

<b>BROOKHAVEN NATIONAL LABORATORY CLINICAL RESEARCH CENTER POLICY</b>	NUMBER: IC-17	PAGE 1 OF 2
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SUBJECT: IDENTIFICATION AND MANAGEMENT OF POSSIBLE VICTIMS OF ABUSE	REVIEWED BY: J. Rowan	CRC Manager
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	EFFECTIVE DATE: 10/01/04	
	REVISION HISTORY: 02	

### **1.0 POLICY:**

Because of the nature of care provided within the ambulatory care setting, it is possible that independent and/or nonindependent practitioners may identify possible victims of abuse. Therefore, it is important that professionals working in ambulatory care settings be aware of clinical manifestations of physical assault/abuse, rape or other sexual molestation, and domestic abuse of elders, spouses, partners, and children.

### **2.0 PROCEDURE:**

Symptoms of abuse or neglect may be obvious or insidious. Symptoms may be discovered during physical examination associated with ambulatory care services provided or during verbal interviews. Regardless of the mechanism by which possible abuse or neglect is discovered, the law requires reporting of known (or reasonably suspected cases in children) cases of abuse or neglect and permits reporting of reasonably suspected cases in the elderly. Therefore, if a subject or participant is suspected of any of the above, he/she be referred to a local hospital for treatment or are provided information related to public and private community agencies that provide, or arrange for, evaluation and care for victims of abuse.

### **3.0 CRITERIA FOR THE IDENTIFICATION OF POSSIBLE VICTIMS OF ABUSE AND NEGLECT IN ADULTS:**

Physical assault, domestic abuse, and neglect:

- A. Injury incompatible with stated event
- B. Unexplained injuries including burns, fractures, sprains, and strains
- C. History of similar injuries in past. Lack of follow-through with aftercare instructions
- E. Lack of grooming and attention to cleanliness in the elderly for whom care is provided by another
- F. Evidence of unreasonable physical constraint, or prolonged or continual deprivation of food or water
- G. Evidence of injury due to failure to protect from health and safety hazards
- H. Malnutrition
- I. An inexplicable delay between the time of injury/illness and the first attempt to obtain medical care.

Sexual assault i.e. sexual battery, rape, rape in concert, incest, sodomy, oral copulation, or penetration of a genital or anal opening by a foreign object

- A. Statements of forced sexual contact
- B. Traumatic injury to urethra, vagina, or anal/rectal tissue.
- C. Traumatic injury to oral mucosa that could have been caused by forced sexual contact
- D. Sexually transmitted disease.

### **4.0 CRITERIA FOR THE IDENTIFICATION OF POSSIBLE VICTIMS OF ABUSE AND NEGLECT IN CHILDREN :**

Psychological manifestations may include:

- A. Fear of adults
- B. Extremely obedient or polite
- C. Fearful to cry
- D. Silent
- E. Withdrawn
- F. Depressed
- G. Views self as bad and deserving punishment
- H. Promiscuous
- I. Acts out violently against animals or smaller children
- J. Does not cry during painful procedures

Recognition of potential physical abuse:

- A. Location, pattern, distribution, or configuration of injury does not match stated event
- B. Presence of evidence of multiple old injuries
- C. Presence of multiple injuries
- D. Evidence of malnutrition or neglect co-existing with injury
- E. History of prior injury of same or different type
- F. History of nonorganic failure to thrive in victim or siblings
- G. An inexplicable delay between the time of injury and the first attempt to obtain medical care

- H. Parent's account of incident is not compatible with the age and developmental level of the victim
- I. The parents are reluctant to provide information
- J. Friends or relatives other than the parents bring the injured child to the ambulatory care setting
- K. Parents are depressed, suicidal, exhibit bizarre behavior, are retarded, are overwhelmed with crisis, overreact, or reflect total unconcern, display open hostility for the victim, indicate unrealistic expectations of the victim, or show evidence of alcohol or drug use.
- L. The medical history provided by parents fails to mention the present injuries
- M. The child shows characteristic radiological evidence skeletal or soft tissue injury consistent with abuse
- N. Differential diagnosis eliminates organic malformations, genetic defects and disease.

Physical abuse:

- A. Soft tissue injuries such as welts, bruises (especially lower lumbar area), lacerations
- B. Facial injuries of the mouth, ears, nose or eyes
- C. Scalp injuries including hematoma or deformity
- D. Burns (evaluated for type, characteristics, age of the victim and anatomical location, and causative agent).
- E. Fractures including evidence of multiple fractures
- F. Brain damage including that which results from shaking
- G. Internal injuries such as blunt trauma
- H. Evidence of exposure such as hypothermia

Failure to thrive symptoms:

- A. Loss of subcutaneous fat and/or muscle
- B. Distended or protruding abdomen
- C. Apathetic or unresponsive infant
- D. Small head circumference for age
- E. Poor skin turgor
- F. Hair changes or loss
- G. Insufficient or inappropriate clothing
- H. Lack of medical attention for infections or injuries
- I. Inexplicable delay in seeking medical attention for malnourished condition
- J. Untreated coexisting injuries with malnutrition
- K. Poor preventative medical or dental care
- L. A history of prior nonorganic failure to thrive
- M. Medical record documentation of deterioration of growth pattern or delayed development
- N. Previous documented abuse or failure to thrive of a sibling

Possible symptoms of sexual assault:

- A. Traumatic injury to genitalia
- B. Traumatic injury to urethra, anus or rectum
- C. Traumatic injury to oral mucosa or perioral area
- D. Urinary tract infection by unusual pathogen
- E. Sexually transmitted disease

**5.0 DOCUMENTATION:**

All referrals and procedures performed shall be documented in the subject/participant's record.

**The only official copy of this file is the one online at the Medical Department website under "Clinical Research Center Policy Manual." Before using a printed copy, verify that it is the most current version by checking the document effective date on the website.**



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