HealthStream Regulatory Script

[Identifying and Assessing Victims of Abuse and Neglect]

Version: [12.02.04]

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Lesson 2: JCAHO Standard PC.3.10
Lesson 3: Identifying Victims of Abuse
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Lesson 1: Introduction

Welcome to the introductory lesson on assessing victims of abuse and neglect.

Abuse and neglect are significant public health concerns 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 by their parents, guardians, or others. At least 1,000 of these children die as a result of their injuries.

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.
Introduction: JCAHO Standard PC.3.10

The 2004 JCAHO Comprehensive Accreditation Manual for Hospitals (CAMH) includes a standard for victims of abuse (Standard PC.3.10).

The rationale for the standard reads as follows:

Victims of abuse or neglect may come to a hospital in a variety of ways. The patient may be unable or reluctant to speak of the abuse, and it may not be obvious to the casual observer. **Staff needs to be able to identify abuse or neglect** as well as the extent and circumstances of the abuse or neglect to give the patient appropriate care.

Criteria for identifying and assessing victims of abuse or neglect should be used throughout the hospital. The assessment of the patient must be conducted within the context of the requirements of the law to preserve evidentiary materials and support future legal actions.

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**Key Points of Rationale for Standard PC.3.10:**

- Victims may not voluntarily disclose abuse.
- Abuse may not be obvious.
- Staff must be able to identify victims.
- Assessment of victims must preserve evidence and support future legal action.
This course has been designed to provide you with the information you need to:

- Improve public health and your facility’s quality of patient care by identifying victims of abuse and neglect.
- Comply with JCAHO Standard PC.3.10.
Course Goals

After completing this course, you should be able to:

- Recall the elements of JCAHO Standard PC.3.10, including definitions of key terms used.
- Describe abuse/neglect-screening procedures, including criteria for identifying victims who do not disclose abuse.
- List important topics that should be addressed when training healthcare staff in the care of victims.
- Recall the key elements of an abuse assessment, including when and how to make outside referrals, and how to document and preserve evidence of abuse/neglect.
- Explain the significance of legally mandated requirements for reporting abuse/neglect.
Overall, this course uses JCAHO Standard PC.3.10 as a framework for providing you with information on identifying, assessing, and reporting victims of abuse and neglect.

This introductory lesson provides you with the course rationale, course goals, and course outline.

Lesson 2 presents the elements of performance of JCAHO Standard PC.3.10, as well as defining important terms related to abuse and neglect.

Lesson 3 provides information on identifying victims of physical and sexual abuse and neglect (PC.3.10 elements 1 and 4).

Lesson 4 describes important aspects of staff education and training with regard to abuse and neglect (PC.3.10 element 2).

Lesson 5 presents information on assessment and referral (PC.3.10 elements 3 and 5).

Finally, lesson 6 details issues related to reporting abuse (PC.3.10 elements 6 and 7).
Welcome to the lesson on elements of performance for JCAHO Standard PC.3.10.

PC.3.10 has seven elements related to identifying and assessing victims of abuse. You must have a working knowledge of each of these to ensure full compliance with the Standard.
Objectives

After completing this lesson, you should be able to:

- List the elements of performance of JCAHO Standard PC.3.10.
- Define key terms related to various types of abuse.
Element 1

JCAHO Standard PC.3.10 (the standard for victims of abuse) has seven elements of performance.

The first of these is:

1. Each hospital must develop or adopt criteria for identifying victims of:
   - Physical assault
   - Rape
   - Sexual molestation
   - Domestic abuse
   - Elder neglect or abuse
   - Child neglect or abuse

Before looking at the remaining six elements of performance, let's take a moment to define the terms in element 1.
Physical assault is the threat or use of force on a victim, causing the victim to fear bodily harm.

Rape is any genital, anal, or oral penetration of a victim, by a part of the rapist’s body or by an object, using force or without the victim’s consent.

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 of a child
  - 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.
In **domestic abuse**:

- The victim is an adult or adolescent (in 85% of cases, a woman).
- The abuser is a person (most often a man) who is, was, or wishes to be in an intimate or dating relationship with the victim.

The dynamics of the abuse are quite specific: the abuser engages in a pattern of violent and/or threatening behaviors, with the goal of establishing control over the victim.

The abusive behaviors may include:

- Inflicting physical injury
- Psychological 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
### Terms of Element 1: Elder Neglect and Abuse

Elder abuse/neglect is any form of mistreatment that results in harm to an older person.

Forms of elder abuse and neglect include:

- **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.

#### CLICK TO REVEAL

**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 necessary 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 an older person
- Threatening an older person with punishment or deprivation
- Humiliating an older person
- Intentionally isolating an older person from family, friends, or activities

**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
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Terms of Element 1: Child Neglect

**Child neglect** occurs when a parent, guardian, or caretaker fails to meet any of the basic needs of a child.

These needs may be:

- **Physical**
- **Developmental**
- **Psychological**

Click on each category of needs 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
### Terms of Element 1: Child Abuse

Child abuse may be:

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

Click on each form of abuse for more specific information.

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<th>CLICK TO REVEAL</th>
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<tbody>
<tr>
<td><strong>Physical</strong></td>
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<tr>
<td>Physical abuse of a child includes any injury inflicted by a parent, guardian, or other caretaker. Injuries associated with child abuse can range from minor bruises to death.</td>
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| **Emotional**   |
| Emotional abuse of a child occurs when a child is repeatedly shamed, humiliated, terrorized, or rejected. |

| **Sexual**      |
| Sexual abuse is the involvement of a child in any sexual activity for which he or she is not developmentally ready. |
Match the categories of elder abuse with the appropriate example of abusive behavior

<table>
<thead>
<tr>
<th>Physical abuse</th>
<th>Inappropriate use of restraints on an older person</th>
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<tbody>
<tr>
<td>Sexual abuse</td>
<td>Raping an older person</td>
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<tr>
<td>Psychological abuse</td>
<td>Humiliating an older person</td>
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<tr>
<td>Financial abuse</td>
<td>Forcing an older person to sign a will</td>
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</table>
Now that you have an understanding of the terms used in element 1 of Standard PC.3.10, let’s take a look at the remaining elements of the Standard:

2. Hospital staff must be educated about abuse and neglect. All staff should be able to screen for abuse and neglect.
3. Each hospital must maintain a current list of service agencies and organizations, such that staff can easily refer victims to appropriate follow-up services.
4. Screening for abuse and neglect must occur on an ongoing basis, starting with each patient’s entry into the hospital system.
5. Suspected victims of abuse or neglect must be assessed. Each hospital should designate qualified staff to conduct assessments, or should refer victims to appropriate outside agencies for assessment.
6. All cases of abuse, neglect, or exploitation must be reported to outside agencies as mandated by hospital policy and applicable law.
7. All cases of abuse or neglect must be reported immediately within the hospital.
The following lessons will provide you with the information you need to comply with each of the elements of performance of Standard PC.3.10.

| 1 | Criteria for identifying victims |
| 2 | Staff education                  |
| 3 | List of agencies for referral    |
| 4 | Ongoing screening                |
| 5 | Assessment and/or referral of identified victims |
| 6 | Reporting to outside agencies    |
| 7 | Internal reporting               |
JCAHO Standard PC.3.10 has seven elements of performance, related to:
- Identifying victims of abuse or neglect
- Educating healthcare staff regarding abuse and neglect
- Assessing and/or referring victims of abuse and neglect
- Reporting abuse and neglect
- Physical assault is the threat or use of force.
- Rape 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 (physical, sexual, psychological, or financial) 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.
Welcome to the lesson on identifying victims of abuse and neglect. As stated in JCAHO Standard PC.3.10:

**Victims of abuse or neglect may come to a hospital in a variety of ways. The patient may be unable or reluctant to speak of the abuse, and it may not be obvious to the casual observer. Staff needs to be able to identify abuse or neglect as well as the extent and circumstances of the abuse or neglect to give the patient appropriate care.**
### Objectives

After completing this lesson, you should be able to:

- Describe screening procedures for domestic abuse and elder abuse/neglect.
- List indicators of domestic abuse, elder abuse/neglect, and child abuse/neglect.
- List risk factors for child abuse.
- Recall when to reassess for abuse/neglect.
Element 1 of PC.3.10 (1)

Element 1 of PC.3.10 states:

*Each hospital must develop or adopt criteria for identifying victims of:*

- Physical assault
- Rape
- Sexual molestation
- Domestic abuse
- Elder neglect or abuse
- Child neglect or abuse
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<th>Identifying Victims</th>
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This lesson focuses on criteria for identifying victims of:

- **Domestic abuse**
- **Elder neglect and abuse**
- **Child neglect and abuse**

**Physical assault, rape, and sexual molestation** will be addressed indirectly, in the context of each of these specific forms of abuse.
To identify victims of domestic abuse, your facility should screen patients routinely.

As part of a standard health history, patients should be asked direct questions regarding physical, emotional, and sexual abuse by past or current intimate partners, whether or not there are obvious indicators of abuse.

**Important:** Given the dynamics of domestic abuse (as described in the previous lesson), experts differ as to whether routine screening for domestic abuse victimization should include:

- **All** adolescent and adult patients
- **Female** adolescents and adults only

Consult your supervisor or facility guidelines for facility-specific policies on the screening of all patients or female patients only.
Domestic Abuse: Screening Questions and Strategies

When screening for domestic abuse during a routine health history, you may wish to frame your inquiry with an introductory statement, such as:

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

After framing your inquiry, 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

Direct, routine inquiry into domestic abuse helps:

- Communicate support to victims.
- Validate domestic abuse as a legitimate healthcare issue.

This increases the likelihood that victims will disclose and discuss abuse.

Many victims, however, will not disclose, due to:

- Embarrassment or shame
- Fear of the abuser

Therefore, all healthcare staff must be alert for signs and symptoms of domestic abuse.
Indicators of domestic abuse can include patterns such as:

- Failure to keep medical appointments or comply with medical advice (abusers often restrict access of victims to medical help, medication, etc.)
- Secrecy or obvious discomfort when questioned about intimate relationships and the possibility of abuse
- Presence of a partner who:
  - Controls or dominates your interview with the patient
  - Appears unreasonably anxious or concerned
  - Will not leave the patient alone with you
- Unusually high number of healthcare visits
- Repeated return visits with vague complaints
- Health problems often associated with abuse (for example, chronic pain without apparent cause, insomnia, substance abuse, mental health problems)
- High number of sexually transmitted diseases (STD’s), pregnancies, miscarriages, and/or abortions
- Repeated vaginal or urinary tract infections
Domestic Abuse: Indicators (2)

Additional indicators of domestic abuse include suspicious injuries:

- Inconsistent or unlikely explanations for injuries
- Seeking delayed 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
- Physical injury during pregnancy, especially on the breasts or abdomen
The indicators of domestic abuse listed on the previous two screens warrant follow-up questions.

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 ongoing support and availability.
- **Offer** the patient information on domestic violence resources available in your community, especially 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).
### 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. Screening for domestic abuse should be part of routine clinical practice. Given the dynamics of domestic abuse, however, experts differ as to whether routine screening for domestic abuse victimization should include all adolescent and adult patients, or females only. Consult your supervisor or facility guidelines for facility-specific policies on the screening of all patients or female patients only.

Feedback for B: Incorrect. The best answer is C. Screening for domestic abuse should be part of routine clinical practice. Given the dynamics of domestic abuse, however, experts differ as to whether routine screening for domestic abuse victimization should include all adolescent and adult patients, or females only. Consult your supervisor or facility guidelines for facility-specific policies on the screening of all patients or female patients only.

Feedback for C: Correct. Screening for domestic abuse should be part of routine clinical practice. Given the dynamics of domestic abuse, however, experts differ as to whether routine screening for domestic abuse victimization should include all adolescent and adult patients, or females only. Consult your supervisor or facility guidelines for facility-specific policies on the screening of all patients or female patients only.

Feedback for D: Incorrect. The best answer is C. Screening for domestic abuse should be part of routine clinical practice. Given the dynamics of domestic abuse, however, experts differ as to whether routine screening for domestic abuse victimization should include all adolescent and adult patients, or females only. Consult your supervisor or facility guidelines for facility-specific policies on the screening of all patients or female patients only.
Identifying Victims: Elder Abuse and Neglect

As with domestic abuse, routine screening for elder abuse and neglect should be incorporated into standard clinical practice.

All hospital staff who have contact with older patients should be familiar with the screening protocol, which 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?*
  *Are you left alone a lot?*
Elder Abuse and Neglect: Indicators

Some elders may not disclose abuse or neglect, out of fear or shame.

Other elders may have severe cognitive impairments that prevent them from disclosing victimization.

Therefore, 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

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<tr>
<td><strong>Physical abuse</strong></td>
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<tr>
<td>Signs and symptoms may include:</td>
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<td>- Physical injuries (e.g., bruises, cuts, fractures, rope marks), especially if bilateral and/or in various stages of healing</td>
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<tr>
<td>- Unexplained injuries</td>
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<tr>
<td>- Inconsistent or unlikely explanations of injuries</td>
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<tr>
<td>- Contradictory explanations of injuries given by the patient and the caregiver</td>
</tr>
<tr>
<td>- Lab findings indicating medication overdose or under-medication</td>
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</table>

- **Physical neglect** |
| Signs and symptoms may include: |
| - Dehydration |
| - Malnutrition |
| - Pressure sores |
| - Poor personal hygiene |
| - Poor compliance with medical regimens |

- **Sexual abuse** |
| Signs and symptoms may include: |
| - Injury to the genital area |
| - Unexplained STD’s or 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 with regard to finances |
| - Sudden transfer of assets to a family member or other caregiver |
You see several elderly patients, each with 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 a consistent way by both the patient and his or her caregiver

**MULTIPLE CHOICE INTERACTION**

Correct answer: A

Feedback for A: Correct. Although any injury could be an indicator of abuse, injuries are most suspicious if they are: bilateral, in different stages of healing, unexplained, inadequately explained, or explained in a contradictory manner by the patient and caregiver.

Feedback for B: Incorrect. The correct answer is A. Although any injury could be an indicator of abuse, injuries are most suspicious if they are: bilateral, in different stages of healing, unexplained, inadequately explained, or explained in a contradictory manner by the patient and caregiver.

Feedback for C: Incorrect. The correct answer is A. Although any injury could be an indicator of abuse, injuries are most suspicious if they are: bilateral, in different stages of healing, unexplained, inadequately explained, or explained in a contradictory manner by the patient and caregiver.

Feedback for D: Incorrect. The correct answer is A. Although any injury could be an indicator of abuse, injuries are most suspicious if they are: bilateral, in different stages of healing, unexplained, inadequately explained, or explained in a contradictory manner by the patient and caregiver.
Children most often do not disclose abuse or neglect. Therefore, to identify victims, healthcare staff must remain alert to the possibility of abuse, with awareness of:

- Risk factors for child abuse
- Indicators of child physical abuse, sexual abuse, and neglect

Let’s take a closer look at each of these.
Child Abuse and Neglect: Risk Factors

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**

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<tr>
<td><strong>Child-related risk factors for abuse</strong></td>
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<tr>
<td>These include:</td>
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<tr>
<td>- Premature birth</td>
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<tr>
<td>- Disabilities or abnormalities</td>
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<tr>
<td>- Certain immature behaviors, such as crying</td>
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</table>

| **Family-related risk factors for child abuse** |
| These include: |
| - 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 following to learn more about specific types of injuries that may be a sign of physical abuse:

- **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 [glossary] 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 [glossary]

**Abdominal injuries**
Abdominal injuries that may indicate abuse include:
- 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

**Central nervous system (CNS) injuries**
CNS injuries that may indicate abuse include:
- Subdural hematoma[glossary] (often due to violent shaking or blunt trauma)
- Retinal hemorrhage[glossary]
- Subarachnoid hemorrhage[glossary] (often due to violent shaking)
- Cerebral infarction[glossary] due to cerebral edema[glossary]
Child Abuse and Neglect: Physical Indicators of Sexual Abuse

Physical findings in sexually abused children may include:
- 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, see table at right)
- Pregnancy

Important note: Physical signs are frequently not seen in sexually abused children. Absence of physical indicators does not exclude a diagnosis of sexual abuse.
Sexually precocious behavior, especially if persistent, can be an indicator of sexual abuse.

Other potential behavioral findings tend to be nonspecific, and may be indicative of stressors other than abuse.

**Behavioral findings that may indicate sexual abuse:**

- Hyperactivity or withdrawal
- Poor self-esteem, shame, or guilt
- Poor peer relationships
- Distorted body image
- Regressive behaviors such as bedwetting
- Fears or phobias, especially of adults
- Deterioration in academic performance
- Eating disorders
- Compulsive behavior
- Sexual abuse of a sibling, friend, or young child
- Pregnancy
- Attempts to run away from home
- Suicide attempts
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 that may indicate neglect include:

- Under-nutrition
- Poor hygiene
- Developmental delays
- Untreated medical conditions
- Dental cavities
Behavioral findings that may indicate neglect 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 assumes the role of the parent/caretaker
- Excessive responsibilities at home, including childcare responsibilities
**Review**

Which of the following behavioral findings is a certain indicator of sexual abuse?

- a. Pregnancy
- b. Sexual promiscuity
- c. Excessive masturbation
- d. A, B, and C
- e. None of these answers

**MULTIPLE CHOICE INTERACTION**

Correct answer: E

Feedback for A: Incorrect. The correct answer is E. Although any one of these indicators may be a sign of sexual abuse, and each warrants further assessment, none is specific for abuse. Behavioral findings with sexual abuse tend to be nonspecific, and may be indicative of stressors other than abuse.

Feedback for B: Incorrect. The correct answer is E. Although any one of these indicators may be a sign of sexual abuse, and each warrants further assessment, none is specific for abuse. Behavioral findings with sexual abuse tend to be nonspecific, and may be indicative of stressors other than abuse.

Feedback for C: Incorrect. The correct answer is E. Although any one of these indicators may be a sign of sexual abuse, and each warrants further assessment, none is specific for abuse. Behavioral findings with sexual abuse tend to be nonspecific, and may be indicative of stressors other than abuse.

Feedback for D: Incorrect. The correct answer is E. Although any one of these indicators may be a sign of sexual abuse, and each warrants further assessment, none is specific for abuse. Behavioral findings with sexual abuse tend to be nonspecific, and may be indicative of stressors other than abuse.

Feedback for E: Correct. Although any one of these indicators may be a sign of sexual abuse, and each warrants further assessment, none is specific for abuse. Behavioral findings with sexual abuse tend to be nonspecific, and may be indicative of stressors other than abuse.
Element 4 of PC.3.10 states that victims of abuse and neglect must be identified “at entry into the hospital system and on an ongoing basis.”

“Ongoing” identification may be accomplished by screening for abuse and neglect (domestic, elder, or child):

- As part of each routine health history
- As part of each standard health assessment
- At every encounter in emergency/urgent 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 (domestic abuse only)
- Whenever signs or symptoms are noted
Summary

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

Remember:

- Screening for domestic abuse should be part of routine clinical practice. Check with your supervisor or consult facility guidelines for facility-specific policies on the routine screening of all adult and adolescent patients or female adults and adolescents only.
- Domestic abuse screening should include direct questions to the patient regarding abuse by past or current intimate partners.
- Because some victims may not disclose abuse, healthcare staff must be alert for signs and symptoms of domestic abuse. Familiarize yourself with these signs and symptoms.
- If a patient denies domestic abuse, respect the right not to disclose, and communicate your ongoing support and availability.
- Routine screening for elder abuse and neglect should be incorporated into standard clinical practice, and should include direct questions to the patient regarding abuse and neglect.
- Because all older patients do not or cannot disclose victimization, familiarize yourself with the indicators of elder abuse/neglect.
- Children most often do not disclose abuse or neglect. Know the risk factors for child abuse, and be alert for indicators of child physical abuse, sexual abuse, and neglect.
- Assess for abuse and neglect at appropriate intervals.
Lesson 4: Education and Training

**4001**

**Introduction**

Welcome to the lesson on educating and training healthcare staff with regard to abuse and neglect.

This lesson covers the who, what, where, when, and why of abuse/neglect training for healthcare staff.
<table>
<thead>
<tr>
<th>Objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>After completing this lesson, you should be able to:</td>
</tr>
<tr>
<td>• List key topics to be covered in abuse/neglect training for healthcare staff.</td>
</tr>
<tr>
<td>• Identify the personnel that should receive abuse/neglect training.</td>
</tr>
<tr>
<td>• Recall when training should be provided to healthcare staff.</td>
</tr>
</tbody>
</table>
Element 2 of JCAHO Standard PC.3.10 specifies that hospital staff must be educated about abuse and neglect, such that all staff members are capable of screening for abuse and neglect, in a manner appropriate to any given patient’s needs and condition.
<table>
<thead>
<tr>
<th>Training should teach, describe, or explain:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• How victims experience and view abuse</td>
</tr>
<tr>
<td>• Cultural competency (i.e., the ability to provide culturally competent care to victims of abuse)</td>
</tr>
<tr>
<td>• The dynamics of abusive relationships</td>
</tr>
<tr>
<td>• The physical and mental health consequences of various forms of abuse and neglect</td>
</tr>
<tr>
<td>• How to provide appropriate care to victims of abuse, including recognizing signs of abuse and abuse screening</td>
</tr>
<tr>
<td>• How employees in abusive relationships can access assistance</td>
</tr>
</tbody>
</table>

![Image: 4004.JPG](4004.JPG)

*When teaching screening and response techniques, consider involving staff in interactive role-playing and modeling to help develop skills.*
Full education and training on the dynamics of abuse and the appropriate clinical care of victims 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
Where

Training should be provided to healthcare staff in all settings where abuse and neglect may be identified, assessed, and/or addressed:

- 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.

-JCAHO Standard PC.3.10
When

Training should be provided:

- As part of staff orientation
- On an ongoing basis
All frontline healthcare staff should be able to recognize signs and symptoms of abuse/neglect.

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td></td>
<td>a. True</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b. False</td>
<td></td>
</tr>
</tbody>
</table>

**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 comprehensive staff training include cultural competency, dynamics of abusive relationships, health consequences of abuse/neglect, 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, assessed, and/or addressed.
- Training should be provided as part of staff orientation, as well as on an ongoing basis.
Introduction

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

In this lesson, we will take a look at appropriate assessment and referral for victims of domestic abuse, elder abuse/neglect, and child abuse/neglect.

We also will discuss appropriate procedures for collecting and documenting evidence of abuse/neglect as part of the patient assessment.
<table>
<thead>
<tr>
<th>Objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>After completing this lesson, you should be able to:</td>
</tr>
<tr>
<td>• Identify the components of an appropriate abuse/neglect assessment for a suspected victim of domestic abuse, elder abuse/neglect, or child abuse/neglect.</td>
</tr>
<tr>
<td>• Recall when victims of abuse/neglect should be referred to alternate providers or services.</td>
</tr>
<tr>
<td>• Describe appropriate procedures for collecting and documenting evidence of abuse/neglect as part of a comprehensive patient assessment.</td>
</tr>
</tbody>
</table>
Element 5 of JCAHO Standard PC.3.10 specifies that victims of abuse or neglect must be assessed.

Each hospital should designate qualified staff to conduct assessments, or should refer victims to appropriate outside agencies for assessment and/or other services.

Element 3 of Standard PC.3.10 requires that hospitals maintain a current list of local resources, to facilitate such referrals.
Assessing and Referring Victims

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

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

FLASH ANIMATION: 5004.SWF/FLA
The responsibility for assessing identified victims of domestic abuse should be assigned to trained healthcare staff only.

The goals of the assessment are:

- To create a supportive environment in which the patient can discuss the abuse
- To enable healthcare personnel to collect information about health problems associated with the abuse
- To assess the patient's immediate and long-term health and safety needs, with the further goal of developing and implementing an appropriate 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**
- **Discussion and assessment of health issues related to the abuse**

Click on each item in the list to learn more.

<table>
<thead>
<tr>
<th>Validation of the patient’s experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide validation by:</td>
</tr>
<tr>
<td>- Listening non-judgmentally</td>
</tr>
<tr>
<td>- Expressing concern for the patient's safety</td>
</tr>
<tr>
<td>- Emphasizing that the patient is not to blame for the abuse</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Assessment of the patient’s immediate safety</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ask questions aimed at establishing:</td>
</tr>
<tr>
<td>- Whether the patient is in immediate danger</td>
</tr>
<tr>
<td>- Whether the patient has somewhere safe to go</td>
</tr>
<tr>
<td>- Whether the patient’s children (if any) may be in danger</td>
</tr>
<tr>
<td>- Whether the violence has escalated recently</td>
</tr>
<tr>
<td>- Whether the abuser has used weapons</td>
</tr>
<tr>
<td>- Whether the abuser has held the patient against his or her will</td>
</tr>
<tr>
<td>- Whether the abuser has stalked the patient</td>
</tr>
<tr>
<td>Based on the answers to these questions, help the patient plan for safety, and/or refer the patient to local resources for safety.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Discussion and assessment of health issues related to the abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depending on the nature and severity of the abuse, related health issues may include:</td>
</tr>
<tr>
<td>- Injuries</td>
</tr>
<tr>
<td>- Stress-related complaints (e.g., peptic ulcers, irritable bowel syndrome, insomnia)</td>
</tr>
<tr>
<td>- STD’s</td>
</tr>
<tr>
<td>- Vaginal and urinary tract infections</td>
</tr>
<tr>
<td>- Multiple pregnancies, miscarriages, and/or abortions</td>
</tr>
<tr>
<td>- Decreased ability to manage chronic illnesses (e.g., hypertension, diabetes, asthma, HIV/AIDS)</td>
</tr>
<tr>
<td>- Substance abuse</td>
</tr>
<tr>
<td>- Mental health problems (e.g., depression, posttraumatic stress disorder [glossary], anxiety, stress)</td>
</tr>
<tr>
<td>- Complications of pregnancy</td>
</tr>
<tr>
<td>- Decreased likelihood of engaging in preventive health behaviors (e.g., regular mammograms and Pap smears)</td>
</tr>
<tr>
<td>Any such issues should be addressed.</td>
</tr>
</tbody>
</table>

Point 6 of 28
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
- Whether the abuse has ever led to hospitalization
- What happened during the most serious abusive event
- Whether the abuse has included forced sexual acts
- Whether the abuser controls or limits the victim's access to friends, family, coworkers, money, food, medical care, etc.
- Whether 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 whether the patient is at risk for killing herself and/or her abuser.
Domestic Abuse: Referral

If your facility is unable to provide an appropriate domestic abuse assessment, identified victims should be referred to another hospital or facility for assessment.

If qualified healthcare staff in your facility are able to perform assessments, all staff members still 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, as this may increase the risk of serious abuse and harm to the patient.
<table>
<thead>
<tr>
<th>Elder Abuse and Neglect</th>
</tr>
</thead>
<tbody>
<tr>
<td>If an older patient discloses abuse or neglect, it is important to determine:</td>
</tr>
<tr>
<td>- How and when the mistreatment occurs</td>
</tr>
<tr>
<td>- Who is responsible for the mistreatment</td>
</tr>
<tr>
<td>- The frequency, severity, and intent of the abuse/neglect, including whether the patient is in immediate or serious danger</td>
</tr>
<tr>
<td>- How the patient views and copes with the abuse/neglect</td>
</tr>
</tbody>
</table>

FLASH ANIMATION: 5010.SWF/FLA
Elder Abuse and Neglect: Overall Assessment

Assessment of a victim of elder abuse also should address and/or evaluate the patient’s:

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

If your facility is unable to provide an appropriate elder abuse assessment, identified victims should be referred to another hospital or facility for assessment.

If qualified healthcare staff in your facility are 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 elder abuse and neglect, organized by state, see:
When assessing an identified victim of elder abuse, assess the patient’s:

- a. Cognitive status
- b. Emotional status
- c. Overall health and functional status
- d. A, B, and C
- e. None of these answers

**MULTIPLE CHOICE INTERACTION**

Correct answer: D

Feedback for A: Incorrect. This is not the best answer. The best answer is D. When assessing an identified victim of elder abuse, assess the patient’s cognitive status, emotional status, and overall health and functional status, as well as his or her access to healthcare and social and financial resources.

Feedback for B: Incorrect. This is not the best answer. The best answer is D. When assessing an identified victim of elder abuse, assess the patient’s cognitive status, emotional status, and overall health and functional status, as well as his or her access to healthcare and social and financial resources.

Feedback for C: Incorrect. This is not the best answer. The best answer is D. When assessing an identified victim of elder abuse, assess the patient’s cognitive status, emotional status, and overall health and functional status, as well as his or her access to healthcare and social and financial resources.

Feedback for D: Correct. When assessing an identified victim of elder abuse, assess the patient’s cognitive status, emotional status, and overall health and functional status, as well as his or her access to healthcare and social and financial resources.

Feedback for E: Incorrect. The best answer is D. When assessing an identified victim of elder abuse, assess the patient’s cognitive status, emotional status, and overall health and functional status, as well as his or her access to healthcare and social and financial resources.
When child abuse is suspected, a thorough health assessment must be performed. This assessment should include:

- Complete medical history
- Physical exam
- Developmental assessment
- Lab studies to:
  - Determine the nature and extent of any current injuries.
  - Identify the presence of any previous injuries.
Before initiating an assessment on a suspected victim of child sexual abuse, be certain that you are emotionally and intellectually equipped to perform the assessment.

If you are not adequately prepared, refer the victim to another provider for assessment.
The assessment of suspected child abuse should include an interview with the child (if possible) and his or her caretakers.

If possible, prior to interviewing the child, 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
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 language 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, and use the child’s own words and terms whenever possible.</td>
<td>• Leave the child unattended.</td>
</tr>
<tr>
<td>• Use aids such as anatomically detailed dolls only if you are trained in their use.</td>
<td>• Display shock or horror at what the child tells you.</td>
</tr>
<tr>
<td>• Encourage the child to ask questions, and answer them.</td>
<td>• Offer rewards.</td>
</tr>
<tr>
<td>• Acknowledge the difficulty of the situation.</td>
<td></td>
</tr>
<tr>
<td>• Emphasize that the child was not at fault.</td>
<td></td>
</tr>
</tbody>
</table>
When interviewing the caretaker(s) of a suspected victim of child abuse:

<table>
<thead>
<tr>
<th><strong>DO</strong></th>
<th><strong>Do NOT</strong></th>
</tr>
</thead>
</table>
| • Remain as objective as possible and withhold judgment until all facts are known.  
• Explain the reason for the interview.  
• Explain your legal obligation to report suspected abuse (lesson 6 provides more information on reporting requirements).  
• Describe any additional actions that will be taken.  
• Answer any questions.  
• Contact the mandated reporting agency in your state prior to the interview, if you think there is a risk the parents may flee with the child after being informed of the suspected diagnosis of abuse. | • Attempt to prove abuse or neglect.  
• Display anger, horror, or disapproval.  
• Place blame or make judgments.  
• Give the parents any feedback on their explanation of the child’s injuries (feedback could provide information that would allow the parents to change an unlikely explanation). |
If your facility is unable to provide an appropriate child abuse assessment, identified victims should be referred to another hospital or facility for assessment.

If qualified healthcare staff in your facility are 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)
FLASH INTERACTION: 5020.SWF/FLA

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, without the child’s caretaker present.</td>
<td>Sit across from the child, at a desk or table, 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 incorrect words or terms for body parts.</td>
</tr>
<tr>
<td>Emphasize that the child was not at fault.</td>
<td>Acknowledge your horror and sympathy for the child’s suffering.</td>
</tr>
<tr>
<td>Allow the child to formulate his or her own answers to your questions.</td>
<td>Discourage questions.</td>
</tr>
<tr>
<td>Documentation and Collection of Evidence</td>
<td></td>
</tr>
<tr>
<td>------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>When assessing victims of abuse/neglect, careful documentation is critical for future legal actions.</td>
<td></td>
</tr>
<tr>
<td>In some cases, the medical record provides the only evidence of abuse.</td>
<td></td>
</tr>
</tbody>
</table>

***Rationale for JCAHO Standard PC.3.10***

*The assessment of the patient must be conducted within the context of the requirements of the law to preserve evidentiary materials and support future legal actions.*
If possible and applicable (depending upon the type of abuse), the following should be documented, in a precise, professional manner:

- Statements made by the victim (and his or her caretaker, in the case of child abuse), 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 (see text image to the right)
- Results of pertinent laboratory or other diagnostic procedures

<table>
<thead>
<tr>
<th>Description of injuries should include:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Type</td>
</tr>
<tr>
<td>• Number</td>
</tr>
<tr>
<td>• Size</td>
</tr>
<tr>
<td>• Degree of healing</td>
</tr>
<tr>
<td>• Possible causes</td>
</tr>
<tr>
<td>• Explanation provided, including a professional opinion as to whether the provided explanation is likely</td>
</tr>
<tr>
<td>• Location, recorded on a body chart or drawing</td>
</tr>
</tbody>
</table>

[Image: 5022.GIF]
Photographs

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

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, 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 picture.
- Take at least two pictures of every major injury.
- Carefully label all photographs.
In the case of abuse that involves sexual assault, each state has legally mandated 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:

- Have the patient disrobe on a clean piece of cloth or 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 cloth or sheet in an additional 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.
• Perform a genital exam:
  • Collect samples of pubic hair, as well as head and body hair.
  • Collect pubic hair combings.
  • Inspect external genitalia for injury and particulate evidence.
  • Conduct an internal exam and collect vaginal and/or anal swabbing.
• 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

As with the rape kit, collect, store, and transfer evidence of domestic abuse with strict adherence to chain-of-evidence protocols.
When documenting evidence of suspected abuse, observations should be recorded in a precise, professional, objective manner. For example, do not include subjective statements or opinions such as, “The caretaker’s explanation of the child’s injury is inconsistent with the presentation of the injury.”

a. True
b. False

TRUE / FALSE INTERACTION

Correct answer: B

Feedback for A: Incorrect. When documenting evidence of suspected abuse, observations should be recorded in a precise, professional manner, and injuries, for instance, should be described using objective measures (type, number, size, and degree of healing). Pertinent opinions, however, are also an important part of the medical record. For example, the examining healthcare professional should indicate possible causes of injuries, and/or record his or her opinion as to whether any explanation provided for injuries is plausible.

Feedback for B: Correct. When documenting evidence of suspected abuse, observations should be recorded in a precise, professional manner, and injuries, for instance, should be described using objective measures (type, number, size, and degree of healing). Pertinent opinions, however, are also an important part of the medical record. For example, the examining healthcare professional should indicate possible causes of injuries, and/or record his or her opinion as to whether any explanation provided for injuries is plausible.
<table>
<thead>
<tr>
<th>Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>You have completed the lesson on assessing and referring victims of abuse and neglect.</td>
</tr>
</tbody>
</table>

Remember:

- The goals of a domestic abuse assessment are to create a supportive environment, to collect pertinent information, and to determine the patient’s immediate and long-term health and safety needs.
- The domestic abuse assessment has a number of different components. Familiarize yourself with these, as appropriate for your role in identifying and assessing victims of domestic abuse.
- 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, and specific items assessed. Familiarize yourself with these, as appropriate for your role in identifying and assessing victims of elder abuse.
- Be prepared to refer victims of elder abuse/neglect to local agencies and resources. When child abuse is suspected, a thorough health assessment must be performed.
- Familiarize yourself with how to interview suspected victims of child abuse/neglect and their caretakers, as appropriate for your role in identifying and assessing victims of child abuse.
- Be prepared to refer families to local child-abuse resources and agencies.
- When assessing victims of abuse/neglect, careful documentation is critical for future legal actions. Familiarize yourself with the items that should be documented in the medical record, as appropriate for your role in identifying and assessing victims of abuse.
- Familiarize yourself with local rape kit requirements, as appropriate for your role in identifying and assessing victims of abuse.
Welcome to the lesson on reporting requirements for suspected cases of abuse/neglect.

This lesson addresses both internal and external reporting requirements.

**FLASH ANIMATION: 6001.SWF/FLA**

<table>
<thead>
<tr>
<th>Elements 6 and 7 of Standard PC.3.10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reporting requirements</td>
</tr>
<tr>
<td>- Domestic abuse</td>
</tr>
<tr>
<td>- Elder abuse</td>
</tr>
<tr>
<td>- Child abuse</td>
</tr>
<tr>
<td>- Immunity from liability for mandatory reporters</td>
</tr>
<tr>
<td>- Mandatory reporting vs. patient confidentiality</td>
</tr>
<tr>
<td>- Penalties for not reporting</td>
</tr>
</tbody>
</table>
Objectives

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.
Elements 6 and 7 of Standard PC.3.10

<table>
<thead>
<tr>
<th>Element 6</th>
<th>Element 7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Criteria for identifying victims</td>
<td>Internal reporting of identified victims of abuse and neglect.</td>
</tr>
<tr>
<td>Staff education</td>
<td>Consult your supervisor regarding facility protocols for reporting abuse/neglect internally.</td>
</tr>
<tr>
<td>List of agencies for referral</td>
<td>Element 6 specifies that all identified cases of abuse, neglect, or exploitation must be reported to appropriate outside agencies, as well, as mandated by hospital policy and applicable law.</td>
</tr>
<tr>
<td>Ongoing screening</td>
<td></td>
</tr>
<tr>
<td>Assessment and/or referral of identified victims</td>
<td></td>
</tr>
<tr>
<td>Reporting to outside agencies</td>
<td></td>
</tr>
<tr>
<td>Internal reporting</td>
<td></td>
</tr>
</tbody>
</table>
**Reporting Requirements**

The following screens provide an overview of state-mandated reporting requirements for:

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

**Note:** Consult your supervisor regarding facility-specific requirements for reporting to outside agencies, if different from state-mandated requirements.
As of March 2002, 47 states required healthcare providers to report certain cases of domestic abuse, depending 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.
- Bear in mind that reporting can compromise the safety of victims, by prompting the abuser to retaliate with further abuse. 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

When intervening in a case of known or suspected elder abuse or neglect, be certain to:
- Fulfill state-mandated reporting requirements.
- Choose interventions that least restrict the patient's independence and decision-making.
Although all states require healthcare providers to report suspected child abuse and neglect, state laws vary with regard to:

- 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 from Liability for Mandatory Reporters</th>
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</thead>
<tbody>
<tr>
<td>Mandatory reporting laws provide immunity from liability for mandatory reporters who make reports in good faith.</td>
</tr>
</tbody>
</table>
Protecting patient confidentiality does not legally justify a failure to report suspected child abuse.

When reporting suspected child abuse, sharing confidential information is not considered a violation of patient-provider privilege.
Child Abuse: Penalties for Not Reporting

Most states impose criminal penalties on healthcare providers who fail to report suspected child abuse.

The crime is a misdemeanor in most states, and penalties may include:

- Fines
- Jail time

Providers who fail to report also risk civil liability if they are sued by the patient or the patient’s family, and the court determines that a reasonable healthcare professional should have suspected abuse based on the signs, symptoms, and medical history.
Your state requires you to report any injury resulting from domestic abuse. You are assessing a patient with injuries suggestive of abuse (bilateral, in different stages of healing). To encourage your patient to disclose, you should not inform her of your requirement to report.

<table>
<thead>
<tr>
<th></th>
<th>TRUE / FALSE INTERACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. True</td>
<td>Correct answer: B</td>
</tr>
<tr>
<td>b. False</td>
<td></td>
</tr>
</tbody>
</table>

Feedback for A: Incorrect. 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.

Feedback for B: Correct. 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.
Summary

You have completed the lesson on reporting requirements.

Remember:

- Most states require healthcare providers to report certain cases of domestic abuse, depending 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, including:
  - What you are required to report
  - How to report
  - Whether the laws of your state provide immunity from liability for mandatory reporters
  - Limitations on patient-provider confidentiality in cases of abuse
  - Penalties for failing to report
# Course Glossary

<table>
<thead>
<tr>
<th>#</th>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>abrasion</td>
<td>area where skin is torn or worn</td>
</tr>
<tr>
<td>2</td>
<td>anorectal tone</td>
<td>elastic tension of the muscles of the anus and rectum</td>
</tr>
<tr>
<td>3</td>
<td>cerebral edema</td>
<td>brain swelling</td>
</tr>
<tr>
<td>4</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>5</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>
</tr>
<tr>
<td>6</td>
<td>metaphyseal plate</td>
<td>growing part of a long bone</td>
</tr>
<tr>
<td>7</td>
<td>perforation</td>
<td>hole in the wall of an organ</td>
</tr>
<tr>
<td>8</td>
<td>perinatal</td>
<td>referring to the time just before, during, and immediately after birth</td>
</tr>
<tr>
<td>9</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>
</tr>
<tr>
<td>10</td>
<td>precocious</td>
<td>exceptionally early development or maturity</td>
</tr>
<tr>
<td>11</td>
<td>prepubertal</td>
<td>at the age immediately before puberty</td>
</tr>
<tr>
<td>12</td>
<td>pseudomature</td>
<td>falsely mature</td>
</tr>
<tr>
<td>13</td>
<td>retinal hemorrhage</td>
<td>extensive bleeding in the retina (light-sensitive layer of tissue that lines the back of the eyeball)</td>
</tr>
<tr>
<td>14</td>
<td>subarachnoid hemorrhage</td>
<td>bleeding on the surface of the brain</td>
</tr>
<tr>
<td>15</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>
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</table>
[Identifying and Assessing Victims of Abuse]

Pre-Assessment

1. JCAHO requires that all accredited hospitals train frontline healthcare staff to identify victims of abuse and neglect.
   a. True
   b. False

Correct answer: A
Feedback: Element 2 of JCAHO Standard PC.3.10 specifies that hospital staff must be educated about abuse and neglect. All staff should be able to screen for abuse and neglect, in a manner appropriate to any given patient’s needs and condition.

2. In cases of domestic abuse, 85% of all victims are:
   a. Homosexual men
   b. Adults over the age of 70
   c. Adolescent and adult women
   d. Children under the age of two

Correct answer: C
Rationale: In domestic abuse, the victim is an adult or adolescent (in 85% of cases, a woman), and the abuser is a person (most often a man) who is, was, or wishes to be in an intimate or dating relationship with the victim.

3. Which of the following best characterizes the dynamics of domestic abuse?
   a. Some form of domestic abuse occurs in all families.
   b. The victim provokes the abusive behavior, through a pattern of instigative behaviors.
   c. The abuser attempts to establish control over the victim, through a pattern of assaultive and coercive behaviors.
   d. The abuser encourages the victim to correct her flaws by seeking support from friends, family, and the healthcare community.

Correct answer: C
Rationale: The dynamics of domestic abuse are quite specific: the abuser attempts to establish control over the victim, through a pattern of assaultive and coercive behaviors.

4. Which of the following is (are) examples of physical abuse of an elder?
   a. Inappropriate use of physical restraints
   b. Forcing an older person to purchase goods
   c. Threatening an older person with punishment or deprivation
   d. All of these
5. Inappropriate use of physical restraints is a form of physical abuse. Forcing an older person to purchase goods is financial abuse, and threatening an older person with punishment or deprivation is psychological abuse.

5. Child neglect occurs when a parent or other caretaker fails to provide a child with adequate:
   a. Food
   b. Love and nurturing
   c. Education
   d. Any of these
   e. None of these

   Correct answer: D
   Rationale: Child neglect occurs when a parent, guardian, or other caretaker fails to meet any of the basic physical, developmental, or psychological needs of a child, including adequate food, love/nurturing, and education, as well as adequate clothing, shelter, emotional support, safety, and medical and dental care.

6. When screening for domestic abuse, be alert for signs and symptoms. Ask direct questions only if signs and symptoms are evident.
   a. True
   b. False

   Correct answer: B
   Rationale: As part of a standard health history, adolescent and adult patients (all adolescents and adults, or females only, depending on facility policy) should be asked direct questions regarding physical, emotional, and sexual abuse by past or current intimate partners, whether or not there are obvious indicators of abuse.

7. Which of the following injuries is most suspicious as a potential indicator of domestic abuse?
   a. A single bruise on the shin
   b. Multiple 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.

8. You are taking a standard medical history of an older patient. Which of the following questions is (are) appropriate?
   a. How is your energy level?
   b. Who lives at home with you?
c. Has anyone at home ever hurt you?
d. All of these are appropriate.
e. None of these is appropriate.

Correct answer: D  
Rationale: Routine screening for elder abuse and neglect should be part of standard clinical practice. Screening should include basic demographic questions to determine family composition and socioeconomic status (e.g., Who lives at home with you?), general questions to determine overall wellbeing (e.g., How is your energy level?), and direct questions regarding abuse and neglect (e.g., Has anyone at home ever hurt you?).

9. You are performing a routine medical assessment of a four-year-old boy. The patient’s mother discloses that she is a victim of domestic abuse. Your patient is at __________ risk for child abuse.
   a. Average
   b. Increased
   c. Decreased

Correct answer: B  
Rationale: Other violence in the home (such as domestic abuse) is a significant risk factor for child abuse.

10. Absence of physical findings precludes a diagnosis of child sexual abuse.
   a. True
   b. False

Correct answer: B  
Rationale: Physical signs are frequently not seen in sexually abused children. Absence of physical findings does not preclude a diagnosis of sexual abuse.

11. Behavioral findings that may indicate child neglect include:
   a. Anxiety
   b. Bedwetting
   c. Excessive masturbation
   d. All of these
   e. None of these

Correct answer: D  
Rationale: All of these may be indicators of neglect.

12. You are assessing a 37-year-old victim of domestic abuse. She has two young children, and has been in a physically abusive marriage for 14 years. Although she has never before confided in a healthcare professional, the abuse recently escalated, frightening her and prompting her to seek help. Which of the following questions/statements would be an appropriate part of your assessment?
   a. What things do you say or do that are most likely 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 for the safety of your children.

d. How can you stand to leave your children with your husband? If I were in your place, and anything ever happened to my kids, I would never forgive myself.

Correct answer: C

Rationale: Assessment of an identified victim of domestic abuse should include validation of the patient’s experience, for example, through expressing concern for the patient’s safety. Avoid comments or questions that express or imply any judgment of the patient, or that suggest that the patient may be at fault for the actions of the abuser.

13. If a victim of domestic abuse is not ready to leave the abusive situation, refer the patient to couples counseling, where the patient and her partner can work on more healthy ways of relating.

   a. True
   b. False

Correct answer: B

Rationale: Victims of domestic abuse should not be referred to couples counseling, as this may increase the risk of serious abuse and harm to the patient.

14. A six-year-old girl presents with vaginal bleeding, bruising of the inner thighs, and intense fear of adults. You suspect sexual abuse, and perform an assessment. During your interview with the child, you should:

   a. Reassure the child that she did not do anything wrong.
   b. Have the child’s parents present, to help assuage her fear.
   c. Gently press the child for any answers she seems reluctant to give.
   d. Use correct terminology for all body parts, even if the child uses different words or terms.
   e. All of these are correct.

Correct answer: A

Rationale: When interviewing a suspected victim of child abuse, do so in private, without the child’s 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.

15. You are documenting a suspected case of domestic abuse. Which of the following is the best way of recording your observations of the patient’s appearance and behavior?

   a. The patient appeared out-of-sorts.
   b. The patient was distraught and disheveled.
   c. The patient was weeping, and rocked back and forth on the examination table. Her shirt was ripped.
   d. The patient was visibly shaken. The abusive incident seemed to have frightened her considerably.

Correct answer: C
Rationale: When documenting a suspected case of abuse, it is best to provide specific observations regarding the patient’s appearance and behavior.

16. When documenting a suspected case of abuse, which of the following types 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.

17. Rape kits are the same in all states and local jurisdictions.
   a. True
   b. False

Correct answer: B
Rationale: A rape kit is a set of legally mandated procedures for collecting evidence of sexual assault. These legally mandated procedures vary considerably from jurisdiction to jurisdiction.

18. When collecting and documenting evidence of abuse, it is important to follow chain-of-evidence protocols to:
   a. Protect the victim’s anonymity.
   b. Ensure that the evidence will be admissible in a court of law.
   c. Protect healthcare providers from having to testify in future legal actions.
   d. All of these are correct.
   e. None of these is correct.

Correct answer: B
Rationale: Following chain-of-evidence protocols ensures that evidence will be admissible in a court of law, by providing proof that the evidence was not altered or tampered with after being collected.

19. All states require healthcare providers to report domestic abuse when related injuries are inflicted by gun or firearm.
   a. True
   b. False

Correct answer: B
Rationale: Most states (43) require healthcare providers to report domestic abuse when related injuries are inflicted by gun or firearm, but not all do.
20. Patient-provider privilege does not legally justify a failure to report suspected child abuse in any state.
   a. True
   b. False

Correct answer: A
Rationale: Healthcare providers are required to report suspected child abuse in all states. Protecting patient confidentiality does not legally justify a failure to report.

Final Exam

Question Title: Question 1

Question: In a case of domestic abuse, the abuser is:

Answer 1: A parent
Answer 2: A caretaker
Answer 3: An intimate partner
Answer 4: Any of these
Answer 5: None of these

Correct Answer: An intimate partner
Answer Rationale: Domestic abuse is specifically defined as abuse by a person (most often a man) who is, was, or wishes to be in an intimate or dating relationship with the victim (adolescent or adult; in 85% of cases, a woman).

Question Title: Question 2

Question: Which of the following may be a component of domestic abuse?

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

Correct Answer: All of these

Answer Rationale: In domestic abuse, the abuser engages in a pattern of assaultive and coercive behaviors, with the goal of establishing control over the victim. These assaultive and coercive behaviors may include rape, physical assault, and/or enforced isolation, as well as psychological abuse, intimidation, and/or deprivation.

Question Title: Question 3

Question: Absence of any physical injury precludes a diagnosis of child abuse.

Answer 1: True
Answer 2: False
Answer 3: True
Answer 4: False
Answer 5: False

Correct Answer: False

Answer Rationale: Emotional and sexual abuse do not necessarily result in physical injury.

Question Title: Question 4

Question: JCAHO requires all accredited hospitals to assess identified victims of abuse or neglect.

Answer 1: True
Answer 2: False
Answer 3: True
Answer 4: False
Answer 5: False

Correct Answer: False

Answer Rationale: JCAHO requires all accredited hospitals to identify victims of abuse or neglect. Hospitals also must assess suspected/identified victims or refer victims to appropriate outside agencies for assessment.
Question Title: Question 5

Question: When screening/assessing for domestic abuse, all of the following are appropriate questions/statements EXCEPT:

Answer 1: Did your boyfriend cause these injuries?
Answer 2: Does your husband ever hurt or threaten you?
Answer 3: What did you do that caused your husband to assault you?
Answer 4: Because domestic abuse occurs so frequently, I have started asking all my patients about it.
Answer 5: What did you do that caused your husband to assault you?

Correct Answer: What did you do that caused your husband to assault you?

Answer Rationale: When screening/assessing for domestic abuse, it is important to emphasize that the victim is not at fault. Asking a patient what she did to cause an assault implies that she is to blame for the abuse (she somehow “made” her husband hit her).

Question Title: Question 6

Question: Which of the following may be an indicator of domestic abuse?

Answer 1: An unusually high number of abortions
Answer 2: An unusually high number of pregnancies
Answer 3: An unusually high number of miscarriages
Answer 4: All of these
Answer 5: None of these

Correct Answer: All of these

Answer Rationale: Indicators 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, in different stages of healing. When you ask whether her intimate partner caused the bruises, she denies any possibility of domestic abuse. You should:

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

Answer 5: Correct Answer: Offer the patient information on additional domestic violence resources available in the community.

Answer Rationale: If a patient with signs and symptoms of abuse (such as the injuries described for this patient) denies abuse, respect his or her right not to disclose. Inform the patient of your ongoing support and availability. Offer information on additional domestic violence resources, and reassess the patient at appropriate intervals (i.e., at future checkups).

Question Title: Question 8

Question: Which of the following children is 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
Answer 5: Correct Answer: A child with Down syndrome

Answer Rationale: Disabilities and abnormalities are child-related risk factors for abuse.

Question Title: Question 9

Question: Which of the following burns may be indicative of child abuse?

Answer 1: Patterned burns
Answer 2: Immersion burns
Answer 3: Cigar or cigarette burns
Answer 4: All of these
Answer 5: None of these

Correct Answer: All of these

Answer Rationale: All of these burns may be indicative of child abuse.

Question Title: Question 10
Question: Which of the following STD’s, if not perinatally acquired, are certain indicators of sexual abuse in prepubertal children?

Answer 1: HIV and genital warts
Answer 2: Gonorrhea and syphilis
Answer 3: Genital herpes and Chlamydia
Answer 4: Candida albicans and Trichomonas
Answer 5:

Correct Answer: Gonorrhea and syphilis

Answer Rationale: These two STD’s are certain indicators of child sexual abuse (if not acquired perinatally).

Question Title: Question 11

Question: Screening for abuse and neglect should occur at every new patient encounter, but is not necessary for established patients.

Answer 1: True
Answer 2: False
Answer 3: 
Answer 4: 
Answer 5:

Correct Answer: False

Answer Rationale: Screening for abuse and neglect should be ongoing, at appropriate intervals, 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
Answer 3: 
Answer 4: 
Answer 5:

Correct Answer: True
Question Title: Question 13

Question: You are working with an identified victim of domestic abuse. Based on your assessment, 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 secure a restraining order
Answer 3: Emergency shelter/housing, to give the patient a safe place to go until she is able to make more long-term arrangements
Answer 4: Couples counseling, to give the patient and her partner a neutral setting where they both can learn more healthy ways of relating

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

Answer Rationale: Victims of domestic abuse should NOT be referred to couples counseling, as this may increase the risk of serious abuse and harm to the patient.

Question Title: Question 14

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

Answer 1: You are equipped 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: Before initiating an assessment on a suspected victim of child sexual abuse, be certain that you are emotionally and intellectually equipped and prepared to collect all necessary forensic evidence.

Question Title: Question 15

Question: When interviewing a suspected victim of child abuse, which of the following would be an appropriate question/statement?

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

Correct Answer: Do you have any questions about what we’ve talked about so far? I will do my best to answer any questions that you have.

Answer Rationale: When interviewing a suspected victim of child abuse, be sure to encourage questions, and answer questions as fully and honestly as possible (given the child’s age and understanding). Do not press the child for answers, suggest answers, or express shock or horror at what the child tells you.

Question Title: Question 16

Question: When interviewing the caretakers of a suspected victim of child abuse, all of the following would be appropriate statements, EXCEPT:

Answer 1: I am interviewing you today because I think your child may be a victim of abuse.
Answer 2: We are not here today to prove that your child has been abused, or to place blame.
Answer 3: As a licensed healthcare provider, I have a legal obligation to report suspected cases of child abuse.
Answer 4: I suspect abuse because the explanation you gave for your child’s injuries are not consistent with my clinical findings.
Answer 5:

Correct Answer: I suspect abuse because the explanation you gave for your child’s injuries are not consistent with my clinical findings.

Answer Rationale: When interviewing the caretakers of a suspected victim of child abuse, do explain the reason for the interview, as well as your legal obligation to report. Do not attempt to prove abuse or place blame. In addition, do not provide any feedback on explanations for injuries, as feedback could allow the parents to change an implausible explanation.

Question Title: Question 17

Question: If injuries resulting from suspected abuse are photographed, a written description does not need to be included in the medical record.

Answer 1: True
Answer 2: False
Answer 3:
Answer 4:
Answer 5:

Correct Answer: False
Answer Rationale: Although photographs can provide valuable corroborating evidence in the event of any future legal action, they do not replace a detailed written description of injuries.

Question Title: Question 18

Question: Which of the following statements is (are) true regarding rape kits?

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 these statements are true.
Answer 5: None of these statements is true.

Correct Answer: A rape kit is a set of protocols for collecting evidence from a victim of sexual assault.

Answer Rationale: A rape kit is a legally mandated set of protocols for collecting evidence from a victim of sexual assault, to establish the time and place of the assault, and the identity of the rapist. These legally mandated protocols vary considerably from jurisdiction to jurisdiction. Familiarize yourself with state/local requirements!

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 these
Answer 5: None of these

Correct Answer: Child abuse

Answer Rationale: Although many states have reporting requirements for domestic and elder abuse, 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 punishable by fine and/or jail time in most states.
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 considered a violation of patient-provider privilege.
Answer 4: All of these are correct.
Answer 5: None of these is correct.

Correct Answer: All of these are correct.

Answer Rationale: All of these statements are true of mandatory reporters.