PURPOSE

To comply with the Illinois State law regarding mandatory abuse reporting.

MISSION / VALUES RATIONALE

This policy is aligned with the Mission and Values for Amita Health. Our mission calls us to provide compassionate, holistic care with a spirit of healing and hope for all persons in the communities we serve. Our ministry is an enduring sign of our Core Values of HOPE, to instill us with integrity, inspire us to interconnect with each other, encourage us to honor diversity and dignity of each individual and empower us to always strive for exceptional performance to our patients/residents and to best serve those in need.

SPECIAL INSTRUCTIONS/FORMS TO BE USED

N/A

PROCEDURE

I. Purpose

A. Given the magnitude of the problems of abuse and violence in our society, early detection of domestic violence victims, appropriate legal and social service referrals and the delivery of timely medical care are essential. With intervention, victims of abuse are often able to make choices about abusive situations that will enable them to live violence free.

B. Domestic violence is a pattern of coercive behavior engaged in by someone who is or who was in an intimate or family relationship with the recipient. These behaviors may include: repeated battering, psychological abuse, sexual assault or social isolation such as restricted access to money, friends, transportation, health care or employment. Typically, the victims are female, but it must be recognized that males can be victims of abuses as well.

II. Domestic Violence Indicators (Adult)

A. While sometimes the specific history of abuse is offered, many times the victim of abuse, (either out of fear or because of the coercive nature of the relationship or out of desire to
protect the abuser) will not volunteer a true history but instead attribute injuries to another cause. Therefore, an appropriate review must be undertaken with respect to patients presenting with injuries:

1. That do not seem to correspond with the explanation offered.
2. That are of varying ages.
3. That have the contour of objects commonly used to inflict injury (hand, belt, rope, chain, teeth, cigarette).
4. During pregnancy

B. Other factors include:

1. Partner accompanies patient and answers all questions directed to patient.
2. Patient reluctant to speak in front of partner.
3. Denial or minimization of injury by partner or patient
4. Intensive, irrational jealousy or possessiveness expressed by partner.

C. Injuries commonly associated with domestic violence in adults

1. Central injuries, specifically to the face, head, neck, chest, breast, abdomen or genital areas.
2. Contusions, lacerations, abrasions, stab wounds, burns, human bites, fractures (particularly of the nose and orbits) and spiral wrist fractures.
3. Complaints of acute or chronic pain without tissue injury
4. Signs of sexual assault
5. Injuries of vaginal bleeding during pregnancy, spontaneous or threatened miscarriage
6. Direct impact of domestic violence on pregnancy may include:
   a. Abdominal trauma leading to abruption, pre-term labor, and delivery
   b. Fetal fracture
   c. Ruptured maternal liver, spleen, uterus
   d. Antepartum hemorrhage
7. Exacerbation of chronic illness

III. Domestic Violence Indicators (Child)

A. A discrepancy exists between history of injury and physical exam.

B. Caregiver provides a changing or inconsistent history

C. There is a prolonged interval between injury and the seeking of medical help
D. The child has a history of repeated trauma.

E. Caregiver responds inappropriately or does not comply with medical advice.

F. Suspicious injuries are present such as:

1. Injuries of soft tissue areas, including the face, neck, and abdomen
2. Injuries of body areas that are normally shielded, including the back and chest
3. Fractures of long bones in children under 3 years of age
4. Bizarre injuries, such as bites, cigarette burns, rope marks, imprint of belt and other object
5. Trauma of genital or perianal areas
6. Sharply demarcated burns in unusual areas
7. Scalds that suggest child was dipped into hot water

IV. Approaches for Interviewing the Patient

A. The goals of the physical examination are to identify injuries requiring further medical intervention and to make observations and collect evidence that may corroborate the patients’ report of abuse. A thorough physical examination is essential to uncover hidden injuries or compensated trauma. If the patient reports sexual assault, the sexual assault protocol should be followed:

B. Always interview the patient in a private place, away from anyone accompanying them to the ED. Questioning the patient in front of the abuser may place the patient and any children in danger.

C. You may be their first person or professional to acknowledge the abuse. It is important that you convey your concerns about what has happened to the patient to the Emergency Physician or nurse.

D. When interviewing, do not ask the patients if they were battered or abused (many battered persons do not consider themselves in this light). Instead you can ask the patient:

1. Adults, Adolescents, Elderly and Disabled
   a. “Are you in a relationship in which you feel unsafe or threatened?”
   b. “Have you ever experienced unwanted sexual contact?”
c. "Have you had a fight with someone?"
d. "Did anyone hurt you?"
e. "Many times we have seen these types of injuries in patients who are hurt by someone else, did someone hurt you?"
f. "I am concerned that someone may be hurting you, can you tell me what happened?"

2. Children

a. "Are you ever afraid?"
b. "I am concerned that someone may be hurting or scaring you, can you tell me what happened?"
c. "How are things at school or home?"

E. Most abused persons feel very ashamed and humiliated about what has happened to them. It is important to acknowledge that you understand how difficult it is to talk about what has happened.

F. Many abused persons will minimize the abuse or blame themselves for what happened. It is important that you repeatedly reinforce that no one deserves to be hurt no matter what they may or may not have done.

G. Questions/attitude NOT to Ask/Express:

1. What keeps you with a person like that?
2. Do you get something out of the violence?
3. What did you do at the moment that caused them to hit you?
4. What could you have done to avoid or defuse the situation?

V. Practice

A. Treat obvious injuries; transport.

B. Report your suspicion and supporting findings to the Emergency Department Physician, on the pre-hospital report form, and to the appropriate agency. See Section VIII.

C. Document the name of the physician and/or nurse to whom you reported your suspicion on the pre-hospital report form.

D. If the patient refuses transport, make appropriate referral and document on run sheet.
E. Document your findings on the pre-hospital report form:

1. Presenting condition.
2. Any suspicious indicators.
3. Any suspicious commentary made by the patient on interviewing the patient.
4. Physical exam including any evidence of abuse.
5. Treatment rendered.

VI. Types of Abuse

A. Physical abuse means inflicting physical pain or injury upon a person.

B. Sexual abuse:

1. Adult/Elderly – touching, fondling or any other sexual activity when the person is unable to understand, unwilling to consent, threatened or physically forced

2. Child – The exploitation of a child by an adult, adolescent or older child for sexual purposes. Child sexual abuse includes penetration, fondling, exhibitionism, prostitution and photographing the child for the purpose of pornography.

C. Emotional abuse means verbal assaults, threats of abuse, harassment or intimidation. Emotional abuse is often coupled with other forms of abuse.

D. Confinement means restraining or isolating for other than medical purposes.

E. Passive neglect means the caregiver’s failure to provide a person with life’s necessities, including, but not limited to food, clothing, shelter, or medical care.

F. Financial exploitation of the elders occurs by misuse or withholding of an older person’s resources by another, to the disadvantage of the elderly person and/or profit or advantage of someone else.

VII. Pre-hospital care providers will be required to offer victims of abuse or any person suspected to be a victim of domestic abuse an information health packet.

A. KC-CASA

1. For victims of sexual abuse regardless of age
2. Hotline #815-932-3322
B. Catholic Charities
   1. For victims of elder abuse
   2. 815-932-1921

C. Illinois Department on Aging
   1. For victims of elder abuse
   2. 1-800-252-8966

D. Harbor House
   1. For Victims of Domestic Violence
   2. 24 hour crisis line in Kankakee County 815-932-5800
   3. 24 hour crisis line in Iroquois County 815-432-3500

E. National Domestic Violence Hotline
   1. For Victims of Domestic Violence.
   2. Hotline #1-800-799-7233.

VIII. Agency numbers for reporting abuse

A. Child/Family Member
   DCFS: 1-800-252-2873

B. The Disabled
   Department of Disabled Abuse: 1-800-368-1463

C. Nursing Home Abuse
   IDPH Hotline: 1-800-252-4343
NOTE: Policies with original signatures are on file in Administration.