Recognizing and Responding to Abuse, Neglect and Exploitation

WBT 14486

Course Description:

This program describes abuse and neglect and how to respond.

Objectives:

By the end of the course, you will be able to:

- Recognize signs and symptoms of abuse and neglect.
- Find resources to help identify abuse and neglect.
- Know how to respond when abuse and neglect are suspected.
Abuse and neglect affects all age groups

- Alaska has one of the highest rates of child maltreatment in the United States
- Alaska leads the nation for in per capita sexual assaults
- Reports of Elder Abuse in Alaska have more than doubled from 2009 to 2011
- 59% of adult women in Alaska have experienced intimate partner violence or sexual violence in their lifetime
- An OCS report is made on 1 of every 10 children in Alaska each year

We screen all patients for abuse and neglect because:

- It is good patient care
- It is a national standard of care/Joint Commission
- It is a federal regulation
- It is a standard of care for most professions

Asking patients about abuse is only part of their abuse evaluation

- Patients are screened for abuse by asking if they feel safe at home.
  - *This question has proven to not illicit accurate information and therefore, the most important screen is being alert for signs, and symptoms related to abuse or neglect*

Abuse victims don’t disclose out of:

- **Fear**—Risk of increased retaliation when seek help
- **Shame**—may feel abuse was their fault and/or are embarrassed by the abuse
- **Capacity**—may not understand that they have been abused
Triggers for suspicion of child abuse:

- Incompatible or inconsistent history or absent history to explain injury(ies) or illness
- History not compatible with child’s age or developmental status
- Premobile infant/child with ANY injury or ALTE (Apparent Life Threatening Event)
- Multiple injuries in different stages of healing
- Patterned injury(ies) such as patterned bruises or burns
- High risk fracture (i.e. classic metaphyseal lesion, skull etc)
- Injuries to multiple organ systems not explained by single incident (such as motor vehicle crash)
- History of previous injuries
- Delay in care
- Disclosure of or concern for sexual abuse of child
- Genital or anal injury, bleeding or discharge
- Pregnancy in minor child
- Family violence exposure or history
- Inappropriate caregiver behavior or response
- Impaired caregiver/substance abuse in presence of child
- History of animal abuse in the home

➢ Please see PAMC policy “Suspected Child Abuse, Neglect, and Exploitation” for more information
Triggers for Domestic Violence:

- Patient discloses past or present abuse, or it is documented in the medical record
- Site of injury is the face, head, neck, chest, abdomen, genitals, and/or areas of the body normally covered
- Multiple injuries in various stages of healing
- Extent or type of injury inconsistent with explanations patient gives-
  Patient minimizes injury
- Patient presents evidence of sexual abuse or coercion
- Repeated use of services with vague complaints for which there is no substantiated physical evidence
- Substantial delay between onset of injury and presentation of treatment. Patient may present for treatment because of the urging of a friend-relative
- Patient is accompanied by an overly solicitous companion who will not leave the patient's side. Partner presents as controlling or jealous.
- The patient's behavior could include poor eye contact; distant or vague in response to questions; jumpy when in the presence of staff or the same when in presence of partner

➤ See policy “Care of the Victim of Domestic Violence” for further information
Triggers for suspicion of elder abuse or abuse of vulnerable adults:

- Suspicious injury or injuries
  - Patterned injuries
  - Defensive injuries
  - The explanation does not match the injury
- Delay in care
- History of violence in the family or support system
- Inappropriate caregiver behavior or response
- Impaired caregiver/substance abuse
- Poor hygiene or basic care needs not met
- Self-neglected or confused/disoriented/forgetful patient with evidence of being unable to care for self
- Evidence of financial exploitation
  - Unpaid bills
  - Fails to understand recently completed financial transactions
  - Being encouraged, pressured, or coerced into making financial decisions
  - Reports missing funds

➢ Please see PAMC policy “Protection of Vulnerable Adults from Abuse, Neglect, and Exploitation” for more information

What to do if you are concerned about abuse but need more information:

- Contact on-call Social Worker (pager 88-0384 available 24 hours a day)
- Review the policy (on PAMC intranet site) under policies
If a child or adult discloses abuse or neglect -

- Call Providence social worker assigned to the unit. On nights and weekends, contact the on-call social worker on pager 88-0384.
- Tell patient it was not his/her fault
- Be supportive, not judgmental
- Tell the truth and make no promises
- Document the patient’s exact “quotes”
- Listen carefully

When a child or adult has been abused or neglected, the Social Worker and/or other members of the treatment team will work with the victim to provide support resources for their safety and treatment.

Tips for conducting a medical interview with a child
- Avoid leading questions (i.e. suggesting a perpetrator or act)
- Use age appropriate language
  - When documenting, use quotations when possible
- Limit questions to those necessary for the medical care of the child

On-line Resources

Policies library access to PAMC policies for:
- Care of the Victim of Suspected Child sexual Abuse
- Care of the Victim of Domestic Violence
- Care of the Adult Victim of Sexual Assault
- Protection of Vulnerable Adults from Abuse, Neglect, and Exploitation
- Care of the Victim of Physical Assault

- Important information on abuse, including signs/symptoms, behaviors, and triggers to suspect abuse and neglect can be accessed at the PAMC Abuse web site http://provlink.provak.org/pamc/case/abuse.asp
### Reporting

Alaska Law requires that health care personnel and administrators report:

- Suspected and/or confirmed child abuse and neglect
  - reports of child abuse are made to the Office of Children’s Services
- Suspected and/or confirmed abuse of a vulnerable adult
  - reports for abuse or neglect of a vulnerable adult are made to Adult Protective Services
- Suspected and/or confirmed domestic violence is reported
  - only if it involves a weapon, burns, or a life-threatening injury or if the victim consents to a report to law enforcement

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**We screen all patients for signs and symptoms of abuse and neglect:**

The best way to prevent and identify abuse and neglect is to be on the look out for the signs and symptoms of abuse.

If you are not sure or need more information to determine if there is a problem with abuse, neglect, or domestic violence.

- Call the Social Worker assigned to your unit,
- Check the policies library,
- Or go to the PAMC Abuse web site

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If you know a patient is abused or have a suspicion

- Contact Social Worker or Behavioral Health Staff assigned to your unit or the on-call social worker
- They will assist with referrals or follow up
For further information, contact:

- Your supervisor or manager
- Lauren Anderson, LCSW, Manager of Social Work  907-212-7897
- On-call Social at pager 88-0384

References


National Sexual Violence Resource Center –  

NCADV Public Policy Office  [http://www.andvsa.org/programs/programs.htm](http://www.andvsa.org/programs/programs.htm)

Adult Protective Services

Office of Children’s Services