Recognizing and Reporting Abuse /Neglect

Recognizing and Reporting Abuse

- *Abuse and neglect of the vulnerable is a very real problem in society today.* Data compiled from 2009-2013 by the Department of Health and Human Services estimate that 1.8 million children were referred to Child Protective Service Agencies with valid abuse and neglect complaints. In 50 states reporting deaths, 1484 children died from abuse or neglect; 74% of them under the age of 3. Parents were the most common abusers. Experts also suggest that perhaps as many as 10% of older adults are victims of abuse. Experts believe that most cases of child or elder abuse are not reported to law enforcement, making it difficult to assist or intervene.

- *Protecting our vulnerable patients is everyone’s job.* Abuse or neglect are patient safety issues. Abuse can happen to anyone, but with careful assessment, documentation, and intervention, we can all make a critical difference in the welfare of those we serve.

- For further information on Huntsville Hospital’s Abuse & Neglect Policy, please refer to [Abuse & Neglect Policy PCI.002.13](#).

Types of Abuse

Abuse is not strictly about bruises and broken bones; in fact, physical abuse may only account for about 25% of all cases. These are some of the common types of abuse:

- **Rape** - This type of abuse involves sexual vaginal or rectal violation (penetration). There may be pain, bruising, bleeding, redness, discharge or itching in the genital area. Additionally the victim may have scratches, bite marks and extreme fear/anxiety.

- **Sexual Molestation** - Victims, who are developmentally unprepared, have engaged in sexual activities for which they cannot comprehend or give informed consent. These activities often violate social taboos of society. The victims are anxious, tearful, fearful of perpetrator and returning home.
• **Domestic Abuse**-
  This type of abuse can be physically violent, psychological or emotional. The domestic abuser (male or female) inflicts suffering through the use of threats, intimidation, humiliation, and/or isolation. You may see individuals with suicidal thoughts, withdrawal, or helplessness. Psychosomatic complaints include panic attacks, anxiety, choking sensations and depression. Physical signs and symptoms may include chronic back or pelvic pain, scratches, unexplained bruises, whip-lash injuries, grab marks on arm or neck, and bald spots. The victim fears returning home. Often times the perpetrator accompanies the victim to the hospital and refuses to leave the victim.

• **Elder Neglect/Abuse**-
  Neglect may occur when a caregiver fails to provide adequate food, clothing, shelter, medical care, or assistance with activities of daily living. Signs of neglect may include hunger, filth, bedsores, muscle wasting and a severe illness that has not been treated. In addition, you may encounter individuals who exhibit signs of self-neglect. They may be unable to provide for their own self-care needs. Lack of hygiene, not taking prescribed medications, and poor nutrition may be warning signs.

  Elder abuse may include the following signs and symptoms: Weight loss, bruises clustered together in regular patterns (unusual patterns), bilateral bruises or parallel injuries, burns to soles, palms or buttocks or rope burns, sprains or dislocations, dehydration, multiple ER visits or hospital admissions, or missing eyeglasses, hearing aids or dentures. Some elders are victims of financial abuse or exploitation which is the theft or misuse of someone else's money, property or resources for another's gain.

• **Physical Assault**-
  Physical assault includes the use of physical force that results in pain or injury. Hitting, slapping, biting, burning, and molesting are all forms of physical abuse. Bruising inconsistent with normal activities for the age of the patient, bruises in unusual places, scars of varying ages without adequate explanations, dislocations or fractures, or sexually transmitted diseases may all be signs of abuse. Bald spots may be suspicious for hair pulling.

• **Child Neglect/Abuse**-
  Many signs and symptoms of child neglect resemble the signs and symptoms of elder neglect. Children may appear hungry and filthy. they may be abandoned or left unattended and many may be noncompliant with medical treatment and follow up care. Some children appear fearful and some present with malaise. Child abuse issues also resemble elder abuse in some areas. Additionally, child may be underweight and/or under height for his/her age (Failure to Thrive). The child may exhibit regressive behaviors such as thumbsucking and bedwetting. There may be multiple ER visits or hospitalizations, nightmares, burns,
dehydration and bald spots. The child usually knows his/her abuser(s) and most commonly the abuser(s) are the child's parents.

Who to Report

As healthcare providers, we have an ethical and legal responsibility to report any suspected abuse or neglect of the following groups:

<table>
<thead>
<tr>
<th>Child</th>
<th>those under 18 years old</th>
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<tbody>
<tr>
<td>Developmentally Delayed Adults</td>
<td>over 18 years old</td>
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<tr>
<td>Adult Dependents</td>
<td>over 18 years old, who have been found legally incompetent or disabled</td>
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<tr>
<td>Vulnerable Adults</td>
<td>over 60 years old who lack the mental or physical ability to protect themselves, who live in a long-term care facility, or who receive home care or hospice care</td>
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</tbody>
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Where and When to Report Abuse

- Make an oral report at the first opportunity, and not more than 48 hours after you have reasonable cause to believe that abuse has occurred. For any questions or for assistance in reporting suspected abuse or neglect, talk with outcomes manager.
- Huntsville Hospital Employees are to contact supervisors and/or social workers. By law, doctors, surgeons, medical examiners, coroners, dentists, osteopaths, optometrists, chiropractors, podiatrists, nurses, school teachers and officials, law enforcement officials, pharmacists, social workers, day care workers or employees, and mental health professionals have an obligation to report signs of abuse.

What to Report

Assessment for the detection of Abuse/Neglect (but not limited to)

Injuries:

1. Reported injuries that are inconsistent with medical history, developmental age or ADLs.
2. A severe illness or injury that has not been medically treated.
3. History of previous accident, either bruising or frequent falls.
4. Unreported injuries found on physical exam.
5. X-ray evidence of unsuspected skeletal trauma or previous skeletal trauma.
6. Unexplained cuts, lacerations, puncture wounds, burns, bruises, welts, discoloration.
7. There may be pain or itching, bruises or bleeding in the genital area.
8. Excessive fear of family member or caregiver.

Weight Loss

1. Failure to thrive, i.e., failure to maintain height and weight above the third percentile for children or unexplained wasting of an elder.
2. Recent unintentional weight loss, exceeding ten pounds.
3. Signs of dehydration and/or malnutrition without illness related causes.

Death:

Any unexplained death in persons under the age of 18, excluding neonates or newborns that have not been previously discharged from a hospital.

When reporting suspected abuse or neglect, you need to include the following:

- The name, unit and room number, and age of the victim
- The name and address of the parent, guardian or caregiver, or the person having custody or residence
- The nature and extent of the injuries, neglect, or sexual abuse
- Any evidence of previous injuries, including their nature and extent
- Any other information which you feel might be useful in establishing the cause of the injuries

Documentation

Procedures, from Abuse & Neglect Policy PCI.002.13

1. Objective findings/observations of injuries, weight loss, or patient family interactions are documented.

2. If the abuse occurred in the facility, notify Security as soon as possible.

3. Notify Social Worker. If after hours, weekends, and holidays, the pager number of the Social Worker on call is obtained from the operator.

4. The Social Worker documents his/her objective findings and notifies DHR in all cases of suspected abuse/neglect. If after hours, leave voicemail with Department of Human Resources (DHR) and document in the medical record.
5. A Safety Event Report is to be completed by the nurse.


Addendum for Madison Hospital
Notify Case Manager and after hours call Nursing Supervisor or Clinical Outcomes Manager.

Resources

Children
- US Dept. of Health and Human Services Children's Bureau - National Child Abuse Hotline, Childhelp USA: **1-800-4 A CHILD** can provide information on referrals and reporting
- Prevent Child Abuse America **1-800-CHILDREN** -- provides access to hot lines, family resources, self-help groups, publications
- National Clearinghouse on Child Abuse and Neglect Information National resource for professionals **1-800-394-3366**
- Huntsville Hospital Unit Booklets:
  - "The little things you can do..."
  - "How to recognize child abuse"

Adults
- National Center on Elder Abuse - provides information on all aspects of elder abuse
  State: **1-800-458-7214**
- Area Agency on Aging - information and referral program to locate services for preventing and treating elder abuse and neglect
  **1-800-243-5463**
  Email: mail@adss.alabama.gov
- Long-term care ombudsman program – **256-830-0818** investigates and resolves complaints about nursing homes and other institutional settings
  [http://www.ltcombudsman.org/static_pages/ombudsmen.cfm](http://www.ltcombudsman.org/static_pages/ombudsmen.cfm) will get you addresses, phone numbers, and email
- National Hotline for Domestic Violence **1-800-799-7233**
- Huntsville Hospital Unit booklets on Elder Abuse/Neglect and Domestic Violence
The organizational Guidelines for Recognizing and Reporting Abuse and Neglect can be found under Policies & Procedures section on Pulse.