HealthStream Regulatory Script

Identifying and Assessing Victims of Abuse and Neglect

Version: May 2007

Lesson 1: Introduction
Lesson 2: The Joint Commission Standard PC.3.10
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

*Image: 1002.GIF*

“Abuse can leave lasting physical and emotional scars. This contributes to the cycle of violence.”

*Diagram:* Cycle of Abuse with Victim and Perpetrator of Abuse.
### Course Goals

After completing this course, you should be able to:

- Recall the elements of The Joint Commission Standard PC.3.10
- 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
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.3.10.

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.
Welcome to the lesson on The Joint Commission Standard PC.3.10.

After completing this lesson, you should be able to:
- Discuss the elements of Standard PC.3.10
- Define key terms related to abuse
<table>
<thead>
<tr>
<th>Statistics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abuse and neglect are a public health concern.</td>
</tr>
<tr>
<td>For example, each year:</td>
</tr>
<tr>
<td>• Two million people are injured as a result of domestic (intimate partner) violence.</td>
</tr>
<tr>
<td>• Two million adults may be victims of elder abuse.</td>
</tr>
<tr>
<td>• Over one million children are abused or neglected. At least 1,500 of these children will die.</td>
</tr>
<tr>
<td>• Shaken-baby syndrome affects over 1,000 children.</td>
</tr>
<tr>
<td>• 85% of the victims are women</td>
</tr>
</tbody>
</table>

[Image: 2002.jpg]
The Joint Commission has a standard for victims of abuse. Standard PC.3.10 states:

“Staff needs to be able to identify abuse or neglect…”.

This is because:

- Victims may be unable or reluctant to talk about the abuse.
- Signs of abuse may not be obvious.

Hospital-wide criteria for identifying victims should be developed and used.

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.
Element 1

The Joint Commission Standard PC.3.10 has seven elements of performance.

Element 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

Let’s begin by defining the terms in Element 1.
<table>
<thead>
<tr>
<th>Terms of Element 1: Physical Assault, Rape, Sexual Molestation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Physical assault</strong> is the threat or use of force upon a victim.</td>
</tr>
<tr>
<td><strong>Rape</strong> is any nonconsensual genital, anal, or oral penetration of a victim.</td>
</tr>
<tr>
<td><strong>Sexual molestation</strong> includes:</td>
</tr>
<tr>
<td>- Any nonconsensual sexual contact, short of rape, between adults</td>
</tr>
<tr>
<td>- Any sexual act with a child:</td>
</tr>
<tr>
<td>- Anal or genital touching</td>
</tr>
<tr>
<td>- Exposure of genitalia</td>
</tr>
<tr>
<td>- Taking pornographic pictures</td>
</tr>
<tr>
<td>- Rape</td>
</tr>
<tr>
<td>- Persuading a child to perform sexual acts</td>
</tr>
</tbody>
</table>

**IMAGE: 2005.GIF**

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.
- 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.

<table>
<thead>
<tr>
<th>CLICK TO REVEAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical abuse</td>
</tr>
</tbody>
</table>
| 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

Point 7 of 13
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
<table>
<thead>
<tr>
<th>Terms of Element 1: Child Abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Child abuse may be:</strong></td>
</tr>
<tr>
<td>• Physical</td>
</tr>
<tr>
<td>• Emotional</td>
</tr>
<tr>
<td>• Sexual</td>
</tr>
</tbody>
</table>

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>
</tr>
</thead>
<tbody>
<tr>
<td>Physical abuse</td>
<td>Inappropriate use of restraints on an older person</td>
</tr>
<tr>
<td>Sexual abuse</td>
<td>Raping an older person</td>
</tr>
<tr>
<td>Psychological abuse</td>
<td>Humiliating an older person</td>
</tr>
<tr>
<td>Financial abuse</td>
<td>Forcing an older person to sign a will</td>
</tr>
</tbody>
</table>
2011

Remaining Elements

Standard PC.3.10 also includes elements:

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.
4. Screening for abuse and neglect must occur on an ongoing basis.
5. Suspected victims of abuse or neglect must be assessed.
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.

<table>
<thead>
<tr>
<th>Criteria for identifying victims</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff education</td>
<td>2</td>
</tr>
<tr>
<td>List of agencies for referral</td>
<td>3</td>
</tr>
<tr>
<td>Ongoing screening</td>
<td>4</td>
</tr>
<tr>
<td>Assessment and/or referral of identified victims</td>
<td>5</td>
</tr>
<tr>
<td>Reporting to outside agencies</td>
<td>6</td>
</tr>
<tr>
<td>Internal reporting</td>
<td>7</td>
</tr>
</tbody>
</table>
Complying with PC.3.10 Elements of Performance

The following lessons will provide you with the information you need to comply with Standard PC.3.10 elements.

<table>
<thead>
<tr>
<th>Standard PC.3.10 Elements of Performance</th>
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</thead>
<tbody>
<tr>
<td>1</td>
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<tr>
<td>2</td>
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<tr>
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<td>4</td>
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<td>5</td>
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<tr>
<td>6</td>
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<tr>
<td>7</td>
</tr>
</tbody>
</table>
You have completed the lesson on elements of performance of The Joint Commission Standard PC.3.10.

Remember:
- Standard PC.3.10 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.
- 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 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.
Lesson 3: Identifying Victims of Abuse and Neglect

3001

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
Element 1 of PC.3.10 states:

Hospitals must develop or adopt criteria for identifying victims of:

- Physical assault
- Rape
- Sexual molestation
- Domestic abuse
- Elder neglect or abuse
- Child neglect or abuse

<table>
<thead>
<tr>
<th>Standard PC.3.10 Elements of Performance</th>
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<tbody>
<tr>
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<td>5</td>
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<tr>
<td>6</td>
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<tr>
<td>7</td>
</tr>
</tbody>
</table>
This lesson focuses on identifying victims of:

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

FLASH ANIMATION: 3003.SWF/FLA
Domestic Abuse

To identify victims of domestic abuse, your facility should screen patients routinely. 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 screening 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 into 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.
**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

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**Look for patterns related to:**
- Health problems
- When, how, and why patients access healthcare services
**Domestic Abuse: Indicators (2)**

<table>
<thead>
<tr>
<th>Additional signs of domestic abuse include:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Unexplained injuries</td>
</tr>
<tr>
<td>• Inconsistent or unlikely explanations for injuries</td>
</tr>
<tr>
<td>• Delaying medical treatment for an injury</td>
</tr>
<tr>
<td>• Injuries to the head, neck, chest, breasts, abdomen, or genitals</td>
</tr>
<tr>
<td>• Bilateral or multiple injuries</td>
</tr>
<tr>
<td>• Multiple injuries in different stages of healing</td>
</tr>
<tr>
<td>• Injury to the breasts or abdomen during pregnancy</td>
</tr>
</tbody>
</table>

**IMAGE: 3008.JPG**

![Suspicious injuries can indicate abuse.](3008.JPG)
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)

### When a patient denies abuse:
1. **Respect.**
2. **Inform.**
3. **Offer.**
4. **Reassess.**
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. Follow facility policy.

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

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

Feedback for D: Incorrect. The best answer is C. Screening 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?
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

### 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

Point 12 of 23
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.
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

**Child-related risk factors for abuse**

These include:

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

**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 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
- STD's, especially in prepubertal children (if not perinatally 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.

<table>
<thead>
<tr>
<th>STD diagnosed</th>
<th>Probability of sexual abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gonorrhea</td>
<td>Certain</td>
</tr>
<tr>
<td>Syphilis</td>
<td>Certain</td>
</tr>
<tr>
<td>Chlamydia</td>
<td>Probable</td>
</tr>
<tr>
<td>Condylomata acuminatum</td>
<td>Probable</td>
</tr>
<tr>
<td>(genital warts)</td>
<td></td>
</tr>
<tr>
<td>Trichomonas vaginalis</td>
<td>Probable</td>
</tr>
<tr>
<td>Herpes 2</td>
<td>Probable</td>
</tr>
<tr>
<td>HIV</td>
<td>Probable</td>
</tr>
<tr>
<td>Herpes 1 (genital)</td>
<td>Possible</td>
</tr>
<tr>
<td>Bacterial vaginosis</td>
<td>Uncertain</td>
</tr>
<tr>
<td>Candida albicans</td>
<td>Unlikely</td>
</tr>
</tbody>
</table>
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.

<table>
<thead>
<tr>
<th>Behavioral findings that may indicate sexual abuse:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hyperactivity or withdrawal</td>
</tr>
<tr>
<td>Poor self-esteem, shame, or guilt</td>
</tr>
<tr>
<td>Poor peer relationships</td>
</tr>
<tr>
<td>Distorted body image</td>
</tr>
<tr>
<td>Regressive behaviors such as bedwetting</td>
</tr>
<tr>
<td>Fears or phobias, especially of adults</td>
</tr>
<tr>
<td>Deterioration in academic performance</td>
</tr>
<tr>
<td>Eating disorders</td>
</tr>
<tr>
<td>Compulsive behavior</td>
</tr>
<tr>
<td>Sexual abuse of a sibling, friend, or young child</td>
</tr>
<tr>
<td>Pregnancy</td>
</tr>
<tr>
<td>Attempts to run away from home</td>
</tr>
<tr>
<td>Suicide attempts</td>
</tr>
</tbody>
</table>
Historical 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
### Review

Which of the following behavioral findings is NOT 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: 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.
According to Element 4 of PC.3.10, 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

<table>
<thead>
<tr>
<th>Standard PC.3.10 Elements of Performance</th>
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</table>
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 about who to screen.
- Domestic abuse screening should include direct questions to the patient about abuse by past or current intimate partners.
- Routine screening 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 2 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.

**Standard PC.3.10 Elements of Performance**

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Criteria for identifying victims</td>
</tr>
<tr>
<td>2</td>
<td>Staff education</td>
</tr>
<tr>
<td>3</td>
<td>List of agencies for referral</td>
</tr>
<tr>
<td>4</td>
<td>Ongoing screening</td>
</tr>
<tr>
<td>5</td>
<td>Assessment and/or referral of identified victims</td>
</tr>
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<td>6</td>
<td>Reporting to outside agencies</td>
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<td>7</td>
<td>Internal reporting</td>
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<tr>
<td>Training should include:</td>
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<tr>
<td>----------------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>• How victims experience and view abuse</td>
<td></td>
</tr>
<tr>
<td>• How to provide culturally competent care</td>
<td></td>
</tr>
<tr>
<td>• The dynamics of abusive relationships</td>
<td></td>
</tr>
<tr>
<td>• The physical and mental health consequences of abuse and neglect</td>
<td></td>
</tr>
<tr>
<td>• How to provide appropriate care to victims of abuse</td>
<td></td>
</tr>
<tr>
<td>• How employees in abusive relationships can access assistance</td>
<td></td>
</tr>
</tbody>
</table>
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.

- The Joint Commission Standard PC.3.10
When

Training should be provided:
  • As part of staff orientation
  • On an ongoing basis

To ensure staff competence, training should be ongoing.
All frontline healthcare staff should be able to recognize signs and symptoms of abuse/neglect.

<table>
<thead>
<tr>
<th>a. True</th>
<th>b. False</th>
</tr>
</thead>
</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 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.
Introduction & Objectives

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

After completing this lesson, you should be able to:
- 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
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 3 of Standard PC.3.10 requires that hospitals maintain a current list of local resources, to facilitate such referrals.

### Standard PC.3.10 Elements of Performance

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>Criteria for identifying victims</th>
</tr>
</thead>
<tbody>
<tr>
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<td>Staff education</td>
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<td>List of agencies for referral</td>
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<td>4</td>
<td>Ongoing screening</td>
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<tr>
<td>5</td>
<td>Assessment and/or referral of identified victims</td>
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<tr>
<td>6</td>
<td>Reporting to outside agencies</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Internal reporting</td>
<td></td>
</tr>
</tbody>
</table>
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
Domestic Abuse

Only trained healthcare staff should access 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.

**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.
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.
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

![5009.jpg](image)
Identified victims should be referred to another hospital or facility if your facility is unable to perform an assessment.

All trained staff members 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:
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.

<table>
<thead>
<tr>
<th>Before assessing a potential victim of child sexual abuse, ask yourself:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Am I prepared to accept that abuse of this sort occurs?</td>
</tr>
<tr>
<td>Am I prepared to receive all information sensitively?</td>
</tr>
<tr>
<td>Am I prepared to take all of the child's statements seriously?</td>
</tr>
<tr>
<td>Am I prepared to collect all necessary forensic evidence?</td>
</tr>
<tr>
<td>Am I prepared to stop the examination before contaminating important evidence that should be collected or observed by a more appropriate expert?</td>
</tr>
</tbody>
</table>
Child Abuse and Neglect: Interviewing

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.

**CLICK TO REVEAL**

**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
## 5015

### Interviewing the Child

When interviewing the child:

<table>
<thead>
<tr>
<th><strong>DO</strong></th>
<th><strong>Do NOT</strong></th>
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</table>
| - Conduct the interview in private, without the caretaker present  
- Sit near the child, at the child’s eye level, not across a desk or table  
- Establish trust  
- Explain the purpose of the interview in a way the child can understand  
- Ask the child to explain words or terms that are unclear  
- Use the child’s own words and terms whenever possible  
- Use aids such as anatomically detailed dolls only if you are trained in their use  
- Encourage the child to ask questions, and answer them  
- Acknowledge the difficulty of the situation  
- Stress that the child was not at fault | - Suggest answers  
- Press the child for answers he or she is reluctant to give  
- Criticize or correct the child’s choice of language  
- Convey blame or guilt  
- Leave the child unattended  
- Display shock or horror at what the child tells you  
- Offer rewards |
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>
<tbody>
<tr>
<td>• Remain as objective as possible</td>
<td>• Attempt to prove abuse or neglect.</td>
</tr>
<tr>
<td>• Withhold judgment until all facts are known</td>
<td>• Display anger, horror, or disapproval</td>
</tr>
<tr>
<td>• Explain the reason for the interview</td>
<td>• Place blame or make judgments</td>
</tr>
<tr>
<td>• Explain your legal obligation to report suspected abuse</td>
<td>• Give the parents any feedback on their explanations (your information could allow the parents to change an unlikely explanation)</td>
</tr>
<tr>
<td>• Describe any additional actions that will be taken</td>
<td></td>
</tr>
<tr>
<td>• Answer any questions</td>
<td></td>
</tr>
<tr>
<td>• If the patents may flee, contact the mandated reporting agency in your state</td>
<td></td>
</tr>
<tr>
<td>Child Abuse and Neglect: Referrals</td>
<td></td>
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<tr>
<td>-----------------------------------</td>
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</tbody>
</table>

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)
<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>
</tbody>
</table>
When assessing victims, careful documentation is critical for future legal actions.

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

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.

-Rationale for The Joint Commission Standard PC.3.10
## Written Record

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 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
In cases of 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 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!
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.
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."

a. True
b. False

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.
Summary

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

Remember:

- The goals of a domestic abuse assessment are to:
  - Create a supportive environment
  - Collect pertinent information
  - 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.
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

Lesson Map

- Domestic abuse
- Elder abuse and neglect
- Child abuse and neglect
Element 7 of Standard PC.3.10 requires immediate **internal** reporting of identified victims of abuse and neglect.

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

Element 6 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.
### Reporting Requirements

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
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
**Child Abuse: Immunity from Liability for Mandatory Reporters**

<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>
</table>

Protecting patient confidentiality does not legally justify a failure to report suspected child abuse.

Sharing abuse information is not a violation of patient-provider privilege.

![Image: 6008.JPG]
<table>
<thead>
<tr>
<th>6009</th>
<th>Child Abuse: Penalties for Not Reporting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Most states impose criminal penalties on healthcare providers who fail to report suspected child abuse.</td>
<td></td>
</tr>
<tr>
<td>The crime is a misdemeanor in most states. Penalties may include:</td>
<td></td>
</tr>
<tr>
<td>• Fines</td>
<td></td>
</tr>
<tr>
<td>• Jail time</td>
<td></td>
</tr>
<tr>
<td>Providers can also be sued by the patient or patient’s family.</td>
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</tbody>
</table>
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.

<table>
<thead>
<tr>
<th>TRUE / FALSE INTERACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Correct answer: A</td>
</tr>
</tbody>
</table>

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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Identifying and Assessing Victims of Abuse

Pre-Assessment

1. You are interviewing a suspected victim of child abuse. Which of the following would be an appropriate question/statement?
   a. What your parents did to you was horrible! I can't imagine anything more awful!
   b. Are you sure you don’t remember how this happened? Is it possible that your mother or father burned you with a cigarette?
   c. 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.
   d. All of these are appropriate.
   e. None of these is appropriate.

Correct Answer: C
Answer Rationale: Be sure to encourage questions, and answer questions as fully and honestly as. Do not press the child for answers, suggest answers, or express horror at what the child tells you.

2. You are interviewing the caretakers of a suspected victim of child abuse. All of the following are appropriate statements, EXCEPT:
   a. I am interviewing you today because I think your child may be a victim of abuse.
   b. We are not here today to prove that your child has been abused, or to place blame.
   c. As a licensed healthcare provider, I have a legal obligation to report suspected cases of child abuse.
   d. I suspect abuse because the explanation you gave for your child’s injuries are not consistent with my clinical findings.

Correct Answer: D
Answer Rationale: Explain the reason for the interview and your legal obligation to report. Do not attempt to prove abuse or place blame. Do not provide any feedback on explanations for injuries. Feedback could allow the parents to change an implausible explanation.

3. The Joint Commission 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 Standard PC.3.10 specifies that hospital staff must be educated about abuse and neglect. All front line health care staff should be able to screen for abuse and neglect.

4. 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 violence and threats.
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 abuser uses threats and violence to establish control over the victim.

5. Which of the following injuries is most suspicious as a potential indicator of 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.

6. 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: Screening should include demographic questions, general questions to determine overall wellbeing, and direct questions regarding abuse and neglect.

7. 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.

8. Behavioral findings that may indicate child neglect include:
   a. Anxiety
   b. Bedwetting
   c. Excessive masturbation
9. 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.

10. A victim of domestic abuse is not ready to leave the abusive situation. You should 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. This may increase the risk of serious abuse and harm to the patient.

11. A six-year-old girl presents with vaginal bleeding, bruising of the inner thighs, and intense fear of adults. You suspect sexual abuse. 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: 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.

12. 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 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: It is best to provide specific observations about the patient’s appearance and behavior.

13. When documenting a suspected case of abuse, which of the following types of injury should be photographed in black-and-white and 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.

14. Rape kits are the same in all states.
   a. True
   b. False

Correct answer: B
Rationale: Rape kits can vary from jurisdiction to jurisdiction.

15. You are collecting and documenting evidence of abuse. You should 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. It provides proof that the evidence was not altered or tampered with after being collected.

16. Protecting patient confidentiality 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.
1. Protecting patient confidentiality 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.

2. Rape kits are the same in all states.
   a. True
   b. False

Correct answer: B
Answer rationale: Rape kits may vary from state to state.

3. An 80 year old man presents at the emergency room. He is dehydrated and has poor personal hygiene. You suspect that the patient:
   a. May be a victim of physical abuse.
   b. May be a victim of physical neglect.
   c. May be a victim of financial abuse.
   d. Is untidy, which is to be expected with advanced age.

Correct answer: B
Answer rationale: Dehydration and poor personal hygiene are signs of elder neglect.

4. Which child is LEAST likely to be at risk for abuse?
   a. Becky, a premature infant with health problems
   b. John, a full-term infant whose parents are in couples counseling
   c. Gail, an infant that cries a lot
   d. All are correct

Correct answer: D
Answer rationale: All of the above children have either child specific or family risk factors for abuse.

5. Physical signs are frequently seen in sexually abused children.
   a. True
   b. False

Correct answer: B
Answer rationale: Children of sexual abuse often present without signs of the abuse.

5. Which of the following statements about The Joint Commission requirements for training is NOT true?
   a. Comprehensive training should be given as part of the staff orientation and then reviewed every five years.
   b. Training should be mandated for all front line providers.
   c. Training should be provided to staff in all areas where abuse and neglect may be identified or assessed.
   d. All of the above are true.

Correct answer: A
Answer rationale: The Joint Commission Standard PC 3.10 does not specify a time period for staff training.

6. You are conducting a domestic abuse assessment. You should ask the patient if the abuser has ever hurt all of the following except:
   a. Other family members
   b. Children
   c. Pets or animals
   d. All of the above should be included.

Correct answer: D
Answer rationale: You should determine if the abuser has a history of violence. This includes violence toward other family members, children, and pets.

7. When interviewing a child that may have been abused, you should:
   a. Suggest answers
   b. Offer the child a reward for answering your questions
   c. Encourage the child to ask questions and answer them
   d. Press for answers the child is reluctant to give
   e. All of these

Correct answer: C
Answer rationale: Children who may have been abused should be encouraged to ask questions. Never suggest answers, offer rewards, or press for information.

8. When interviewing the caretaker of a suspected victim of child abuse:
   a. Don’t attempt to prove abuse
   b. Don’t give the parents any feedback
   c. Remain objective
   d. Answer any questions
   e. All of these

Correct answer: E
Answer rationale: You should do all of these when interviewing the caretaker.

9. Reporting of domestic abuse depends on the types of injuries involved. Mandatory reporting requirements are not the same in all states.
   a. True
   b. False

Correct answer: True
Answer rationale: Reporting of abuse depends on the type of injury and can differ by state.

10. All states require reporting of suspected child abuse.
    a. True
    b. False

Correct answer: True
Answer rationale: Child abuse must be reported in all states.

11. All of the following are examples of sexual molestation EXCEPT:
    a. Rape of a child
    b. Rape of an adult
    c. Nonconsensual contact between adults, without penetration
    d. All of these are examples

Correct answer: B
Answer rationale: Rape of an adult is not an example of sexual molestation

12. Forcing an older person to sign a will is not an example of abuse.
    a. True
    b. False

Correct answer: B
Answer rationale: Forcing an older person to sign a will is an example of financial abuse.

13. The Joint Commission requires all cases of abuse and neglect to be reported within the hospital.
    a. True
    b. False

Correct answer: A
Answer rationale: The Joint Commission requires reporting within the hospital. They also require outside reporting as mandated or required by hospital policy.
14. A pregnant woman presents at the emergency room. Which of the following would suggest domestic abuse?
   a. A broken arm, which she reports happened at Lamaze class
   b. Presence of a husband who is concerned about his wife and baby
   c. A broken finger, which she reports happened while assembling nursery furniture
   d. Wounds on the abdomen

Correct answer: D
Answer rationale: Injuries to the breasts and abdomen are common in pregnancy women experiencing domestic abuse.

15. Which of the following questions should be part of standard clinical practice when caring for an older person?
   a. Are you left alone a lot?
   b. Where are you living now?
   c. How is your outlook these days?
   d. All of the above

Correct answer: D
Answer rationale: Older patients should be asked demographic information. They should also be asked questions about their overall wellbeing. Direct questions about abuse also should be asked.

16. Abuse and neglect are a healthcare concern.
   a. True
   b. False

Correct answer: True
Answer rationale: This statement is true.