

# Victims of Violence

**PURPOSE:** To assist in the identification of abuse, neglect and exploitation and establish guidelines for interviewing, documentation and photographic record in cases of violence, suspected abuse, neglect, domestic violence or exploitation.

**POLICY:** All suspected cases of violent acts or domestic violence will be reported according to state law. Ohio law states that all health care professionals, working within the scope of his/her professional capacity, who has reasonable cause to believe that an individual is abused, or neglected or is in a condition which is the result of abuse or neglect shall immediately report such beliefs to the proper authorities.

## **DEFINITIONS:**

**ABUSE** means the infliction upon an individual by himself or others of injury, unreasonable confinement, intimidation or cruel punishment with resulting physical harm, pain or mental anguish.

**NEGLECT** means the failure of an adult to provide for himself the goods or services necessary to avoid physical harm, mental anguish, or mental illness or failure of a caretaker to provide such goods or services.

**SEXUAL ASSAULT** - This term encompasses rape and sexual battery. It is any sexual penetration, however slight, using force or coercion against the person's will.

**EXPLOITATION** – means the unlawful or improper act of a caretaker using an adult or his resources for monetary or personal benefit, profit or gain.

The Ohio Revised Codes 5101.61 and 2151.421 recognizes mandatory reporters of abuse, neglect or exploitation for adults and children. Those mandatory reporters include: RN, LPN, Social Worker, Physician, and Psychologist.

## **INDICATORS FOR IDENTIFYING POSSIBLE VICTIMS**

### **PHYSICAL ABUSE**

1. Unexplained, chronic or repeated bruising, whip-like bruises, choke marks on the neck, grab marks on the upper arm.
2. Bites.
3. Bruising in various stages of healing.
4. Unexplained burns, cigarette scald.
5. Unexplained skeletal injuries.
6. Unexplained or repeated injuries, numerous injuries at multiple sites.
7. Behavioral extremes (withdrawal, aggression, regression)
8. Mental health problems (anxiety, depression, panic, suicidal ideation/attempts)
9. Attempts to hide injuries.
10. Delay between time of injury and presentation for treatment.
11. Unbelievable or inconsistent explanation for injuries.
12. Missing or loosened teeth, tearing of gum tissue, lips, tongue or skin around mouth.
13. Repeat visits, chronic injuries, vague nonspecific complaints.
14. Distress level excessive in relation to injuries.
15. Partner accompanies patient and insists on staying close.
16. Partner answers questions for the patient.
17. Reluctance of the patient to speak or disagree in front of partner.

### **SEXUAL ABUSE**

1. Bruises or bleeding from external genitalia, vagina or anal region.
2. Frequent unexplained sore throats, yeast or urinary infections.
3. Regressive behavior in a child.

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4. Sudden changes in behavior.
5. In young children, preoccupation with sexual organs.

### EMOTIONAL MALTREATMENT:

1. Eating disorders including obesity or anorexia.
2. Speech disorders.
3. Behavioral extremes.
4. Substance abuse.
5. Habit disorders, such as biting, rocking, head banging.
6. Nervous disorders, such as hives, rashes, facial tics or stomach aches.
7. Developmental delays in children.

### NEGLECT (includes exploitation)

1. Chronic poor cleanliness or hygiene.
2. Failure to thrive in infants.
3. Falling asleep in school.
4. Poor school attendance, chronic lateness.
5. Begging or stealing other children's lunches.
6. Engaging in vandalism/delinquency.
7. Dull apathetic appearance
8. Unsuitable clothing.
9. Untreated illness or injury.
10. Chronic hunger, tiredness or lethargy.
11. Substance abuse.
12. Financial Exploitation.

### CRITERIA FOR EVALUATING INDICATORS

When observing an injury that might be the result of abuse, consider:

1. **Where is the injury?** Certain locations on the body are more likely to sustain accidental injury. Protected or non-protuberant parts of the body, such as the back, thighs, genital area, buttocks, back of legs or face, are less likely to accidentally come into contact with objects which cause injury.
2. **How many injuries are present?** Are there several injuries occurring at one time or over a period of time? The greater the number of injuries, the greater cause for concern. Injuries in different stages of healing can suggest a chronological pattern of occurrence.
3. **What are the size and shape of the injury?** Many non-accidental injuries are inflicted with familiar objects: a stick, a board, a belt, a hair brush. The marks which result bear strong resemblance to the object which was used.
4. **Does the description of how the injury occurred seem likely?** If an injury is accidental, there should be a reasonable explanation of how it occurred, which is consistent with its severity, type and location. When the description of how the injury occurred and the appearance of the injury do not seem related, there is cause for concern.
5. If child abuse or neglect is suspected, **what is the child's behavior?** Does the child cling to one parent and not the other?

### PROCEDURE:

#### 1. Non-patient care areas:

When a possible victim of abuse or neglect is identified, the identifier will:

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- Encourage the victim to seek medical attention through the Emergency Department
- Follow the procedure for reporting of suspected abuse/neglect
- Notify the nursing manager

### 2. Patient care areas:

When a suspected victim of abuse/neglect is identified, the identifier will

- Follow the procedure for reporting of suspected abuse/neglect
- Notify the attending physician
- Notify the nursing manager
- Notify Care Management

### 3. Emergency Department:

When a suspected victim of abuse/neglect is identified, the identifier will

- Follow the procedure for reporting of suspected abuse/neglect
- Notify the emergency room physician
- Notify the nursing manager
- Notify Care Management

### 4. Sexual Assault:

- A. A minor who has been sexually assaulted may consent to treatment without parental consent. Any conflicts should be referred to Risk Management, the Care Management Department or the Administrator on call.
- i. If a possible sexual assault exists, the victim, parent, or legal guardian shall sign the Union Hospital Alleged Sexual Assault Consent.
  - ii. In the case of an unwilling minor brought in for a sexual assault exam by a parent or guardian, the minor must agree to submit to the exam after discussion with the physician or other health care provider, without the necessity of restraints, or the parent or guardian must present a court order for a forceful examination.
- B. An adequate history must be obtained and recorded in the medical record. An examination and treatment of any physical injuries shall be completed. Photograph any visible injuries. Photographs should be taken according to the Hospital Photograph Policy.
- C. It is the responsibility of the physician and nurse to properly collect, retain and safeguard evidentiary material released by the patient. This will be done by:
- i. Touching the material with gloved hands only.
  - ii. Placing material in a dry container.
  - iii. Label the container with patient name and ID # and seal the container with tape.
  - iv. Complete the Legal Chain of Evidence form (660-003Q) to show persons who handled the evidence and in what order.
  - v. If evidence is taken to pathology:
    - Record name of person receiving specimen on the Legal Chain of Evidence form.
    - The person receiving specimen must sign Legal Chain of Evidence form.
    - If pathologist is not on duty, the evidence must be held in a locked area until the pathologist is available to receive it. At the time of shift change the evidence should be identified and the off going shift nurse shall sign the Legal Chain of Evidence form.
  - vi. If evidence is given to Law Enforcement Agency:
    - Document name and badge # of law officer receiving specimen.
    - Have officer sign Legal Chain of Evidence form.

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vii. Place Legal Chain of Evidence form on chart when completed.

D. When sexual assault is suspected :

- i. The patient is not accompanied by law enforcement personnel; the law enforcement agency is to be immediately notified by the hospital.
- ii. Inform the patient that law enforcement will be notified as obligated by Ohio Law on reporting sexual abuse.
- iii. What to report when patient does not want to report the crime:
  - Provide general information to the law enforcement agency without giving the patient's name or other identifying information.
- iv. When patient wants to report the crime:
  - Contact the appropriate law enforcement agency for direction.

E. Information concerning sexual assault should not be given to the media or any other person(s) seeking information without the written consent of the patient.

### Reporting of Suspected Abuse/Neglect

- A. When the suspected victim is **a child who is under the age of 18** years or who is a mentally or physically handicapped person under the age of 21 years or who is an adult over the age of 60 years:
  1. Document in the medical record any facts suggesting domestic violence or suspicion that violence has occurred, including photographic documentation of the injuries.
  2. Notify the Care Management Department, when the Care Management Department is closed, contact the after-hours representative through the nursing manager.
  3. Notify the Adult Protective Services or Child Protective Service through the Department of Job and Family Services.
  4. If the Department of Job and Family Services is closed, contact the Tuscarawas County Sheriff's Department for their assistance in contacting the Protective Services worker on-call for the Department of Job and Family Services.
  
- B. When the suspected abuse or neglect victim is **between the ages of 18 and 60**, or 21 and 60 if the person is mentally or physically handicapped:
  1. Document in the medical record any facts suggesting domestic violence or suspicion that violence has occurred, including photographic documentation of the injuries.
  2. Interview and examine the patient alone. Ask the victim directly if her injuries or complaints are the result of an assault of someone the patient knows.
  3. The patient should be approached about the possibility of reporting the incident to the appropriate law enforcement agency. If the patient agrees, contact the appropriate law enforcement agency.
  4. The patient must consent to release of information to law enforcement if the case does not qualify for mandatory reporting.
  
  5. Notify the Care Management Department, if the Care Management Department is closed, contact the after-hours representative through the nursing manager, and any of the following community agencies that are available to provide assessment and care for the victim of abuse:

| NAME                   | ADDRESS                              | PHONE  |
|------------------------|--------------------------------------|--|
| Harbor House Inc.      | P.O. Box 435<br>New Philadelphia, OH | Crisis (330) 364-1374<br>Office (330) 343-2778 |
| Ohio Domestic Violence |                                      | 1-800-934-9840                                 |

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| Hotline                        |  |   |
| Personal & Family Counseling   | 1433 5 <sup>th</sup> Street NW<br>New Philadelphia | (330) 343-8171                                  |
| Community Mental Healthcare    | 201 Hospital Drive<br>Dover                        | (330) 343-6631                                  |
| Compass Sexual Assault Hotline | New Philadelphia                                   | Crisis line 330-339-1427                        |
| Rape Crisis Center             | Canton   | 1-330-452-1111                                  |
| Corner Stone Support Services  | 344 West High Avenue<br>New Philadelphia           | Crisis line 330-343-1811<br>Office 330-339-7850 |