Stony Brook University Hospital
Identification and Treatment of Family Violence, Child Abuse, Maltreatment and Neglect

Power Point Guide

Slide No. 5-29: Child Abuse

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Stony Brook Policy: PC: 0003

Identification & Treatment of Family Violence, Abuse, Neglect and Maltreatment

Stony brook University Medical Center will appropriately identify, assess, treat, or refer to the community for treatment, all patients who are victims of family violence and make referrals to resources and to appropriate and available community, and public service organizations for assistance and guidance.
Family Violence

Family Violence Includes:

• Child Abuse, Neglect and Maltreatment
• Domestic Violence
• Elder Abuse
Child Abuse, Maltreatment and Neglect

- A report of suspected child abuse is made in the US every 10 seconds.
- Almost five children die every day as a result of child abuse.
- Approximately 3.5 million reports of child abuse are made every year in the US.
- Child Abuse occurs at every socioeconomic level, across ethnic, cultural, and religious lines.
NYC and Region Child Abuse Cases
Possible Indicators of Physical Abuse

• Injuries to the eyes or head
• Bilateral body (accidental injuries typically only affect one side of the body);
• Injuries that do not match the child’s developmental capability;
• Frequent injuries of any kind (bruises, cuts, and/or burns);
• Injuries where the history cannot explain the injury or a serious injury is un witnessed;
• Distinctive patterns such as grab marks, human bite marks, cigarette burns, or impressions of other instruments.
Possible Indicators of Physical Abuse

- Metaphyseal Fractures, long bone fractures in non ambulating children.

- Most Head Traumas especially in infants or young children without plausible explanation.

- Most burns including emersion burns
Possible Behavioral Indicators of Abuse

- Destructive, aggressive, or disruptive behavior;
- Passive, withdrawn, or emotionless behavior;
- Fear of going home
- Fear of a parent
- Increased anxiety or depression
- Child’s admission that he/she is being hurt, neglected or abused
- Significant changes in sleeping, toileting, eating patterns
Possible Indicators of Maltreatment or Neglect

- Obvious malnourishment or inability to provide food
- Lack of personal care—poor personal hygiene, torn and/or dirty clothes;
- Untreated need for glasses, dental care, or other medical attention;
- Frequent absence from or tardiness to school;
- Child inappropriately left unattended or without supervision;
- Parents/guardian under influence of drugs/alcohol
Possible Indicators of Sexual Abuse

- Symptoms of sexually transmitted diseases;
- Injury to genital area;
- Difficulty and/or pain when sitting or walking;
- Sexually suggestive, inappropriate or promiscuous behavior or verbalization;
- Expressing age-inappropriate knowledge of sexual relations; and
- Sexual victimization of other children
Who is a Mandated Reporter

All hospital personnel engaged in the admission, examination, care or treatment of patients; including MD’s, Nurses, EMTs, Physical Therapists, Clinical Nursing Assistants, Social Workers, Dental Hygienists, etc., are mandated reporters.

All Fellows, Residents and Attendings are Mandated Reporters.
When Do I Report?

Under current law, if a mandated reporter has reasonable cause to suspect that a child coming before him or her in his or her professional/official capacity is an abused or maltreated child, he or she must immediately report such suspicion to the Statewide Central Register of Child Abuse and Maltreatment.

SSL §§413, 415.
What Is a Professional Role or Capacity?

- A doctor examining a child in her practice who has a reasonable suspicion of abuse must report her concern.
- In contrast, the doctor who witnesses child abuse when riding her bike while off-duty is not mandated to report that abuse.
- The mandated reporter’s legal responsibility to report ceases when the mandated reporter stops practicing his/her profession.
- However, anyone may report any suspected abuse at any time and is encouraged to do so.
What is Reasonable Cause?

Based on your rational observations, professional training, and experience, you have a *suspicion* that the parent or other person legally responsible for a child is responsible for harming that child or placing that child in imminent danger of harm.

Your suspicion can be as simple as distrusting an explanation for an injury.
Reporting Suspected Child Abuse, Maltreatment or Neglect

Calls are made to the New York State Central Registry (SCR)

1 -800 635-1522

The SCR Hotline Number is open 24-hours a day, seven days a week.

Calls should be made AS SOON AS you suspect a child has been a victim of child abuse, maltreatment or neglect.
What if Child is in Imminent Danger?

• 911 should be called if a child is deemed to be in imminent danger.

• A hospital administrator can take all measures necessary to protect the child including, where appropriate, retaining custody of a child.

• A call to SCR should be made concurrently with administrative decisions regarding the child’s welfare.
The Role of Social Work

- When it is reasonably believed that a child is being abused or maltreated, a social worker should be called immediately.
- Call Social Work Services (4-2552) during normal work hours. After normal working hours page the On-Call social worker through the hospital operator.
- The social worker will assist you in fulfilling your responsibilities as a mandated reporter. (There may be times that the Social Worker acts as mandated reporter for your case)
- Inability to reach a Social Worker will not impact your obligation to fulfill your duties as a mandated reporter.
Social Workers as Mandated Reporters

- Mandated reporters who are social services workers have expanded reporting requirements.
- Social services workers are required to report when, in their official or professional role, they are presented a case by any person (mandated reporter or non mandated reporter) which appears to be a suspected case of child abuse based on reasonable cause.
Making the Report

The following information must be provided when making the telephone report:

• Name, title of caller, and name of institution
• Reporters concerns about all suspected abuse or maltreatment of the child(ren)
• Child and caregiver’s demographic information
• Hospital plan of care and probable disposition of the child
Making the Report

- The following information must be obtained from the Registry when the report is accepted by the SCR, and documented in the patient’s chart:
  - Name of the person to whom the report was made
  - Registry Call ID Number assigned to the case
  - Official call time provided by the Registry
  - This information will be put in the patient’s chart and on the New York State Child Abuse Form.
Making the Report - Some Guidelines

Think about this question that will be asked of you when making the call:

• "What about this situation is causing you to be concerned about the welfare of this child?"

• Be confident, open, and honest

• Briefly state all your concerns in a clear and defined way

• Be very specific regarding your concerns
Making the Report – Some Guidelines

- Reference the *Possible Clinical Indicators of Child Abuse, Neglect, and Maltreatment* to define your concerns
- Be assured that there is no such thing as an “invalid concern”
- Understand that the staff at the registry is there to help you
- Ask to speak to a supervisor at the registry if the SCR staff does not appear to understand your concerns or is not accepting the case.
If the Case is NOT accepted

If the case is not accepted, request to speak to a SCR supervisor to reframe and represent your concerns.

If the case is still not accepted, document the reasons given by the SCR as to why the case was not accepted and what recommendations the SCR had.

Request Social Work follow up for safe planning for these patients.
If the case is accepted by the SCR, Form L-DSS-2221-A “Report of Suspected Child Abuse or Maltreatment” must be completed by the mandated reporter. This form is available online, through the Care Management office, or now on the intranet via the “Recognizing and Reporting Child Abuse” link. The form must include all the information given to the SCR when the call was made.
Documentation

- The completed form must be delivered to the hospital Child Protection Coordinator in the Social Work office, located in the Hospital on Level 1 Room 717, within 24 hours of the initial telephone report, or the morning of the next work day.
- During off hours, the form is given to the ADN to be forwarded to the Child Protection Coordinator.
- Document your concerns and the outcome of the call to the SCR in the patient’s chart and notify the treatment team of the status.
Recognizing & Reporting Child Abuse

Web Site
Recognizing and Reporting Child Abuse

Access this Portal For

1. Hospital Policy on Child Abuse and Family Violence
2. Necessary Child Abuse Forms
3. Hotline phone number
4. Guideline for Mandated Reporter
5. Possible clinical indicators of abuse and neglect
6. Link to New York State Office of Children and Family Services Website
7. Contact List

Stony Brook Intranet Portal
Intranet Portal
Where is it?

Welcome to your Intranet Portal

Quick Links
- Auxiliary Vendor Calendar
- Clinic Apps LMS/STARS PowerChart
- Clinical & Professional Resources
- Directory/People Search
- Directory of Offices (pdfs)
- HSC & W Campus
- Medical Center
- E-mail (web based)

Search button

Click to Search

Recognizing & Reporting
Child Abuse

File://C:\Documents%20and%20Settings\cmiley\Desktop\Stony%20Brooke%20University%20Medical%20Center\Intranet%20Portal.png
Domestic Violence

He says he needs me
Domestic Violence

Domestic Violence is also referred to as Spousal Abuse, Wife beating, Battering, and Intimate Partner Violence (IPV).

No longer called “Spousal Abuse” or “Wife Beating” due to the fact that the violence crosses into non married and same gender couples.
Domestic Violence

A pattern of abusive behaviors by one or both partners in an intimate relationship such as marriage, dating, family, friends, or cohabitation.

This pattern of abusive behavior is used by one partner to gain or maintain power and control over another intimate partner.

Domestic violence "can happen to anyone regardless of race, age, sexual orientation, religion, or gender."
Domestic Violence

Domestic violence can present in many forms including:

• Physical aggression or abuse (including destroying or throwing objects)
• Emotional abuse;
• Controlling, domineering, or intimidating behavior;
• Financial abuse;
• Threatening of any of the above
Domestic Violence

• Domestic violence is a serious, preventable public health problem affecting more than 32 million Americans, or over 10% of the U.S. population.
• One in every four women will experience domestic violence in her lifetime.
• Of all the women murdered every year, 1/3 are killed by an intimate partner.
• An estimated 1.3 million women and 800,000 men are victims of domestic violence each year.
Domestic Violence

The cost of intimate partner violence exceeds $5.8 billion each year, $4.1 billion of which is for direct medical and mental health services.

Alcohol consumption and mental illness can be co-morbid with abuse, and present additional challenges when present alongside patterns of abuse.
Indicators of Domestic Violence - Physical Abuse

- Old Bruises
- Explanation inconsistent with injury
- Injuries to face, arms, neck, throat, chest, abdomen or pelvic area
- Bilateral bruises
- Burns in unusual shapes, sizes, or locations
Indicators of Domestic Violence - Physical Abuse

- Injuries in different stages of healing
- Have frequent injuries, with the excuse of “accidents.”
- Dress in clothing designed to hide bruises or scars (e.g. wearing long sleeves in the summer or sunglasses indoors).
Indicators of Domestic Violence - Behavioral Signs

Possible Behaviors of Victim:
• Quiet, non verbal; letting partner do “all the talking”
• Talk about partners “temper” or fear of retaliation
• Unwillingness to communicate
• Depression, anxiety, or suicidal ideation
• Change in sleep, eating patterns.
• Increase in alcohol/drug use
Domestic Violence - Indicators of Sexual Abuse

- Recurrent urinary tract infections
- Bruising, bleeding, pain, or itching in the genital area (may also be seen in anus, mouth, or throat)
- Presence of sexually transmitted disease
- Stained, torn, or bloody undergarments
- Vaginal discharge and/or odor
- Vaginal Bleeding not related to menses
Who do you contact?

Unlike Child Abuse, there is no “mandated reporter” duty for Adult Family Violence.

POLICE: In situations with severe injuries such as stabbing, gunshot, or multi trauma the police need to be contacted.

In other situations the victim needs to consent prior to a call to police or any other response agency.
Who do you Contact?

- Contact Social Worker by calling the office at 4-2552 during normal business hours and on weekend days or by paging the On call Social Worker via the operator on off hours.

- For patients of Sexual Assault with patient consent: Contact the SANE nurse via the operator and/or VIBS Emergency Room Companion Program at their hot line number 360-3606

- The SANE nurse is involved in collection of evidence and clinical exam while the ERC provides emotional support, information and referrals.
Domestic Violence: Referrals and Resources

- Adult Protective Services: 854-3195
- VIBS: 360-3730
- Brighter Tomorrows: 395-1800
Elder Abuse

An elderly woman is examined by a doctor for signs of abuse.
Elder Abuse

• The older population—persons 65 years or older—numbered 40 million in 2012. They represented 13% of the U.S. population, over one in every eight Americans.

• According to the best available estimates, between 1 and 2 million Americans age 65 and older have been injured, exploited, or otherwise mistreated by someone on whom they depend.

• Most elder abuse goes unreported and untreated.
Elder Abuse

- Data on elder abuse in domestic settings suggest that 1 in 14 incidents, come to the attention of authorities.
- Current estimates put the overall reporting of financial exploitation at only 1 in 25 cases, suggesting that there may be at least 5 million financial abuse victims each year.
- Most abusers are family members (70%), most commonly adult children (40%).
Types of Elder Abuse

**Physical abuse.** Use of physical force that may result in bodily injury, physical pain, or impairment.

**Sexual Abuse.** Non-consensual sexual contact of any kind with an elderly person.

**Emotional abuse.** Infliction of anguish, pain, or distress through verbal or non-verbal acts.

**Financial/material exploitation.** Illegal or improper use of an elder's funds, property, or assets.

**Neglect.** Refusal, or failure, to fulfill any part of a person’s obligations or duties to an elderly person.
Elder Abuse

- Financial Exploitation: 14.7%
- Self-Neglect: 37.2%
- Caregiver Neglect: 20.4%
- Physical Abuse: 10.7%
- Emotional/Psychological/Verbal Abuse: 14.8%
- Sexual Abuse: 1.0%
- Other: 1.2%
Elder Abuse - Indicators of Physical Abuse

- Bruises, pressure marks, broken bones, abrasions, and burns
-Bruises at different stages of healing
- Explanation not matching injury
- Frequent presentation with injuries
- Bilateral bruising or “wrap around” bruising
- Broken eyeglasses or frames
- Signs of being restrained, such as rope marks on wrists
- Caregiver’s refusal to allow you to see the elder alone
Elder Abuse- Indicators of Sexual Abuse

- Bruises around breasts or genitals
- Bruises between legs and on buttocks or lower back
- Unexplained venereal disease or genital infections
- Unexplained vaginal or anal bleeding
- Torn, stained, or bloody underclothing
Elder Abuse - Indicators of Neglect

- Unusual weight loss, malnutrition, dehydration
- Untreated physical problems, such as bed sores
- Unsanitary living conditions: dirt, bugs, soiled bedding and clothes
- Being left dirty or un bathed
- Unsuitable clothing or covering for the weather
- Unsafe living conditions (no heat or running water; faulty electrical wiring, other fire hazards
- Over or under medicated
Elder Abuse- Indicators of Financial Abuse

- Significant withdrawals from the elder’s accounts
- Sudden changes in the elder’s financial condition
- Homelessness, inability to pay utilities, rent or other bills
- Suspicious changes in wills, power of attorney, titles, and policies
- Financial activity the senior couldn’t have done, such as an ATM withdrawal when the account holder is bedridden
- Increase in anxiety when the elder is discussing finances
- Care takers refusal to plan for necessary patient care
Elder Abuse - Other indicators

- Behavior such as belittling, threats and blackmail by caretaker.
- Humiliation and ridicule by the caretaker
- Ignoring of the elderly person by the caretaker
- Isolating an elder from friends or activities
- Terrorizing or menacing the elderly person
- Strained or tense relationships, frequent arguments between the caregiver and elderly person
- Elderly person’s increased anxiety or depression
Who to contact?

- If you think a person is in imminent danger, the police should be called.

- Social Work Services can be contacted by calling 4-2552 during regular business hours and or paged via an operator for coverage after hours and on weekends.
Elder Abuse- Resources and Referrals

- Suffolk County Office for the Aging- 853-8200
- Adult Protective Services- 854-3195
Internal Contacts

Dr. Leslie Quinn (for Child Abuse) 444-2730

For Child Abuse and all other Domestic Violence concerns:

- Susan McCarthy 444-3215
- Jo Ann McCaslin 444-2587
- Mohini Jose 444-3442
- Geoffrey O'Connell (out-patient) 444-4343
By clicking the button below, you attest that you have viewed this presentation and have understood all its contents.

After clicking the button, you will be returned to the Orientation website.