

# **Recognizing and Responding to Abuse, Neglect and Exploitation**

**WBT 14486**

**Providence Alaska Learning Institute**

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## **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 patients 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**

**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**

**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**

**Alaska Children's Trust** <http://www.hss.state.ak.us/press/2005/pdf/ACTfs-final.pdf>

**National Sexual Violence Resource Center –**  
[http://www.nsvrc.org/\\_cms/fileUpload/rural.pdf](http://www.nsvrc.org/_cms/fileUpload/rural.pdf)

**NCADV Public Policy Office** <http://www.andvsa.org/programs/programs.htm>

**Adult Protective Services**

**Office of Children's Services**