

# Abuse or Neglect – Child, Vulnerable Adult, Sexual and Domestic Recognition & Reporting

This course outlines the ethical and legal responsibility of all healthcare workers to protect patients from neglect and exploitation as well as verbal, mental, physical, and sexual abuse. Learn how to recognize, document, and report suspected abuse in children and vulnerable adults. This meets the Joint Commission education requirement for abuse and includes human trafficking. It does not meet the Domestic Violence education requirement for nursing licensure.



**Baptist Health  
South Florida**

Target Audience: All Clinical, Non-Physician Personnel  
Approved for 1.0 Contact Hour by the Florida Board  
of Nursing and Florida Board of Social Work

# Objectives

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1. Review the laws related to mandatory reporting of abuse or neglect of children and vulnerable adults.
2. Identify the signs and symptoms of abuse, neglect, and exploitation or human trafficking and how to report them.
3. Summarize the behaviors most helpful when assessing and caring for patients who have suffered abuse.
4. Outline the unique signs, symptoms, and types of sexual abuse to look for in children or vulnerable adults.

*"Not reporting abuse is condoning the behavior and a failure to act on the patient's behalf."*



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# Florida Laws

# Protecting Adults From Maltreatment

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When a person turns 18 years old, she or he attains legal standing as an adult. With this legal standing come many rights, privileges, and responsibilities. Adults are free to vote, enter into legally binding contracts, give consent, take out loans, and open bank accounts. When adults have impairments or disabilities and are *unable* to take care of themselves, they may lose some of the rights, privileges, and responsibilities. In some cases, formal legal actions and documents are taken and used to declare the adult “incompetent” and assign another adult with the responsibilities to care and manage her/his affairs. Adults deemed incompetent may live with family members, or other adults, sanctioned by a court with the responsibility to care for them. Other adults deemed incompetent may live in group settings or in other institutions, often run by private organizations, under the authority of state governments.

Independent adults without impairments generally have the right and ability to protect themselves from maltreatment, and can call upon law enforcement or the court system to assert this right. Because adults with impairments might not be able to protect themselves, all states have systems designed to step in and protect vulnerable adults. The definition of “vulnerable adult” may include older adults, but vulnerable adults are not simply defined by their age. “Vulnerable adults” also include those who might be targets of maltreatment because of their developmental, cognitive, mental, or physical disabilities.

According to Chapter 415 Adult Protective Services of the Florida Statutes, the term “vulnerable adult” means a person 18 years of age or older whose ability to perform the normal activities of daily living or to provide for his or her own care or protection is impaired due to a mental, emotional, sensory, long-term physical, or developmental disability or dysfunction, or brain damage, or the infirmities of aging.

# Laws Relating to Vulnerable Adults

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The department is also responsible, as mandated in Chapter 415, F.S., for providing services to detect and correct abuse, neglect, and exploitation of vulnerable adults who, because of their age or disability, may be unable to adequately provide for their own care or protection. In taking action to prevent further abuse, neglect, and exploitation, the department must place the fewest possible restrictions on personal liberty and exercise of constitutional rights. The department's actions must be consistent with due process and protection from abuse, neglect, and exploitation. Law enforcement takes the lead in all criminal investigations and prosecution.

Abuse of patients may take many forms. Although "abuse" is often thought of as being physical, verbal abuse is just as common and violates the mental well-being or dignity of a patient just as much. Failing to act on behalf of a patient is also a form of abuse because it is considered neglect and can lead to physical or psychological harm. Similarly, not reporting abuse is condoning the behavior and also is a form of failing to act on the patient's behalf.



# Reporting Child Abuse, Neglect, Abandonment and Abuse, Neglect, and Exploitation of Vulnerable Adults

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In 2012, House Bill 1355 was passed into law and is called "**Protection of Vulnerable Persons**" Ch. 2012-155 of the Laws of Florida. The bill adds to the current reporting requirements of 39.201, F.S removing the limitation that only "caregiver" abuse be reported to the hotline by requiring any person to report known or reasonably suspected physical or emotional abuse of a child by any adult person. The bill also requires any person to report known or reasonably suspected sexual abuse of a child by any person. The bill requires the central abuse hotline to accept any call reporting child abuse, abandonment, or neglect by someone other than a caregiver and to forward the concern to the appropriate sheriff's office for further investigation. The bill also states that the knowledge and willful failure of a person, who is required to report known or suspected child abuse, abandonment, or neglect is elevated from a first-degree misdemeanor to a third-degree felony. As a result, the potential prison sentence is raised from 1 year to 5 years, and the potential fine is raised from a maximum of \$1,000 to a maximum of \$5,000. In addition, the bill creates subsections 39.205(3) and (4), F.S., which provide penalties for Florida educational institutions whose personnel fail to report certain child abuse taking place on the campus of the institution or during an event or function sponsored by the institution. The bill subjects the institution to a \$1 million fine for each failure to report child abuse, abandonment, or neglect.



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# Nursing Home Reform Act - 1987

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In the 1970s and 1980s, the public became aware of serious problems in nursing homes with injuries and deaths of elderly residents. The resulting outcry prompted Congress to commission a study by the Institute of Medicine in 1985. Two and a half years later, the IOM report, "Improving the Quality of Care in Nursing Homes," documented widespread abuse and neglect of older adults in nursing homes.

As a result, Congress passed the Nursing Home Reform Act in 1987 as part of the Omnibus Budget Reconciliation Act (OBRA '87). The legislation emphasizes the rights of nursing home residents, including the right to choose their physicians, to participate in planning their care and treatment, **to be free from physical or chemical restraints** not required to treat a medical symptom, and **to be free of abuse and neglect**. The law gave federal and state surveyors who inspect nursing homes the ability to issue deficiency citations to facilities that violate residents' rights.

## Residents' Bill of Rights

Under the Nursing Home Reform Act, nursing home residents are entitled to a basic set of rights. These rights are in place to protect each resident's privacy, individuality, dignity, and medical needs. The Nursing Home Reform Act's Bill of Rights ensures that each resident receives a standard of care that is free from abuse, isolation, and improper medical treatment. Residents have the right to:

- Accommodation of physical, mental, and psychosocial needs
- Be free from mistreatment, abuse, and neglect
- Voice grievances without facing reprisal or discrimination
- Participate in family and resident groups
- Participate in their own care plan, including advance notice of changes in treatment, care, or facility status
- Privacy
- Communicate freely
- Be treated with dignity
- Exercise self-determination
- Be free from physical restraints



# Mandated Reporters

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Throughout history, patients have trusted health care professionals because of our competency and caring abilities. Many of us who work in healthcare have an ethical responsibility to protect the health, safety, and rights of our patients. Nurses, for example, are ethically bound to uphold and promote the patient's rights. 2017 Gallup poll on professional honesty and ethics indicates that the American public rates nurses as the most ethical and honest of all professionals. Society relies on RNs to advocate for patients and to speak out when there is evidence of wrongdoing.

Although every person has a responsibility to report suspected abuse or neglect, some occupations are specified in Florida law as required to do so. These occupations are considered "professionally mandatory reporters". A professionally mandatory reporter of child abuse/neglect is required by Florida Statute to provide his or her name to the Abuse Hotline Counselor when reporting. A professionally mandatory reporter's name is entered into the record of the report, but is held confidential (§ 39.202, F.S. and 415.107, F.S.)



**Nurses Ranked #1 Most Ethical Profession By 2017 Gallup Poll**

# Mandatory Reporters

Health Professional

Social Worker

Nursing Home Staff

Paramedic

Emergency Medical Technician

Physician

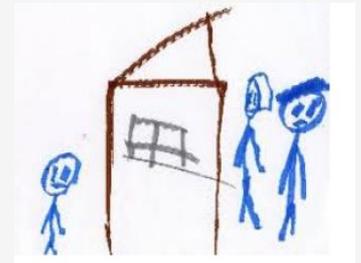
Nurse



# Florida Laws and Statutes for Children

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Chapter 39 of the Florida Statutes (F.S.) mandates that any person who knows, or has reasonable cause to suspect, that a child is abused, neglected, or abandoned by a parent, legal custodian, caregiver, or other person responsible for the child's welfare shall immediately report such knowledge or suspicion to the Florida Abuse Hotline of the Department of Children and Families.

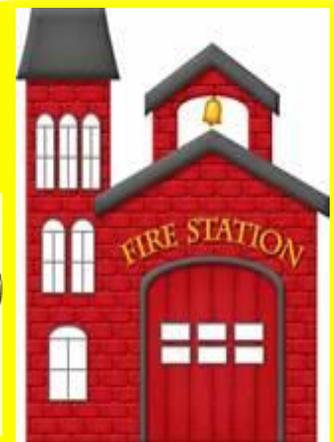


The Department of Children and Families is also responsible, as mandated in Chapter 39, F.S., for providing comprehensive protective services for abused, neglected and abandoned children in Florida by requiring that reports of each abused, neglected, or abandoned child be made to the Florida Abuse Hotline. The Department of Children and Families is committed to working in partnership with local communities to ensure the safety, well-being and self-sufficiency for the people it serves. Law enforcement takes the lead in all criminal investigations and prosecution.

Florida Statute 383.50 allows the parent to leave a newborn at a hospital, emergency medical services station, or fire station without prosecution as long as there is no actual or suspected abuse or neglect.



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OF CHILDREN AND FAMILIES**  
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# THE JOINT COMMISSION (TJC) Standard

# Joint Commission Standard

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## **Standard RI.01.06.03**

The patient has the right to be free from neglect and exploitation as well as verbal, mental, physical, and sexual abuse.

Elements of Performance for RI.01.06.03

1. The hospital determines how it will protect the patient from neglect, exploitation, and abuse that could occur while the patient is receiving care, treatment, and services.
2. The hospital evaluates all allegations, observations, and suspected cases of neglect, exploitation, and abuse that occur within the hospital. (See also PC.01.02.09, EP 1)
3. The hospital reports allegations, observations, and suspected cases of neglect, exploitation, and abuse to appropriate authorities based on its evaluation of the suspected events, or as required by law. (See also PC.01.02.09, EPs 6 and 7)



# JOINT COMMISSION STANDARD

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## **Standard PC.01.02.09**

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

## **Rationale for PC.01.02.09**

Family violence and child and elder abuse are frequently reported. A study published by the Centers for Disease Control and Prevention (CDC) estimates that “intimate partner abuse” results each year in 2 million injuries to women and 600,000 injuries among men.\* The National Center on Elder Abuse references a study that estimates that between 1 and 2 million Americans age 65 or older have been injured, exploited, or otherwise mistreated by someone on whom they depended for care or protection. †

National Consensus Guidelines produced by The Family Violence Prevention Fund points out that “most Americans are seen at some point by a health care provider, and the health care setting offers a critical opportunity for early identification and even the primary prevention of abuse.” People who are victims of abuse or neglect may come to an organization for a variety of reasons. Sometimes the reason a patient seeks health care is not connected to his or her experience with abuse or neglect. By assessing patients who may be possible victims of abuse or neglect, health care organizations fulfill an important role in helping to protect patients.

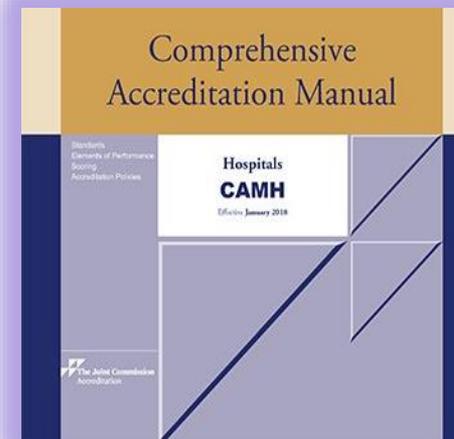


# TJC Requirements

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## Elements of Performance for PC.01.02.09

- The hospital has written criteria to identify those patients who may be victims of physical assault, sexual assault, sexual molestation, domestic abuse, or elder or child abuse and neglect. (See also RI.01.06.03, EP 2)  
Note: Criteria can be based on age, sex, and circumstance.
- To assist with referrals of possible victims of abuse and neglect, the hospital maintains a list of private and public community agencies that can provide or arrange for assessment and care.
- The hospital educates staff about **how to recognize signs of possible abuse and neglect** and about their roles in follow-up.
- The hospital uses its criteria to identify possible victims of abuse and neglect upon entry into the hospital and on an ongoing basis.
- The hospital internally **reports cases of possible abuse and neglect**. (See also RI.01.06.03, EP 3)
- The hospital reports cases of possible abuse and neglect to external agencies, in accordance with law and regulation. (See RI.01.06.03, EP 3)
- For hospitals that use Joint Commission accreditation for deemed status purposes and have swing beds: The hospital reports to the state nurse aide registry or licensing authorities any knowledge it has of any actions taken by a court of law against an employee that would indicate unfitness for service as facility staff.



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# ABUSE OF CHILDREN

# Domestic Abuse

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## Definition of Abuse

Abuse is an ongoing pattern of behavior that the abuser uses to manipulate, coerce or force the victim to do what the abuser wants. It results in decreased self-esteem and, most of all, decreased safety for the victim.

Abuse is any act that intentionally undermines the free will of another by using whatever strategies are needed to control the other person. These include but are not limited to physical, sexual and psychological abuse.

## Characteristics of Domestic Abuse:

- Includes violent acts against children, spouses and vulnerable adults - any violence among family members related by blood, marriage or household. This includes abuse by intimate partners.
- Violent acts can include physical abuse, sexual abuse, destruction of pets or property, verbal and/or emotional abuse. Domestic violence seeks to exert control and power by one individual over another.
- Abusers often treat their victim as property and believe there is nothing wrong with their violent behavior.
- Every class, race religion and age group may be affected.
- Domestic violence is one of the major issues facing American families.



The National Domestic Violence  
**HOTLINE**  
1-800-799-7233

# Child Maltreatment Facts at a Glance

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In 2012, U.S. state and local child protective services (CPS) received an estimated 3.4 million referrals of children being abused or neglected.

- CPS estimated that 686,000 children (9.2 per 1,000) were victims of maltreatment.\*
- Of the child victims, 78% were victims of neglect; 18% of physical abuse; 9% of sexual abuse; and 11% were victims of other types of maltreatment, including emotional and threatened abuse, parent's drug/alcohol abuse, or lack of supervision. +
- CPS reports of child maltreatment may underestimate the true occurrence. A non-CPS study estimated that 1 in 4 U.S. children experience some form of child maltreatment in their lifetimes.

## Deaths from Child Maltreatment

- In 2012, an estimated 1,640 children died from child maltreatment (rate of 2.2 per 100,000 children).
- Of the children who died from maltreatment in 2012, 70% experienced neglect and 44% experienced physical abuse either exclusively or in combination with another form of maltreatment.
- Of child maltreatment fatalities in 2012, 70% occurred among children younger than age 3.

## Characteristics of Victims

- In 2012, 27% of victims were younger than 3 years, 20% of victims were age 3-5 years, with children younger than 1 year having the highest rate of victimization (21.9 per 1,000 children).
- The 2012 rates of victimization per 1,000 children were 14. for African Americans, 12.4 for American Indian/Alaska Natives, 10.3 for Multiracial, 8.7 for Pacific Islanders, 8.4 for Hispanics, 8.0 for non-Hispanic Whites, and 1.7 for Asians.

\* Unique count of victims.

+ Each victim could be counted for multiple forms of abuse

The National Domestic Violence

**HOTLINE** 1-800-799-7233

# Assessing Child Abuse or Neglect

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Child abuse reporting requirements exist in all 50 states, but the standard for what constitutes abuse differs. Several steps must be taken when abuse is suspected; careful documentation is required to estimate the time of injury and to aid in the investigation. Health care providers often must evaluate, report, and testify.

## Overview of Common Signs of Child Abuse

- Repeated or unexplained injuries - bruises, welts, burns, fractures, abrasions, human bite marks, illnesses (Munchausen's syndrome by proxy), bald spots, retinal hemorrhages.
- Neglected appearance - poorly nourished or consistently hungry, inadequately clothed, left alone frequently or inappropriately, presence of head lice or body lice.
- Disruptive behavior - very aggressive, negative behavior, self-destructive, dropout or truant at school, substance abuser, promiscuity.
- Passive or withdrawn behavior - excessively shy or friendless, showing fear of parents, uncomfortable with physical contact, routinely fatigue or listless, lack empathy, manifesting peer problems or poor self-esteem.
- Extremely critical parents - severe and frequent overt and covert discipline with unrealistic standards.
- Extremely isolated parents - parents who do not share in any school or community activities and resent any outside contact.
- Any discrepancies between history and injury should be noted

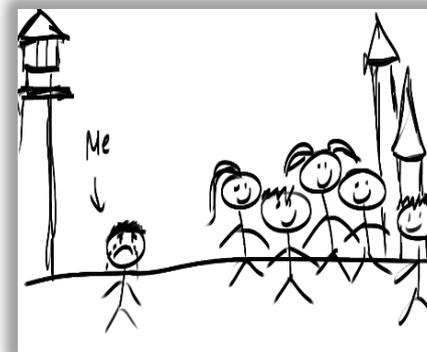


# Reporting Criteria & Documentation

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When applicable, the following should be included:

- Who witnessed the incident, discovered the injury, revealed the maltreatment,
- provides care for the child, lives in the child's home, is the possible perpetrator
- What the child describes as having happened, symptoms noted, emotional state of the child and person giving history
- Name of investigative worker assigned to the case
- If a protective hold is in effect, the exact date and time it takes effect.



Maintain a High Index of Suspicion in the Presence of:

- Unexplained or un-witnessed injuries.
- Conflicting stories or history inconsistent with injury
- Passive, withdrawn behavior of child
- Lack of concern by parents or caretaker
- Delay in seeking medical care without reasonable home care or effort to treat.
- "Gut feeling" or intuition that a problem exists.
- You witness parental physical or verbal overreactions between the parent and child.



# Documentation

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## Documentation

The medical record is a legal document that can be subpoenaed by the court, therefore, it must be clear and comprehensive. The following information should be documented in progress section of the medical record:

- Name of person making the report
- The record must be signed
- Reason for report
- Date and time of assessment
- Names of accompanying adults and their relationship to the child
- Chief complaint
- All relevant history and physical examination findings, including any previous concerns or suspicions of injuries and illnesses



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# VULNERABLE ADULTS

# Understanding Elder Abuse

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Elder abuse is an intentional act or failure to act that causes or creates a risk of harm to an older adult. An older adult is someone age 60 or older. The abuse occurs at the hands of a caregiver or a person the elder trusts. Six frequently recognized types of elder abuse include:

**Physical**—This occurs when an elder experiences illness, pain, or injury as a result of the intentional use of physical force and includes acts such as hitting, kicking, pushing, slapping, and burning.

**Sexual**—This involves forced or unwanted sexual interaction of any kind with an older adult. This may include unwanted sexual contact or penetration or non-contact acts such as sexual harassment.

**Emotional or Psychological**—This refers to verbal or nonverbal behaviors that that inflict anguish, mental pain, fear, or distress on an older adult. Examples include name calling, humiliating, destroying property, or not letting the older adult see friends and family.



**Neglect**—This is the failure to meet an older adult’s basic needs. These needs include food, water, shelter, clothing, hygiene, and essential medical care.

**Financial**—This is illegally or improperly using an elder’s money, benefits, belongings, property, or assets for the benefit of someone other than the older adult. Examples include taking money from an older adult’s account without proper authority, unauthorized credit card use, and changing a will without permission.

# Understanding Elder Abuse

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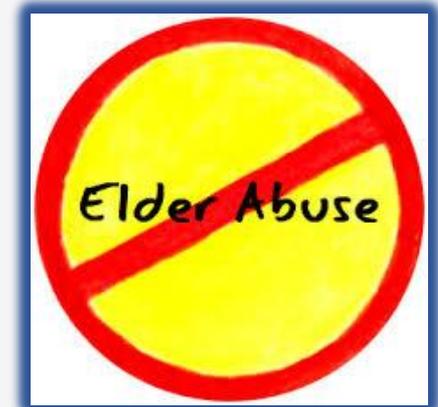
Elder abuse is a serious problem in the United States. There is a lack of data, but past research found that:

Approximately 1 in 10 Americans aged 60+ have experienced some form of elder abuse. Some estimates range as high as 5 million elders who are abused each year. Many cases are not reported because elders are afraid or unable to tell police, friends, or family about the violence. Victims often have to decide whether to tell someone they are being hurt or continue being abused by someone they depend upon or care deeply.

## Who is at risk for perpetrating elder abuse?

Several factors can increase the risk that someone will hurt an older adult. However, having these risk factors does not always mean violence will occur. Some of the risk factors include:

- Using drugs or alcohol, especially drinking heavily
- High levels of stress and low or ineffective coping resources
- Lack of social support
- High emotional or financial dependence on the older adult
- Lack of training in taking care of older adult
- Depression



# Effects of Elder Abuse

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Elder abuse can have several physical and emotional effects on an older adult. Many victims suffer physical injuries. Some are minor, like cuts, scratches, bruises, and welts. Others are more serious and can cause lasting disabilities. These include head injuries, broken bones, constant physical pain, and soreness. Physical injuries can also lead to premature death and make existing health problems worse. Elder abuse can have emotional effects as well. Victims are often fearful and anxious. They may have problems with trust and be wary around others.

## Physical Abuse:

- Obvious outward sign of bodily harm such as bruise, laceration, broken bones, etc.



## Psychological Abuse:

- Abuse that focuses on how the victim thinks by creating situations that causes the victim to have doubts about themselves.



## Emotional Abuse:

- Abuse focuses on making the victim feel degraded and inadequate. Abuser uses name-calling, “put downs,” criticism.

**YOU'RE  
USELESS**

## Effects of Elder Abuse *cont.*

### **Sexual Abuse:**

- Abuse can range from minor name calling to being placed in uncomfortable sexual situations, and/or forced viewing of pornography or rape.

### **Financial Abuse:**

- Abuse that makes the victim depends on the partner or caregiver for money. The victim is given a small amount or no money for personal use. They may have no knowledge of their financial situation.

### **Male Privilege Abuse:**

- Males are treated better than females in the household and have different, more flexible rules. Females are treated as second class citizens and often are made to wait on the males or give up things to make the male's life better.

### **Intimidation/Threats:**

- Threats of harm to self, victim, family, pets, belongings, etc. by the abuser. For example, "If you leave me, I will kill you and the children." The abuser keeps the victim away from family and friends.



# Signs & Symptoms of Abuse

## ***Injuries, Bruises, Lacerations, Welts, Contusions***

- Injuries which do not correlate with the offered explanation.
- Trauma or injuries at multiple sites and in various stages of healing.
- Bruises & welts are clustered, forming regular patterns.
- Bruises & welts reflect shape of article used (electric cord, belt buckle).
- Hyphema, retinal detachment.
- Choke marks on the neck or grab marks on the upper arms.
- In pregnant women, injuries to breasts or abdomen.
- Unexplained lacerations or abrasions to mouth, lips, gums or eyes.

## ***Burns, Fractures***

- Cigarettes or cigar burns, especially on soles, palms, back or buttocks.
- Immersion burns (sock-like, glove-like, and doughnut-shaped).
- Patterned like electric burner (iron, curling iron).
- Multiple fractures in various stages of healing.
- Fractures to skull, nose, face (maxilla, mandible, zygomatic arch).
- Blowout orbital fractures.
- Broken or chipped front teeth.

## ***Sexual Abuse***

- Unexplained lacerations, abrasions, or bruises to genitalia or anal area.
- Pelvic pain, dyspareunia or sexual dysfunction.
- Difficulty in walking or sitting.
- Torn, stained or bloody underclothing.
- Pain or itching in genital area.

## ***Other Physical Presentations***

- Unexplained weight loss.
- Non-specific complaints, i.e., headache, GI complaints.
- In pregnant women, pre-term labor.
- Palpitations, dyspnea, dizziness or atypical chest pain.



## ***Psychological/Emotional Indicators:***

- Psychoneurotic (hysteria, obsession, compulsion, phobias, hypochondria, panic attacks, PTSD).
- Conduct disorders (antisocial, destructive, etc.)
- Neurotic traits (sleep or speech disorders, play inhibition).
- Habit disorder (sucking, biting, rocking, etc.)
- Feelings of isolation or inability to cope.
- Depression.
- Suicidal thoughts or attempts at suicide.
- Substance abuse disorders.
- Trouble concentrating.
- Constant fatigue or listlessness.
- Psychosomatic complaints.
- Appetite disorders. Behavioral Indicators:

## ***Behavioral Indicators:***

- Non-compliance with therapeutic regime.
- Unusual delay in seeking treatment.
- Family problems.
- Lack of transportation and ability to communicate.
- Appointments made by patient; cancelled by partner or spouse.
- In pregnant women, delayed prenatal care.
- Consistent hunger, poor hygiene, inappropriate dress.
- Consistent lack of supervision, especially in dangerous activities.

# Assessing Vulnerable Adult Abuse or Neglect

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## Signs and Symptoms

Abuse of the vulnerable or disabled adult is sometimes difficult to recognize and may be hidden, disguised or denied. Abuse can take place anywhere, including private homes, hospitals or nursing facilities.

The following signs do not always mean abuse is taking place, but may indicate that a problem exists.

- Bruises, broken bones, abrasions, bite marks, burns, welts and puncture wounds.
- Patient not given the opportunity to talk - caregiver is present during all conversations.
- Long time between initial symptoms of illness and presenting for care.
- Someone other than usual caretaker brings patient in for treatment.
- Head injuries, lacerations, abrasions to the face.
- Conflicting accounts of how the injury occurred.
- Frequent visits to the emergency room.
- Frequent fecal impaction and urinary tract infections.
- Physical neglect - poor hygiene, malnourished or dehydrated.
- Meds not taken properly or not purchased.



- Poor skin integrity.
- Urine burns/excoriation.
- Contractures.
- Pressure injuries.
- Over or under medicated

- Missing glasses or dentures.
- Confused, anxious, withdrawn, timid, depressed.
- Person is seldom or never seen in public.
- History of multiple physicians/hospitals.
- Evidence of chemical or physical restraint

# Assessing Domestic Abuse

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## Identifying Adult Victims of Domestic Abuse

It is often difficult to identify domestic violence victims and most victims will not volunteer evidence of abuse.

Suspect domestic violence if any of the following is observed:

- Unexplained bruises, lacerations, fractures, multiple injuries (common sites are face, head, chests, breasts, abdomen and genitalia)
- Extent or type of injury is inconsistent with explanation patient gives - (for example, an occipital eye injury is explained as a fall)
- Delay between injury and when patient presents for treatment.
- Untreated old injuries.
- Complaints of chronic pain - repeated use of emergency room.
- Depression regarding family situation, fear of safety of children or fear of going home.
- Patient describes alleged “accident” in an embarrassed or hesitant manner.
- Family member or friend with patient insists on staying close to the patient, appears to be under the influence of alcohol or drugs or exhibits suspicious behavior.



# Interviewing Patients about Abuse

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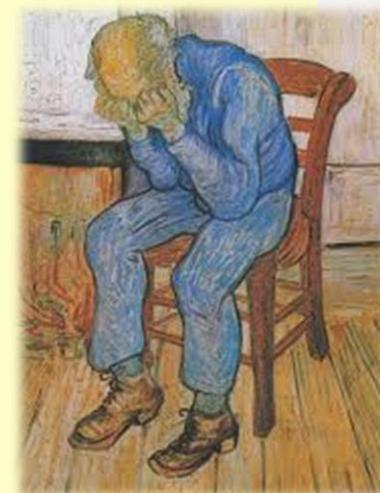
There may also be a history of abuse in patients with other medical findings, not obviously linked to abuse. These may include:

- Chronic pain.
- Post traumatic stress disorder
- Anxiety diagnosis
- Sleep disorders
- Appetite changes
- Chronic headaches
- GI and GU symptoms
- Vaginal and urinary tract infections
- Pelvic pain
- Frequent use of tranquilizers or pain medicines
- Vague complaints
- Chronic illness that is hard to control (i.e. asthma)



## Mental health findings in abused patients:

- Feelings of isolation
- Post traumatic stress disorder
- Inability to cope
- Suicide attempts
- Depression
- Panic attacks
- Alcohol/drug abuse



# Admission Assessment

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The Nursing admission assessment includes a question area regarding abuse. This should be completed for every admission.



- Remember to ask about abuse routinely.
- Ask directly, kindly and in a non judgmental manner.
- Document your findings.
- Assess your patient's safety.
- Ask every woman or man in your care about abuse in a respectful, non judgmental manner.
- Have knowledge of community resources for both victims and offenders and refer appropriately.

All suspected cases of domestic abuse are referred to the Social Work or Case Management staff for further intervention. There is no reporting requirement in Florida.

If a child has witnessed the abuse, a report must be made to the Florida Abuse Hotline Number (1-800-96ABUSE). Florida Domestic Abuse Hotline, 1-800-500-1119. Provides access to domestic violence resources, but is **NOT** a reporting hotline.

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# **Sexual Molestation or Rape**

# Sexual Molestation or Rape

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## Definitions

- Sexual Abuse = All types of sexual victimization
- Sexual Assault/Battery (Rape) = Any forced or violent vaginal, anal or oral-genital contact or penetration or sexual contact that is against the victim's will and without the victim's consent.

## Types of Sexual Abuse/Molestation

### Non-touching

- Verbal abuse (obscene phone calls, frank discussion of sexual acts).
- Exhibitionism.
- Voyeurism (sexual gratification from seeing sex organs and sex acts).
- Visual or auditory witnessing of sexual activity.

### Touching

- Fondling, genital stimulation.
- Oral stimulation.

### Intercourse

- Violent Acts
- Rape (Sexual Battery) and or Physical injury

## Assessing Sexual Molestation or Rape

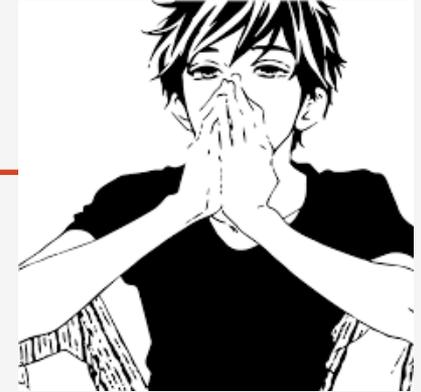
(Sexual assault in adults is frequently self-reported.)

### Physical Assessment:

- Trauma to genitals or rectum.
- Vaginal or rectal bleeding
- Vaginal, penile or rectal lacerations.
- Unusual dilation of vaginal or rectal opening.
- Increased pigmentation of the rectum.
- Pain/difficulty w/ urination or increased frequency.
- Pregnancy - especially in young adolescents.
- Complaint of vaginal or rectal pain.
- Gait disturbance.
- Sexually transmitted disease.
- Incontinence of feces not due to organic defect or illness.

# Rape is a Medical, Emotional & Legal Crisis

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## Physical Indications in Children:

- Bruises or bleeding in external genitalia.
- Difficulty walking or sitting.
- Frequent urinary tract or yeast infections.
- Pain or itching in genital area.
- Pregnancy (adolescents).
- Sexually transmitted diseases (not acquired perinatally).

## Behavioral Indications in Children:

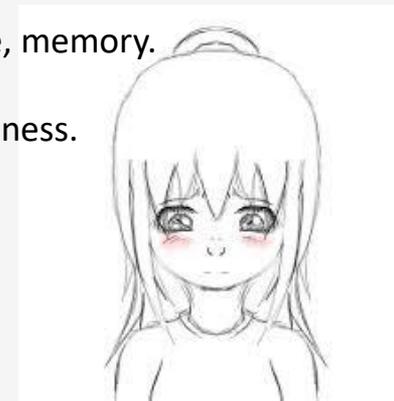
- Age-inappropriate sexual behavior, play or language.
- Eating or sleeping disorders.
- Hysteria.
- Promiscuity.
- Reports history of abuse.
- Role reversal; overly concerned for siblings.
- Suicide attempts.
- Substance abuse.
- Vague somatic complaints.
- Withdrawal, depression, poor self-esteem.
- Age-inappropriate incontinence of urine or feces.

## Special Considerations

Use care in the collection, maintenance and reporting of evidence that may be used in sexual assault cases that may go to court.

## Immediate Psychological/Emotional Symptoms:

- Numbness.
- Shock and disbelief, bewilderment.
- Diminished alertness, confusion.
- Flat affect.
- Preoccupation.
- Dulled sensory, affective, memory.
- Feelings of terror.
- Anxiety, hysteria, fearfulness.
- Outward calm.
- Self blame/guilt/shame.



# Long-Term Effects

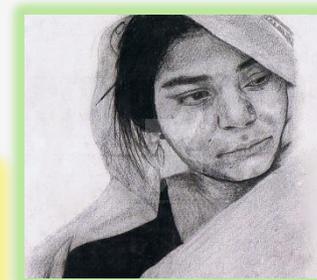
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Victims experience both short and long-term psychological effects of rape. One of the most common psychological consequences of rape is self-blame. Victims use self-blame as an avoidance-based coping tool. Self-blame slows or, in many cases, stops the healing process. Other common emotional and psychological effects of rape include:

- Post-traumatic stress disorder (PTSD) – feelings of severe anxiety and stress
- Flashbacks – memories of rape as if it is taking place again
- Borderline personality disorder
- Sleep disorders; Eating disorders
- Dissociative identity disorder
- Guilt, Anger, Depression
- Distrust of others – uneasy in everyday social situations
- Feelings of personal powerlessness
- Victims feel the rapist robbed them of control over their bodies

## Remind Victims That:

- Attempted rape is still a crime and should be reported
- A person does not need to be physically injured for it to be rape – most rapes don't result in physical injuries
- It is still rape even if you know the attacker
- The police take rape very seriously and want to help you
- The rape is not their fault; no matter the circumstance, they did nothing wrong



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# Human Trafficking

# Human Trafficking

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The recruitment, transportation, transfer, harboring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation shall include, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labor or services, slavery or practices similar to slavery, servitude or the removal of organs.

Whenever patients enter our healthcare facility, we should routinely observe them for signs of human trafficking. If any of the suspicious signs listed on the next slide are present, the nurse should document observations in the medical record and notify a case manager or social worker.

*"Human trafficking is modern-day slavery."*



# Human Trafficking Screening

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## Possible Signs of Human Trafficking:

- Reluctance to explain injury or inconsistencies in explanation of injury
- Patient is alert/oriented x 4 but is not aware of location (City or State), does not know where they live, and/or cannot provide their address
- Patient is being prevented from providing own medical history
- There are signs of physical or sexual abuse or signs of medical neglect
- Patient exhibits fear, submission, tension, nervousness, and avoids eye contact
- Patient and/or person who identifies as significant other are resist assistance or demonstrates hostility
- If patient is alert/oriented x 4 and the person who identifies themselves as the significant other does not leave the patient's room when asked to do so by healthcare staff providing care to the suspected victim
- Patient is a minor and is not registered with a school
- Patient is a minor and gives a prepared story about the cause of their condition/ whereabouts

## Human Trafficking Screening

(Sample of Electronic Medical Record Documentation)

Does the nurse observe any of the following Human Trafficking signs?

Yes

No

Unable to access

- Patient is reluctant to explain injury or has inconsistencies in explanation of injury.
- Patient is alert/oriented X's 4 but is not aware of location (city or State), does not know where they live, and/or cannot provide their address
- Patient is being prevented from providing own medical history.
- Patient has signs of physical or sexual abuse or present signs of medical neglect.
- Patient exhibits fear, submission, tension, nervousness, and avoids eye contact.
- Patient and or person who identifies as significant other/ caregiver are resistant to assistance or demonstrates hostile behavior
- Patient is alert/oriented X's 4 and the person who identifies themselves as the significant other/caregiver does not leave the patient's room when asked to do so by healthcare staff.
- Patient might not be registered with a school.
- Patient gives a prepared story which is very similar to stories given by other children.

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THE END

Clinical Learning

BAPTIST HEALTH SOUTH FLORIDA



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