Identifying Victims of Abuse and Neglect

Wesley Medical Center
Wichita, Kansas

Department of Staff Development
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Identifying Victims of Abuse and Neglect
Objectives

- Define the major types of abuse
- Identify signs, symptoms and possible circumstances for each type of abuse/neglect
- Outline staff responsibility in identifying and reporting alleged or suspected abuse
Types of Abuse

- Physical
- Emotional and Psychological
- Sexual / Rape
- Domestic
- Neglect
- Financial Exploitation
Victims of Abuse

- Most common victims are: women, children, and elderly
- Increase in male victims of abuse
- Abuse is also becoming more prevalent in same sex relationships
Suspicion of Abuse

- History inconsistent with nature and extent of injury
- Delay in seeking medical treatment
- Frequent emergency room visits
- Accident prone
• Over protectiveness of caregiver/refusal to leave pt’s side

• Discrepancy in patient’s and family’s story

• Bruises in various stages of healing

• History of previous trauma in patient or sibling
Child Abuse: Definitions

- Physical abuse: evidence of skin bruising, bleeding, malnutrition, failure to thrive, burns, fractures to any bone, subdural hematoma, soft tissue swelling or death and the condition is not justifiably explained or the history given is at variance with the degree or type of injury/condition.

(See WMC Clinical Practice policy D-90 for more info)
Sexual abuse: evidence of sexual assault or molestation, sexual exploitation or prostitution
Neglect: The child’s parents/legal guardian fail to take the same actions to provide adequate food, clothing, shelter, medical care or supervision that a prudent parent would.
Physical Child Abuse: Signs and Symptoms

- Retinal hemorrhage
- Bruises around the eyes
- Cigarette burns
- Scalding burns
- Unexplained bruises or welts
- Bruising in shape of hand, finger or thumb
- Imprint of object on skin
- Whiplash injury
- Shaken baby syndrome
- Fractures (especially spiral)
Emotional Child Abuse: Signs and Symptoms

- Poor self-image
- School failure
- Drug and alcohol abuse
- Refuse eye contact
- Passive/withdrawn
- Aggressive
- Regression: bedwetting and thumb sucking
- Poor peer relationships
- Insomnia
- Weight loss or gain
Sexual Child Abuse: Signs and Symptoms

- Abdominal pain
- Suspicious joint dislocation
- Chronic urinary tract infections
- Headaches
- Presence of sexually transmitted disease
- Vaginal discharge and bleeding
- Seductive behavior
- Preoccupation or advanced knowledge of sexual behaviors
Child Neglect: Signs and Symptoms

- Failure to Thrive
- Poor hygiene
- Dehydration
- Malnutrition
- Poor social skills
- Dresses inappropriately for the season
Abuse of the Elderly or At-Risk Dependent Adult: Definitions

(See WMC Clinical Practice Policy D-91 for more information)
Physical Abuse: The infliction of pain or injury as demonstrated by skin bruising, bleeding, malnutrition, dehydration, burns, bone fractures, suffocation, poisoning, subdural hematoma, soft tissue injuries, or injuries resulting from the use of confinement or restraints.
- Sexual Abuse: Subjection to nonconsensual sexual conduct or contact.
Neglect: “Occurs when adequate food, clothing, shelter, psychological care, physical care, medical care, or supervision is not secured for the at risk adult or is not provided by a caretaker in a timely manner and with the degree of care that a reasonable person in the same situation would exercise.”
Exploitation: The illegal or improper use of an at risk adults finances or resources for another person’s profit or advantage.
• Self neglect: The act or failure whereby an at risk adult substantially endangers their own health, safety, welfare or life by not seeking or obtaining services necessary to meet their needs.
Physical Elderly Abuse:
Signs and symptoms

- Alopecia from hair pulling
- Tearfulness, agitation, confusion, or fearfulness
- Fractures
- Bruises
- Multiple injuries in various stages of healing
- Burns
Emotional Elderly Abuse: Signs and Symptoms

- Vague physical complaints, not substantiated by exam
- Vacant stare
- Tearfulness, agitation, confusion, fearfulness
- Financial exploitation: i.e selling of property, depletion of accounts, inappropriate credit card use
Occasionally family members fail to secure appropriate care for elder adult due to concern over lost inheritance or other financial losses related to placement in care facility.
Sexual Elder Abuse: Signs and Symptoms

- Frequent urinary tract infections
- Abdominal pain
- Vaginal bleeding
- Vaginal lacerations
- Infections/sexually transmitted diseases
Elder Neglect: Signs and Symptoms

- Missing eyeglasses, hearing aids, or dentures
- Unclean appearance
- Overgrown nails and hair
- Urine or feces on clothing
- Bedsores
- Delay in seeking medical attention
- Malnutrition/Failure to Thrive
Domestic Abuse: Definition

“The infliction or threat of infliction of any bodily injury or harmful physical contact, or the destruction of property or the threat thereof as a method of coercion, control, revenge or punishment upon a person involved in an intimate relationship with the abuser.”
Domestic Abuse: Signs and Symptoms

- Injuries to face, head, chest, breasts, and abdomen
- Injuries during pregnancy
- Bruises and lacerations where normally covered by clothing and in various stages of healing
- Suicide attempts
• Family member insists on staying close to patient
• Excessive control of financial resources
• Questioning every expense and keeping financial secrets
Nursing Interventions

- Routinely assess for abuse/neglect (on admission and as indicated)
- Interview patient in a private environment
- Assess and maintain patient’s immediate safety
- Listen and support with a non-judgmental attitude
- Document in medical record
- Report suspected abuse or neglect to Care Coordination immediately
Hospital policy requires that suspected abuse or neglect be reported immediately.

Initial interventions must include the collection of and safeguarding of any evidentiary material (use WMC Security as resource).
Reporting Responsibilities

- Report **any** suspected or alleged abuse/neglect to **Care Coordination** (seven days a week, 8 a.m. - 5 p.m.). The Care Coordinator may assist you in reporting to the appropriate agency.

- At all other times, the House Supervisor is notified and they will contact Wesley Security as necessary. Security will contact law enforcement as appropriate.
Kansas Law

- Kansas Law requires that all health professionals report suspected abuse or neglect.

- Mandatory reporting laws provide immunity from liability for mandatory reporters who make reports in good faith.
Documenting Abuse

- Objective description of injuries/conditions including:
  - Location
  - Exact description, i.e., size of wound, unclean appearance with torn clothing, etc
  - Any discrepancies in reports by patient/family
- Patient's statements about how injuries occurred
- Treatment given
- Any safety instructions given
- For suspected child abuse/neglect: the person reporting the concern to Care Coordination completes the “Suspected Child Abuse/Neglect” form
- Care Coordination/Social Worker/Nurse documents notification of authorities
References

- Family Violence Prevention Fund, December 2006. (http://endabuse.org/)
- Kansas Department of Social and Rehabilitation Services, (www.srs.kansas.org), December, 2006.
For more information:

See WMC Clinical Practice Policies
D-90 and D-91

and

Go to the WMC Intranet,
choose “Departments”,
choose “Care Coordination”,
look for “Abuse and Neglect” information