



Abuse Self-Learning Module

Abuse Screening and Reporting



SHARP Metropolitan
Medical Campus



Abuse Self-Learning Module

Abuse Screening and Reporting

- This 4 part self-learning module is intended to provide you with information and direction on the subjects of **domestic violence, elder abuse, and child abuse.**

Part I:	Domestic Violence/Intimate Partner Violence
Part II:	Elder Abuse
Part III:	Dependent Adult Abuse
Part IV:	Child Abuse

Instructions

- Please read the following information, complete the post test and return a copy of your transcript (test results) to your supervisor.



Abuse Self-Learning Module

Abuse Screening and Reporting

Course Objectives:

Upon completion of this course, the health care provider will be able to:

1. Define the terms domestic violence, intimate partner violence, elder abuse, dependent adult abuse and child abuse.
2. Screen patients for indicators of possible abuse.
3. Describe mandated reporting requirements for healthcare providers.
4. Identify required referrals for suspected abuse.
5. Refer to the Sharp Healthcare (SHC) policies and procedures on the topics of Abuse.



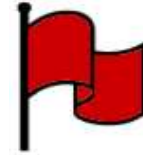
Part I: Domestic Violence

- Domestic violence is a pattern of coercive behavior involving physical assault or the threat of physical assault
- Abuse tactics may include sexual abuse, economic control, verbal abuse, isolation and emotional abuse.
- Domestic Violence is also referred to as intimate partner violence.
- Both women and men can be victims of domestic violence.





Red Flags of Abuse Domestic Violence



Possible Indicators of Domestic Violence

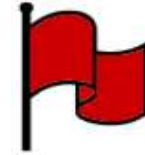
Look for clues for in the patient's behavior.

Examples include:

- Discrepancy between physical findings and verbal report of injury
- Vagueness about cause of injury (for example, “I just bruise easily”)
- Hesitation to talk openly
- Delay between time of injury and seeking treatment



Red Flags of Abuse Domestic Violence



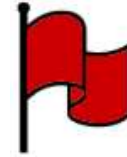
Possible Indicators of Violence from a Partner

Look for clues in the relationship between the patient and partner. These might include:

- Expressed or observed fear of partner
- Reluctance to speak in presence of partner
- Overly protective or controlling partner
- Intense irrational jealousy or possessiveness expressed by partner or reported by patient



Red Flags of Abuse Domestic Violence



Possible Indicators of Violence from a Partner

Indirect indicators raise your suspicion regarding domestic violence.

Assess for:

- Feelings of depression
- Previous suicide attempts
- Isolation from friends and family
- Indirectly mentions the topic of “abuse”



Physical Indicators of Domestic Violence

The most commonly seen injuries associated with Domestic violence include:

- Burns
- Head injuries
- Bruises (clusters of bruises around inner arm, armpits, groin area or breasts)
- Swelling of eyes
- Split lip
- Signs of choking on throat
- Intra-abdominal injury



Physical Indicators of Domestic Violence

- Cuts, lacerations, puncture wounds
- Chronic headaches
- Shoulder dislocation
- Multiple fractures not explained by injury





Physical Indicators of Domestic Violence

Does the patient have a “history” of suspected Domestic Violence? Look for:

- Pattern of emergency room treatment for injuries
- Bruises in various stages of healing
- Past fractures in various stages of healing
- Past injuries while pregnant
- Spontaneous abortions/series of miscarriages
- Closed head injury





Reporting Suspected Domestic Violence



1. Read the SHC Abuse Policies & Procedures
2. Contact Administrative Liaison and Social Service
3. Make a telephone report immediately or as soon as practically possible to the law enforcement agency that resides within the jurisdiction where the injury occurred.
4. Complete a Violent Injury/Domestic Violence Report form #SHC-AD3



Mandatory Reporting

Domestic/Intimate Partner Violence

- Why:
 - Domestic violence is listed as a category for mandatory reporting
- Who:
 - Any health practitioner employed in a health facility, clinic, physician's office.
- When/How:
 - By telephone to local law enforcement agency immediately
 - Via written report prepared and sent to local law enforcement agency with two working days using California Form: "Suspicious Injury Report"



Part II: Elder Abuse

Elder Abuse and Neglect

Definition: Physical abuse, abandonment, abduction, isolation, neglect or financial abuse of a person 65 years of age or older.

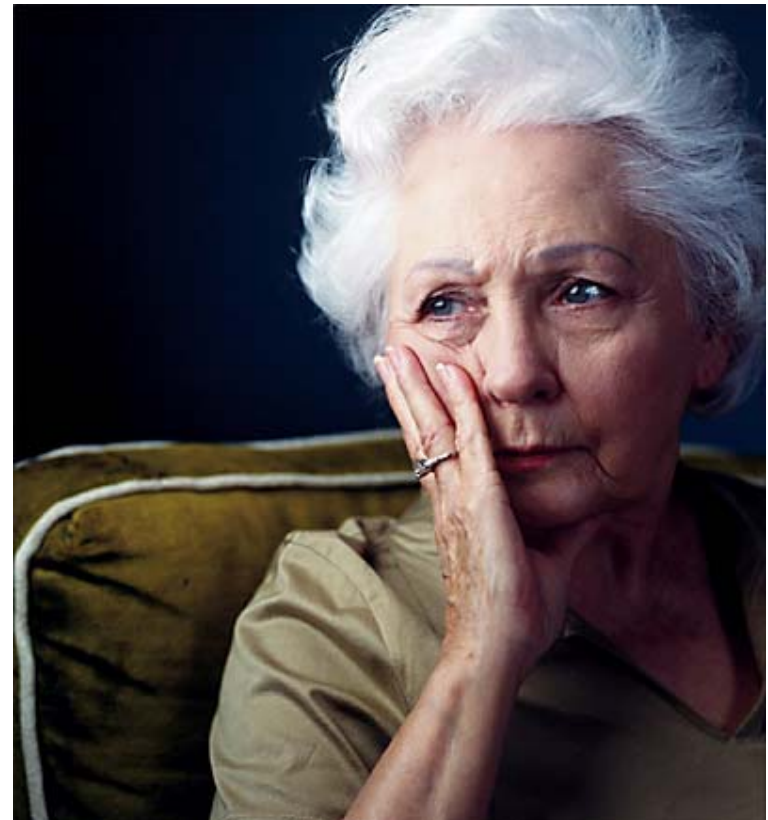
It is imperative that all direct health care providers are aware of the indications and reporting of suspected Elder Abuse.



Elder Abuse

The following areas will be reviewed:

- Passive and Active Neglect
- Specific Types of Elder Abuse
- Possible Indicators/Clues for Elder Abuse
- Reporting Requirements





Types of Elder Abuse

Passive and Active Neglect

- With passive and active neglect the caregiver fails to meet the physical, social, and/or emotional needs of the older person. The difference between active and passive neglect lies in the intent of the caregiver.





Types of Elder Abuse

Passive and Active Neglect

- With active neglect, the caregiver intentionally fails to meet his/her obligations towards the older person.
- With passive neglect, the failure is unintentional; often the result of caregiver overload or lack of information concerning appropriate care giving strategies.



Potential Indicators of Elder Abuse

Assessment Clues for Neglect:

- Poor overall care/un-cleanliness
- Pressure sores (bed sores)
- Signs of malnourishment/dehydration
- Elder is not given the opportunity to speak without the caregiver being present
- Caregiver exhibits high levels of indifference or anger towards the older adult
- Overmedication or over-sedation
- Too long of an interval between time of accident or illness and time patient brought in for treatment



Types of Elder Abuse

Physical Abuse



- Consists of an intentional infliction of physical harm to an elderly person.
- Can range from slapping an older adult, beatings, or the use of excessive forms of physical restraint (e.g. inappropriate restraining).



Elder Abuse

Physical Abuse Signs and Symptoms

- Overt signs of physical trauma
 - scratches,
 - bruises,
 - cuts,
 - burns,
 - punctures,
 - choke marks
 - restraint trauma



- Repeated "unexplained" injuries
- A history of doctor or emergency room "shopping"



Elder Abuse

Material/Financial Abuse

Definition: The misuse, misappropriation, and/or exploitation of an older adults material (e.g. possessions, property) and/or monetary assets.

Look for clues:

The caregiver only expresses concern regarding the financial status of the older person and does not ask questions or express concern regarding the physical and/or mental health status of the elder.

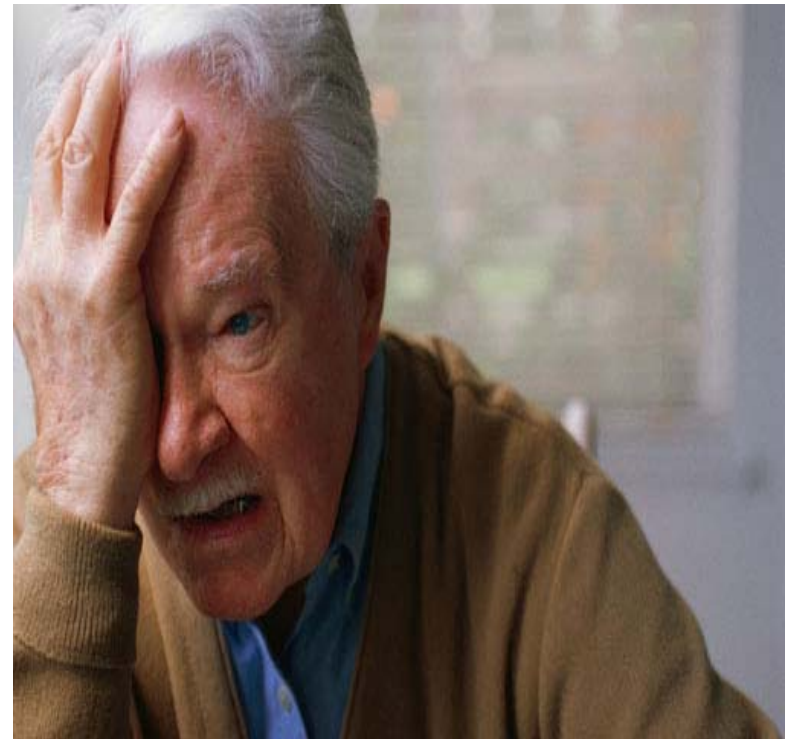




Elder Abuse

Psychological Elder Abuse

- Psychological or emotional abuse consists of the intentional infliction of mental harm and/or psychological distress upon the older adult. The abuse can range for insults and verbal assaults to threats of physical harm or isolation.





Elder Abuse Reporting

- Contact the hospital Social Services Department
- Refer to the SHC Adult Abuse Policy & Procedure
- Make telephone reports immediately or as soon as possible after receiving the information.
- Report to Adult Protective Services (under Aging and Independent Services) at any time at 800-510-2020. (District attorney offices may also receive reports of abuse of elders or dependent adults).
- Complete and mail a “Report of Suspected Dependent Adult/Elder Abuse”, (Form SOC341) within two (2) working days to the address on the form.



Prevention of Elder Abuse

Prevention of Elder Abuse

American Association of Retired Persons (AARP) has put together a comprehensive list of Do's and Dont's related to prevention of elder abuse.

Consult [AARP](#) to request a copy of **Domestic Mistreatment of the Elderly: Towards Prevention** or consult your local AARP chapter.

“An ounce of prevention is worth a pound of cure”



Mandatory Reporting Elder Abuse

- Why:
 - It is required by law under CA W&I and Penal Code which makes elder abuse a crime
- Who:
 - Mandated reporters: Healthcare Practitioners
- When:
 - One observes or has knowledge of an incident that reasonable appears to be physical abuse, abandonment, abduction, sexual abuse, intimidate, isolation, neglect or financial abuse
 - One is told by an elder or dependent adult that he/she has experience behavior constituting abuse.
- How:
 - Immediate telephone report to adult protective service agency or local law enforcement.
 - Written report within two working days using the "Report of Suspected Dependent Adult/Elder Abuse" form.



Part III: Dependent Adult Abuse

Definition: Dependent Adult

Any person residing in California who is between the ages of 18 and 64:

- who has physical or mental limitations that restrict his or her individual ability to carry out normal activities of daily living, ability to protect his or her own right and which threaten the individuals capacity to live an independent life.
- who is admitted as an inpatient in an acute care hospital or other 24 hour health facility



Dependent Adult Abuse

- **Dependent Adult Abuse includes:**
 - Physical abuse
 - Abandonment abuse
 - Abduction abuse
 - Isolation abuse
 - Neglect abuse
 - Financial abuse





Reporting Responsibilities

- **Mandatory reporter has an individual duty to report suspected abuse**
 - Telephone reports must be made immediately or ASAP after the information is received to Adult Protective Services at 800-510-2020.
 - District Attorney's Office may also receive reports
 - Complete and mail a "Report of Suspected Dependent Adult/Elder abuse Form (SOC341) within (2) working days to the address listed on the form.



Part IV: Child Abuse

Definition

- Crime of inflicting physical or emotional injury on a child.
- More than 2.5 million cases of child abuse and neglect are reported each year.
- Of these, 35 percent involve physical abuse, 15 percent involve sexual abuse, and 50 percent involve neglect





Child Abuse

Child Abuse Statistics



- One in four girls and one in eight boys will be sexually abused before they are 18 years old.
- Sexual abuse includes inappropriate touching of a child's breasts or genitalia, as well as someone's exposing their genitalia to a child



Child Neglect

○ Physical Neglect

- failure to provide adequate food, clothing, shelter, medical care, hygiene, protection, and supervision

○ Emotional Neglect

- failure to provide security, emotional support, love, affection, and psychological care when needed

○ Medical Neglect

- refusal, disregard, or delay in seeking medical care when financially able to do so

○ Educational Neglect

- failure to enroll a child of mandatory school-age in school, failure to ensure attendance in school, and a failure to address educational needs



Recognizing Child Abuse & Neglect

Signs of Physical Abuse

- Inconsistent explanations regarding the history and nature of various injuries including:
 - burns,
 - fractures,
 - abdominal injuries
 - head injuries
- Delays in seeking medical care
- Statements by the victim stating the injury was caused by abuse.
- History of repeated injuries



Recognizing Child Abuse & Neglect

Signs of Sexual Abuse

- Extremely passive, compliant or fearful behavior demonstrated by child
- Physical exam indicating sexual activity or abuse
- Abdominal pain
- Extreme sexual behavior that seems inappropriate for the child's age





Recognizing Child Abuse and Neglect

Signs of Emotional Abuse

- Sudden change in self-confidence
- Headaches or stomach aches with no medical cause
- Attempts to run away
- Signs of emotional neglect
- Failure to gain weight (especially in infants)
- Extremely affectionate behavior
- Voracious appetite and stealing of food



Screening, Reporting & Documenting Child Abuse

Reporting

- Review P & P on the Sharp IntraNet related specifically to abuse
- Report all suspected cases of sexual, physical, emotional abuse, general and severe neglect to County Welfare/Child Protective Services
 - Submit telephone report ASAP
 - Submit written notification within 36 hours of receiving the information
- Notify the Social Service Department



Screening, Reporting & Documenting Abuse

Asking Difficult Questions

The goal:

- to provide the patient with the opportunity to openly and safely respond to the health care providers questions.

Potential interventions:

- Provide a safe and private environment
- Let the patient know you are concerned
- Be direct and clear in your interactions
- Provide patient with resource information



REFERENCES

1. American Academy of Pediatrics (1999). *Caring for baby and young child: Birth to age 5*. Bantam.
2. Centers for Disease Control and Prevention. (2003). *Costs of intimate partner violence against women in the United States*. National Center for Injury Control and Prevention: Center for Disease Control and Prevention. Atlanta, GA: Author.
3. Krug, E., Dahlberg, L., Mercy, J., Zwi, A. & Lozano, R. (Eds.). (2002). *World report on violence and health*. Geneva: World Health Organization.
4. Red Flags of Domestic Violence” retrieved from: www.med.umich.edu/abusehurts/
5. Sharp Health Care Policy and Procedures:
 - Abuse: Reporting of Dependent Adults (01828.99)
 - Abuse: Reporting of Child (01829.99)
 - Patient Abuse and Patient Abuse Reporting (32103.99)
 - Domestic Violence Screening (01803.99)
 - Domestic Violence Reporting (01804.99)
 - Sharp Health Care Reporting Matrix



EXIT

Click the Take Test button on the left side of the screen when you are ready to complete the requirements for this course.

Choose the My Records button to view your transcript.

Select Exit to close the Student Interface