CLINICAL POLICY AND PROCEDURE – EXAMPLE

SUBJECT:	Abuse, Neglect, and Violence – Identification and Intervention For Care and Treatment of Patients Who May be Victims/Survivors		
POLICY NUMBER:	[Policy Number]	**DATE APPROVED:**	[Date Policy Approved]
APPLIES TO:	Acute Care Entities Only		

POLICY:

A. [Insert Name] is committed to assisting in the identification of patients who may be victims of abuse, neglect, and/or violence, delivering high-quality care and services that reflect principles of a trauma-informed approach, and assisting with referrals or access to public and private community agencies that can provide or arrange for additional assessment or care. Each facility will maintain a list of community agencies.
B. [Insert Name] is committed to protecting patients while under its care and service.
    1. [Insert Name] strictly prohibits any form of mistreatment against a patient by staff, physicians, volunteers, contract employees, visitors, and other patients.
    2. Any allegations, observations, or suspicions of abuse, neglect, or violence, including misappropriation of property, against a patient who is under [Insert Name's] care and service will be investigated.

AFFECTED DEPARTMENTS: All Clinical Departments

PROCEDURE:

A. Assess or reassess the patient for risk factors and observable signs or symptoms (verbal/ nonverbal indicators) of abuse, neglect, or violence upon admission or entry into the facility and with change in condition. The medical well-being of the patient always comes first. (See ATTACHMENT A: PEARR Tool: Trauma-Informed Approach to Victim Assistance in Health Care Settings).

B. Document risk factors and observable signs/symptoms in the electronic health record. Document additional information, including wounds, injuries, and patient statements.

C. For patient exhibiting risk factors or signs/symptoms of abuse, neglect, or violence, make a referral to Social Work. Evaluate the need to make a referral to a Chaplain or other support personnel to provide professional emotional or spiritual support.

D. Provide the patient with abuse, neglect, or violence education, including contact information for hotlines or community agencies, and ask if the patient requires assistance. (See ATTACHMENT A: PEARR Tool: Trauma-Informed Approach to Victim Assistance in Health Care Settings).

E. If the patient accepts/requests assistance with accessing public or private community agencies, then document the patient's consent and which agencies were contacted.

F. If the patient accepts/requests a sexual assault forensic exam (SAFE), then the patient must be medically cleared before transport to the Sexual Assault Response Team (SART) Center or equivalent setting.

    1. Notify law enforcement in the jurisdiction where the crime occurred. The responding law enforcement agency will take the patient's statements and determine whether or not to order a sexual assault forensic exam. If law enforcement orders the exam, then the law enforcement agency will arrange for transport of the patient, per the patient's consent, to the appropriate SART Center or equivalent setting.
        a. If the patient accepts/requests a sexual assault forensic exam, then law enforcement must be notified regardless of reporting requirements. However, the Violence Against Women Act (VAWA) allows for a sexual assault forensic exam to be completed even if a victim declines to provide statements or to make a report with law enforcement. In such cases, provide the patient with contact information for the SART Center or equivalent contact.
    2. Preserve evidence as much as possible; for example
        a. Discourage the patient from washing, eating, or drinking.
        b. Do not clean the victim's genitalia or perform a catheterization or speculum examination (unless there is heavy vaginal bleeding).
    3. Medication for pregnancy prevention and sexually transmitted infection (STI) prophylaxis, as well as a referral for HIV post-exposure prophylaxis (PEP), will be provided at the SART Center or equivalent setting as applicable.
    4. For questions or concerns, call the appropriate SART Center, or equivalent contact, and refer to your facility's procedures.

G. Report safety concerns (e.g., potential abuser is on-site or may arrive on-site) to Security and Nurse Shift Manager/Shift Administrator/Supervisor.

H. Report allegations, observations, and suspicions of abuse, neglect, or violence to Nurse Shift Manager/Shift Administrator/Supervisor, Social Work, and/or Patient Safety Officer.

I. Report allegations, observations, and suspicions of abuse, neglect, or violence to authorities/ agencies as required or permitted by law or regulation.

J. If there are concerns regarding procedural steps, particularly a variance or breakdown in policies or procedures, notify the Nurse Shift Manager/Shift Administrator/ Supervisor, or notify someone in a higher chain of command, and complete an event report. This includes a lack of response or negative response toward patients from private or public community agencies.

K. Contact Nurse Shift Manager/Shift Administrator/Supervisor or Employee Assistance Program (EAP) for concerns regarding secondary trauma, as needed.

TRAINING AND EDUCATION

A. During Orientation and Re-Orientation, educate staff, physicians, volunteers, and contract employees; this includes but is not limited to:
    1. Risk factors for and signs/symptoms (verbal/nonverbal indicators) of abuse, neglect, or violence and follow-up procedures for patients who may be victims/survivors, e.g., trauma-informed approach to patient care, PEARR Tool.
    2. Best practice guidelines regarding documentation of wounds, injuries, and patient statements.
    3. Process for patients requesting sexual assault forensic exam.

DEFINITIONS:

Abuse: The Centers for Medicare and Medicaid Services (CMS) defines abuse as "the willful infliction of injury, unreasonable confinement, intimidation, or punishment, with resulting physical harm, pain, or mental anguish." Per CMS, this includes "staff neglect or indifference to infliction of injury or intimidation of one patient by another."

Community agencies: Private and public community agencies refers to any agency that can provide continued assessment and care to patients who may be victims of abuse, neglect, or violence. This includes county welfare agencies, law enforcement agencies, victim advocacy agencies, and agencies that provide direct services to victims/survivors of abuse, neglect, and violence.

Neglect: CMS defines neglect as "the failure to provide goods and services necessary to avoid physical harm, mental anguish, or mental illness."

PEARR Tool: The "PEARR Tool" offers guidance to social workers, nurses, and other health care professionals on how to provide trauma-informed assistance to patients who are at high-risk of, or who are exhibiting signs or symptoms of, abuse, neglect, or violence. The PEARR Tool is based on a universal education approach, which focuses on educating patients about abuse, neglect, or violence prior to, or in lieu of, screening patients with questions. The goal is to have an informative and normalizing, yet developmentally- and culturally-appropriate, conversation with patients in order to create a context for them to share their own experiences. The full version of the PEARR Tool is available to download online: https://www.dignityhealth.org/hello-humankindness/human-trafficking.

Secondary trauma: Secondary traumatic stress disorder, or compassion fatigue, is a natural but disruptive by-product of working with traumatized clients. Many types of professionals, such as physicians, psychotherapists, human service workers, and emergency workers, are vulnerable to developing this type of stress, though only a subset of such workers experience it.

Sexual Assault Forensic Exam (SAFE): A sexual assault forensic exam (SAFE) may also be referred to as a "rape kit", sexual assault evidence kit (SAEK), or other name. Sexual Assault Forensic Examiners (SAFEs) and Sexual Assault Examiners (SAEs) are health care professionals who have been instructed and trained to complete a sexual assault forensic exam. They also provide support and referrals as needed. They can be nurses, nurse practitioners, physicians, and physician assistants. They perform the exam and testify as expert witnesses when needed.

Sexual Assault Nurse Examiner (SANE): A Sexual Assault Nurse Examiners (SANE) is a Registered Nurse who has received special training to provide comprehensive care to sexual assault victims, including a sexual assault forensic exam (SAFE). In addition, SANEs may provide expert testimony if a case goes to trial.

Sexual Assault Response Team (SART): A sexual assault response team (SART) is a community-based team that coordinates the response to victims of sexual assault. The team may be comprised of sexual assault nurse examiners (SANEs), hospital personnel, victim advocates, law enforcement, prosecutors, judges, and any other professionals with a specific interest in assisting victims of sexual assault.

Trauma-Informed Approach: A trauma-informed approach includes an "understanding of trauma and an awareness of the impact it can have across settings, services, and populations." This includes understanding how trauma can impact patients and the professionals attempting to assist them. As described by the Substance Abuse and Mental Health Services Administration (SAMHSA), the guiding principles of a trauma-informed approach are safety; trustworthiness and transparency; peer support and mutual self-help; collaboration and mutuality; empowerment, voice, and choice; and cultural, historical, and gender issues.

Violence: The World Health Organization (WHO) defines violence to include "neglect and all types of physical, sexual, and psychological abuse". Violent acts include, but are not limited to, physical or sexual assault, sexual molestation, rape, human trafficking (e.g., sex and labor trafficking), harassment, stalking, kidnapping/ abduction, shootings, corporal punishment, and involuntary seclusion.

Violent acts can be committed against a patient before, during, or after the person's visit to a Dignity Health facility. Also, any person can be a perpetrator, including staff, physicians, volunteers, contract employees, family members/ visitors, and/or other patients.

REFERENCES:

A-0145 (Rev. 37, Issued: 10-17-08; Effective/Implementation Date: 10-17-08) §482.13(c)(3) - The patient has the right to be free from all forms of abuse or harassment. Interpretive Guidelines §482.13(c)(3)

Rape Abuse Neglect Incest National Network (RAINN). *What is a Rape Kit*, https://www.rainn.org/articles/what-sanesart

Rape Abuse Neglect Incest National Network (RAINN). *What is a SANE/SART*, https://www.rainn.org/articles/what-sanesart

Substance Abuse and Mental Health Services Administration, *Key Terms: Definitions,* SAMHSA News, Spring 2014, Volume 22, Number 2, https://www.samhsa.gov/samhsaNewsLetter/Volume_22_Number_2/trauma_tip/key_terms.html

Substance Abuse and Mental Health Services Administration, SAMHSA News, "Guiding Principles of Trauma-Informed Care", Spring 2014, Volume 22, Number 2, https://www.samhsa.gov/samhsaNewsLetter/Volume_22_Number_2/trauma_tip/guiding_principles.html

The Joint Commission.
https://www.jointcommission.org/dateline_tjc/identifying_human_trafficking_victims_among_your_patients/

World Health Organization, *World report on violence and health,* http://www.who.int/violence_injury_prevention/violence/world_report/en/full_en.pdf (accessed March 10, 2018)

U.S. Department of Health and Human Services, Administration for Children and Families, Secondary Traumatic Stress, https://www.acf.hhs.gov/trauma-toolkit/secondary-traumatic-stress

Violence against Women Act of 1994. Washington, D.C.: U.S. Dept. of Justice, Violence Against Women Office, 1996.

STATUTORY/REGULATORY AUTHORITIES: *(if applicable)*

Centers for Medicare and Medicaid Services (CMS). State Operations Manual §483.13

The Joint Commission

Summary of Key Procedural Steps

Assess or reassess patient for risk factors and observable signs/symptoms of abuse, neglect, or violence upon admission or entry into facility and with change in condition. (See Page 2 of PEARR Tool for examples of risk factors and indicators).

Document risk factors and observable signs/symptoms in electronic health record. Document additional information, including wounds, injuries, and patient statements.

For patient exhibiting risk factors or signs/symptoms of abuse, neglect, or violence, **make referral to Social Work**. Evaluate need to make referral to Chaplain or other support personnel for professional emotional or spiritual support.

Provide patient with abuse, neglect, or violence education, including contact information for hotlines or public/private community agencies, and ask if patient requires assistance. (**See PEARR Tool: Provide privacy, Educate, Ask, Respect and Respond**).

If patient accepts/requests assistance with accessing community agencies, then document patient's consent and which agencies were contacted. If patient accepts/requests sexual assault forensic exam, then patient must be medically cleared before transport to Sexual Assault Response Team (SART) Center or equivalent setting.

Report safety concerns (e.g., potential abuser is on-site or may arrive on-site) to Security and Shift Administrator/Supervisor.

Report allegations, observations, and suspicions of abuse, neglect, or violence to:

- Shift Administrator/Supervisor, Social Work, and/or Patient Safety
- External authorities/agencies as mandated or permitted by law or regulation.

If there are concerns regarding procedural steps, particularly a variance or breakdown in policies/procedures, notify NSM/Shift Administrator/Supervisor, or notify someone in a higher chain of command, and **complete an event report**. This includes a lack of response or negative response from private or public community agencies.

Contact Shift Administrator/Supervisor or Employee Assistance Program (EAP) for concerns regarding **secondary trauma**, as needed.

ATTACHMENT A: PEARR TOOL

PEARR Tool

Trauma-Informed Approach to Victim Assistance in Health Care Settings

In partnership with HEAL Trafficking and Pacific Survivor Center, Dignity Health developed this tool, the "PEARR Tool", to guide physicians, social workers, nurses, and other health care professionals on how to provide **trauma-informed assistance** to patients who are at high risk of abuse, neglect, or violence. The PEARR Tool is based on a **universal education approach,** which focuses on educating patients about abuse, neglect, or violence prior to, or in lieu of, screening patients with questions.

The goal is to have an informative and normalizing, yet developmentally- and culturally-appropriate, conversation with patients in order to create a context for them to share their own experiences.

A double asterisk ** indicates points at which this conversation may end. Refer to the double asterisk ** at the bottom of this page for additional steps. The patient's immediate needs (e.g., emergency medical care) should be addressed before use of this tool.

P – Provide Privacy

1. Discuss sensitive topics **alone** and in **safe, private setting** (ideally private room with closed doors). If companion refuses to be separated, then this may be an indicator of abuse, neglect, or violence.** Strategies to speak with patient alone: State requirement for private exam or need for patient to be seen alone for radiology, urine test, etc.

   Note: Companions are not appropriate interpreters, regardless of communication abilities. If patient indicates preference to use companion as interpreter, see your facility's policies for further guidance.**

   Note: Explain **limits of confidentiality** (i.e., mandated reporting requirements) before beginning any sensitive discussion; however, do not discourage person from disclosing victimization. Patient should feel in control of all disclosures. Mandated reporting includes requirements to report concerns of abuse, neglect, or violence to internal staff and/or to external agencies.

E – Educate

2. Educate patient in manner that is **nonjudgmental** and **normalizes** sharing of information. Example: "I educate all of my patients about [fill in the blank] because violence is so common in our society, and violence has a big impact on our health, safety, and well-being." **Use a brochure or safety card** to review information about abuse, neglect, or violence, and offer brochure/card to patient. [Ideally, this brochure/card will include information about resources (e.g., local service providers, national hotlines)]. Example: "Here are some brochures to take with you in case this is ever an issue for you, **or someone you know**." If patient declines materials, then respect patient's decision.**

A – Ask

3. Allow time for discussion with patient. Example: "Is there anything you'd like to share with me? Do you feel like anyone is hurting your health, safety, or well-being?"** If available and when appropriate, use **evidence-based tools** to screen patient for abuse, neglect, or violence.**

   Note: All women of reproductive age should be intermittently screened for intimate partner violence (USPSTF Grade B).

4. If there are indicators of victimization, **ASK** about concerns. Example: "I've noticed [insert risk factor/indicator] and I'm concerned for your health, safety, and well-being. You don't have to share details with me, but I'd like to connect you with resources if you're in need of assistance. Would you like to speak with [insert advocate/service provider]? If not, you can let me know anytime."**

   Note: **Limit questions** to only those needed to determine patient's safety, to connect patient with resources (e.g., trained victim advocates), and to guide your work (e.g., perform medical exam).

   USPSTF = US Preventive Services Task Force

R R – Respect and Respond

5. If patient denies victimization or declines assistance, then **respect patient's wishes.** If you have **concerns about patient's safety,** offer hotline card or other information about resources that can assist in event of emergency (e.g., local shelter, crisis hotline).** Otherwise, if patient accepts/requests assistance with accessing services, then **provide personal introduction** to local victim advocate/service provider; or, **arrange private setting** for patient to call hotline:

   National Domestic Violence Hotline, 1-800-799-SAFE (7233);
   National Sexual Assault Hotline, 1-800-656-HOPE (4673);
   National Human Trafficking Hotline, 1-888-373-7888 **

** Report **safety concerns** to appropriate staff/departments (e.g., nurse supervisor, security). Also, **REPORT** risk factors/indicators as required or permitted by law/regulation, and continue **trauma-informed** health services. Whenever possible, **schedule follow-up appointment** to continue building rapport and to monitor patient's safety/well-being.

PEARR Tool – Risk Factors, Indicators, and Resources

Child Abuse and Neglect

Risk factors include (not limited to): Concerns of domestic violence (DV) in home; parents/guardians exhibiting mental health or substance use disorders; parents/guardians who are overly stressed; parents/guardians involved in criminal activity; presence of non-biological, transient caregivers in home.

Potential indicators of victimization include (not limited to): Slower-than-normal development, failure to thrive, unusual interaction with parent, signs of mental health disorders [e.g., depression, post-traumatic stress disorder (PTSD), self-harm], sudden difficulty in school, medical or physical neglect, sudden changes in behavior, new or unusual fears/anxiety, unexplained injuries (e.g., bruises, fractures, burns – especially in protected areas of child's body), injuries in pre-mobile infants, sexually transmitted infections (STIs).

For additional information, *see Child Welfare Information Gateway: www.childwelfare.gov*

Abuse/Neglect of Vulnerable Adults (e.g., elder and dependent adults)

Risk factors include (not limited to): Concerns of mental health or substance use disorder with caregiver, caregiver exhibits hostile behavior, lack of preparation/training for caregiver, caregiver assumed responsibilities at early age, caregiver exposed to abuse as child.

Potential indicators of victimization include (not limited to): Disappearing from contact; signs of bruising or welts on the skin; burns, cuts, lacerations, puncture wounds, sprains, fractures, dislocations, internal injuries or vomiting; wearing torn, stained, bloody clothing; appearing disheveled, in soiled clothing; appearing hungry, malnourished.

For additional information, *see National Association of Adult Protective Services (NAPSA): napsa-now.org; Centers for Disease Control and Prevention (CDC): cdc.gov/violenceprevention/elderabuse/index.html*

Domestic Violence/Intimate Partner Violence (IPV)

DV/IPV can affect anyone of any age, gender, race, or sexual orientation. **Risk factors** include (not limited to): Low self-esteem, low income, low academic achievement, young age, aggressive/delinquent behavior as youth, heavy alcohol/drug use, depression, suicide attempts, isolation, anger, and hostility.

Potential indicators of victimization include (not limited to): Injuries that result from abuse or assault, e.g., signs of strangulation, bruises, burns, broken bones; psychological conditions such as anxiety, depression, sleep disturbances; sexual and reproductive health issues, e.g., STIs, unintended pregnancy.

For additional information, *see National DV Hotline: thehotline.org; CDC: cdc.gov/violenceprevention/intimatepartnerviolence/index.html*

Sexual Violence

Sexual violence crosses all age, economic, cultural, gender, sexual, racial, and social lines. Some statistics from Rape Abuse & Incest National Network (RAINN): More than 300,000 persons are victimized annually; ages 12-34 are the highest risk years. Female college students (ages 18-24) are three times more likely than women in general to experience sexual violence. One in 33 American men have experienced an attempted or completed rape. And, 21% of transgender, gender-queer, noncomforming (TGQN) college students have been sexually assaulted.

Potential indicators of victimization include (not limited to): STIs, pregnancy, depression, PTSD.

For additional information, *see RAINN: rainn.org; CDC: cdc.gov/violenceprevention/sexualviolence/index.html*

Human Trafficking (e.g., labor and sex trafficking)

Although human trafficking crosses all age, economic, cultural, gender, sexual orientation, racial, and social lines, traffickers often target persons in situations of vulnerability. **Risk factors** include (not limited to): Running away or homelessness (particularly for youth), history of interpersonal abuse or violence, involvement in commercial sex industry, minority/immigrant status.

Potential indicators of victimization include (not limited to): Accompanied by controlling companion; inconsistent history; medical or physical neglect; and submissive, fearful, hypervigilant, or uncooperative behavior.

For additional information, *see National HT Hotline: humantraffickinghotline.org*

As defined by the Substance Abuse and Mental Health Services Administration (SAMHSA), **a trauma-informed approach** includes an understanding of trauma and an awareness of the impact it can have across settings, services, and populations. This includes understanding how trauma can impact patients, families, communities, and the professionals attempting to assist them.

SAMHSA describes the guiding principles of a trauma-informed approach as follows: safety; trustworthiness and transparency; peer support and mutual self-help; collaboration and mutuality; empowerment, voice, and choice; and consideration of cultural, historical, and gender issues.

To learn more, *please see SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach: https://store.samhsa.gov/system/files/sma14-4884.pdf*

For more information, visit dignityhealth.org/human-trafficking-response

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