assessment are to:
  o Create a supportive environment
  o Collect pertinent information
  o Determine the patient’s health and safety needs
• Assess an older patient’s cognitive, emotional, health, and functional status.
• Perform a thorough health assessment if child abuse is suspected.
• Know how to interview suspected victims of child abuse/neglect and their caretakers.
• Know how to properly document evidence of abuse.
• Know your local rape kit requirements.
• Be prepared to refer victims of all abuse to other local resources.
Lesson 6: Reporting Requirements
6001

Introduction & Objectives

Welcome to the lesson on reporting requirements for suspected cases of abuse/neglect.

After completing this lesson, you should be able to:
• Recall the importance of learning the reporting requirements in your state
• Describe how mandatory reporting laws affect the patient-provider relationship
Element 6 of Standard PC.01.02.09 requires **internal** reporting of identified victims of abuse and neglect.

Consult your supervisor regarding facility protocols for reporting abuse/neglect internally.

Element 7 specifies that all identified cases of abuse, neglect, or exploitation must be reported to appropriate **outside** agencies as mandated by hospital policy and applicable law.
States may mandate reporting of:

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

**Note:** Ask your supervisor about facility-specific requirements for reporting to outside agencies.
Healthcare providers in 47 states are required to report certain cases of domestic abuse. Reporting depends on the types of injuries involved.

Learn the mandatory 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 your patients of this limit on confidentiality before beginning any domestic abuse inquiry or assessment.
- Inform identified victims of your obligation to report, and help assess and plan for their safety needs.
Many states require healthcare providers to report known or suspected elder abuse and neglect.

Learn the mandatory reporting requirements in your state.

Find out:
- What you are required to report
- How to report

Be certain to:
- Fulfill state-mandated reporting requirements
- Choose interventions that least restrict the patient’s independence and decision-making
<table>
<thead>
<tr>
<th>Reporting Requirements: Child Abuse</th>
</tr>
</thead>
</table>

All states require healthcare providers to report suspected child abuse and neglect.

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
<p>| Mandatory reporting laws provide immunity from liability for reporters who make reports in good faith. | NO IMAGE |</p>
<table>
<thead>
<tr>
<th>Child Abuse: Mandatory Reporting vs. Patient Confidentiality</th>
</tr>
</thead>
<tbody>
<tr>
<td>Protecting patient confidentiality does not legally justify a failure to report suspected child abuse.</td>
</tr>
<tr>
<td>Sharing abuse information is not a violation of patient-provider privilege.</td>
</tr>
</tbody>
</table>
Most states impose criminal penalties on healthcare providers who fail to report suspected child abuse. The crime is a misdemeanor in most states. Penalties may include:

- Fines
- Jail time

Providers can also be sued by the patient or patient’s family.
Your state requires domestic abuse reporting. You are assessing a suspected victim of domestic abuse. You should inform him/her of your requirement to report.

a. True
b. False

**TRUE / FALSE INTERACTION**

Correct answer: A

Feedback for A: Correct. Inform your patients of this limit on confidentiality **before** beginning the assessment.

Feedback for B: Incorrect. Inform your patients of this limit on confidentiality **before** beginning the assessment.
Summary

You have completed the lesson on reporting requirements.

Remember:
- Most states require healthcare providers to report certain cases of domestic abuse. Reporting depends on the types of injuries involved.
- 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 mandatory reporting requirements in your state.
<table>
<thead>
<tr>
<th>#</th>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>abrasion</td>
<td>area where skin is torn or worn</td>
</tr>
<tr>
<td></td>
<td>anorectal tone</td>
<td>elastic tension of the muscles of the anus and rectum</td>
</tr>
<tr>
<td></td>
<td>cerebral edema</td>
<td>brain swelling</td>
</tr>
<tr>
<td></td>
<td>cerebral infarction</td>
<td>death/damage of part of the brain caused by a sudden insufficiency of blood supply</td>
</tr>
<tr>
<td></td>
<td>chain of evidence protocols</td>
<td>procedures that ensure evidence is not altered or tampered with after being obtained; also referred to as chain of custody protocols</td>
</tr>
<tr>
<td></td>
<td>metaphyseal plate</td>
<td>growing part of a long bone</td>
</tr>
<tr>
<td></td>
<td>perforation</td>
<td>hole in the wall of an organ</td>
</tr>
<tr>
<td></td>
<td>perinatal</td>
<td>referring to the time just before, during, and immediately after birth</td>
</tr>
<tr>
<td></td>
<td>posttraumatic stress disorder</td>
<td>psychiatric illness that can occur following a traumatic event</td>
</tr>
<tr>
<td></td>
<td>precocious</td>
<td>exceptionally early development or maturity</td>
</tr>
<tr>
<td></td>
<td>prepubertal</td>
<td>at the age immediately before puberty</td>
</tr>
<tr>
<td></td>
<td>pseudomature</td>
<td>falsely mature</td>
</tr>
<tr>
<td></td>
<td>retinal hemorrhage</td>
<td>extensive bleeding in the retina</td>
</tr>
<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 outer membrane of the brain and spinal cord; pressure on the brain causes neurologic symptoms</td>
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</tbody>
</table>
[Identifying and Assessing Victims of Abuse]

Pre-Assessment

1. Which of the following is an element of Joint Commission Standard PC 01.02.09?
   a. Each hospital must prosecute identified perpetrators of assault, abuse, or neglect.
   b. Each hospital must be able to assess identified victims of assault, abuse, or neglect.
   c. Each hospital must have written criteria for identifying victims of assault, abuse, or neglect.
   d. Each hospital must provide counseling services for identified victims of assault, abuse, or neglect.

Correct: C  
Rationale: Under Standard PC 01.02.09, each hospital must have written criteria for identifying victims of assault, abuse, or neglect.

2. The threat or use of force upon a victim is:
   a. Child neglect
   b. Financial abuse
   c. Physical assault
   d. Sexual molestation

Correct: C  
Rationale: Physical assault is the threat or use of force upon a victim.

3. Which statement is true about screening for domestic abuse?
   a. Healthcare providers should routinely ask patients about abuse.
   b. Healthcare providers should avoid asking direct questions about abuse.
   c. Healthcare providers should screen for domestic abuse in male patients only.
   d. Healthcare providers should screen for abuse only if the patient has physical injuries.

Correct: A  
Rationale: Healthcare providers should routinely ask direct questions about domestic abuse. Depending on facility policy, routine inquiry may include all adult and adolescent patients, or female adolescents and adults only.

4. Which of the following is most likely to be a sign of possible elder neglect?
   a. Pressure sores
   b. Proper nutrition
   c. Adequate hydration
   d. Good personal hygiene
Correct: A  
Rationale: Pressure sores are a sign of possible physical neglect.

5. Which factor is most likely to put a child at increased risk for abuse?  
   a. The child’s father grew up in a stable home.  
   b. The child’s father abuses prescription drugs.  
   c. The child’s mother has a high level of maturity.  
   d. The child’s mother has a good support system.  

Correct: B  
Rationale: Substance abuse by parents or guardians is a risk factor for child abuse.

6. Which of the following should be discussed when training healthcare staff on abuse and neglect?  
   a. The best way to confront an abuser  
   b. The dynamics of abusive relationships  
   c. The procedure for obtaining an order of protection  
   d. The legal steps for removing a child from an abusive parent  

Correct: B  
Rationale: Training should include a discussion of the dynamics of abusive relationships.

7. You are assessing a 37-year-old victim of domestic abuse. She has two young children. She has been in a physically abusive marriage for 14 years. The abuse recently escalated, prompting her to seek help. Which of the following statements/questions would be an appropriate part of your assessment?  
   a. What things do you say to provoke your husband to assault you?  
   b. Why don’t you just leave your husband? He’s obviously not going to change after 14 years!  
   c. I’m glad that you confided in me. I am very concerned for your safety, and the safety of your children.  
   d. How can you leave your children with your husband? If anything ever happened to your kids, you would never forgive yourself.  

Correct answer: C  
Rationale: Assessment of an identified victim of domestic abuse should include validation of the patient’s experience. Avoid comments or questions that express or imply any judgment of the patient. Do not suggest that the patient may be at fault.

8. A six-year-old girl presents with vaginal bleeding, bruising of the inner thighs, and intense fear of adults. You suspect sexual abuse. Which of the following would be appropriate during your interview with the child?  
   a. Reassure the child that she did not do anything wrong.  
   b. Have the child’s parents present, to help keep her calm.  
   c. Gently press the child for any answers she seems reluctant to give.  
   d. Use correct terms for all body parts, even if the child uses different words or terms.
Correct answer: A
Rationale: Assess the suspected victim in private, without the caretakers present. Do not press the child for answers that he or she is reluctant to give. Use the child’s own words and terms whenever possible. And be certain to emphasize that the child was not at fault for the abuse.

9. You are documenting a suspected case of domestic abuse. Which of the following is the BEST way to record your observations of the patient’s appearance and behavior?
   a. The patient behaved strangely.
   b. The patient seemed out-of-sorts.
   c. The patient was upset. The abusive incident seemed to have frightened her a great deal.
   d. The patient was weeping. She rocked back and forth on the examination table. Her shirt was ripped.

Correct answer: D
Rationale: It is best to provide precise observations about the patient’s appearance and behavior.

10. All 50 states require healthcare providers to report suspected:
   a. Child abuse
   b. Elder abuse
   c. Elder neglect
   d. Domestic abuse

Correct: A
Rationale: Many states require healthcare providers to report suspected domestic abuse or elder neglect/abuse; all 50 states require healthcare providers to report suspected child abuse/neglect.
Final Exam

1. Which of the following is an element of Joint Commission Standard PC 01.02.09?
   a. Hospital staff must be assessed for abuse and neglect.
   b. Hospital staff must be able to restrain an abusive patient.
   c. Hospital staff must be educated about abuse and neglect.
   d. Hospital staff must be able to counsel a victim of abuse or neglect.

   Correct: Hospital staff must be educated about abuse and neglect. They should be able to recognize abuse and neglect, and should know their roles in follow-up.

2. Forcing an older person to sign a contract is an example of:
   a. Child neglect
   b. Financial abuse
   c. Physical assault
   d. Sexual molestation

   Correct: B
   Rationale: Financial abuse of an elder is any misuse of income or resources. An example is forcing an older person to sign a contract.

3. Which statement is true about screening for elder abuse and neglect?
   a. All victims will disclose abuse or neglect if you ask them.
   b. It is best to avoid asking older patients direct questions about abuse or neglect.
   c. Only specially trained social workers should screen for elder abuse and neglect.
   d. Routine screening for elder abuse and neglect should be standard clinical practice.

   Correct: D
   Rationale: Routine screening for elder abuse and neglect should be standard clinical practice. All hospital staff who have contact with older patients should be familiar with the screening protocol. The protocol should include direct questions about abuse and neglect.

4. Which of the following injuries is most suspicious as a potential indicator of abuse?
   a. A single bruise on the shin
   b. Several bruises on the right arm
   c. Multiple bilateral bruises on the abdomen, in different stages of healing
   d. A single fracture of the left leg, adequately explained by the history given

   Correct answer: C
   Rationale: Injuries more likely to indicate abuse include: multiple injuries; bilateral injuries; injuries in different stages of healing; unexplained or inadequately explained injuries; and injuries to the head, neck, chest, breasts, abdomen, or genitals.
5. Which sexually transmitted disease is a CERTAIN sign of sexual abuse in a pre-pubertal child?
   a. Herpes 2
   b. Gonorrhea
   c. Trichomoniasis
   d. Bacterial vaginosis

Correct: B  
Rationale: Gonorrhea and syphilis are certain signs of sexual abuse in a pre-pubertal child. Other STDs may indicate sexual abuse, but are not certain indicators.

6. Which of the following should be discussed when training healthcare staff on abuse and neglect?
   a. How to help victims fight back against an abuser
   b. How to provide appropriate care to victims of abuse
   c. How to force a victim to admit that he or she is being abused
   d. How to force a parent to admit that he or she has abused a child

Correct: B  
Rationale: Training should cover how to provide appropriate care to victims of abuse.

7. A victim of domestic abuse is not ready to leave the abusive situation. True or False: You should refer the patient to couples counseling.
   a. True
   b. False

Correct answer: B  
Rationale: Victims of domestic abuse should not be referred to couples counseling. This may increase the risk of serious abuse and harm to the patient.

8. You are interviewing the mother of a suspected victim of child abuse. Which of the following would be appropriate?
   a. Ask questions to prove abuse.
   b. Explain the reason for the interview.
   c. Show your disapproval of the mother.
   d. Blame the mother for the child's injuries.

Correct: B  
Rationale: When interviewing the caretakers of a possible child abuse victim, explain the reason for the interview. Do not attempt to prove abuse. Do not show anger, horror, or disapproval. Do not place blame or make judgments.

9. When documenting a suspected case of abuse, which type of injury should be photographed in black-and-white, as well as color?
   a. Bruises
   b. Bite marks
c. Rope burns
d. Lacerations

Correct answer: B
Rationale: When photographing injuries for the medical record, color film and a color standard should be used. If possible, bite marks should be photographed in black-and-white as well as color.

10. A healthcare provider suspects child abuse. Which statement is true about reporting the case to the proper authorities?
   a. The provider has a legal duty to report the case.
   b. The provider should not report the case if the parents are sorry.
   c. The provider has a legal right to choose whether or not to report the case.
   d. The provider must protect patient confidentiality by not reporting the case.

Correct: A
Rationale: Healthcare providers must report suspected child abuse or neglect to the proper authorities