

DEPARTMENT OF VETERANS AFFAIRS  
VA EASTERN KANSAS HEALTH CARE SYSTEM

Health System Policy Memorandum  
NO. 11-19

March 8, 2016

ABUSE, NEGLECT OR EXPLOITATION POLICY

1. PURPOSE:

To maintain a policy, procedure, and responsibility for identification, protection, and referral of abuse or suspected abuse victims that are recognized in the VA Eastern Kansas Health Care System (VA EKHCS) and to ensure that the same level of care is applied throughout the system while protecting the patient's rights, dignity, and well-being.

2. DEFINITIONS:

a. Abuse

- (1) Physical Assault - Any physical pain or injury which is willfully inflicted upon an individual by a person who has care or custody of or who stands in a position of trust. This includes, but is not limited to, physical assault, unreasonable physical restraint, and prolonged deprivation of food or water.
- (2) Sexual Molestation - (coital and non-coital sexual activities performed by force with or without consent) Any sexual intercourse with a minor is considered child abuse.
- (3) Rape – Forced sexual intercourse, physical force, fear, deception or manipulation.
- (4) Financial Abuse – Any theft, borrowing or misuse of an individual's money or property by a person in a position of trust.
- (5) Psychological/Emotional Abuse - The willful infliction of mental suffering by a person in a position of trust. Examples include verbal assaults, threats, terrorizing, humiliation, intimidation or isolation that attack an individual's self-concept or psyche.
- (6) Abandonment - Abandonment consists of the desertion or willful forsaking of an individual by any person having the care and custody of that individual, under circumstances in which a reasonable person would continue to provide care or custody.
- (7) Domestic Violence Abuse – Any harmful physical contact or threat, thereof, or destruction of property between associated individuals or formerly associated individuals.
- (8) Elder Abuse - Elder abuse is a form of domestic violence and encompasses all types of abuse discussed above. Elders who are admitted with confusion, fractures, extensive bruising or decubitus ulcers warrant an assessment for possible abuse.
- (9) Child Abuse and Neglect - Any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation; or an act or failure to act which presents an imminent risk of serious harm to any person who has not reached the age of 18.
- (10) Military Sexual Trauma - Sexual harassment, sexual assault, rape, and other acts of violence to any military member. Sexual harassment is further defined as repeated unsolicited verbal or physical contact of a sexual nature, which is threatening in nature.

b. Neglect

(1) Neglect - The failure of any person having the care or custody of an individual to provide that degree of care, which a reasonable person in a like position would provide, constitutes neglect. Examples are:

- (a) Failure to assist in personal hygiene or the provision of clothing.
- (b) Failure to provide medical care for the individual's physical and mental needs. This does not include instances in which treatment is refused.
- (c) Failure to protect from health and safety hazards.

2) Self-neglect – Failure to provide for self through inattention or dissipation.

c. "Exploitation" means misappropriation of resident property or intentionally taking unfair advantage of an adult's physical or financial resources for another individual's personal or financial advantage by the use of undue influence, coercion, harassment, duress, deception, false representation or false pretense by a caretaker or another person.

### 3. POLICY:

This policy is intended to define procedures for identifying and treating victims of abuse. The abused patient will be seen on arrival in the emergency room in most cases. However, an abused patient may be admitted directly to other parts of the hospital. It is an ethical as well as legal responsibility to report suspected abuse cases for further investigation.

### 4. PROCEDURES:

a. Indicators for Identifying Suspected Abuse or Neglect

#### (1) Physical Assault

- (a) Physical indicators - fractures, burns, welts, cuts, head or internal injuries, human bite marks, blunt abdominal trauma, ocular manifestations, and multiple injuries in various stages of resolution.
- (b) Behavioral indicators - extreme withdrawal, indiscriminate friendliness and display of affection, appearance of being frightened of family or caregiver and of going home, inappropriate fear or apprehension to hospital procedures.
- (c) History given inconsistent with existing injury.
- (d) Absence of any history or explanation of injury.
- (e) Parent/caregiver reluctant to give information.
- (f) Patient is incapable of self-injury due to developmental status (child) or physical condition.
- (g) Delay in seeking medical care.
- (h) Inconsistencies or changes in the history.
- (i) History of repeated injuries or hospitalization.
- (j) Inappropriate response to severity of injury.

#### (2) Sexual Molestation/Rape

- (a) Physical Indicators - trauma to genitals or rectum; vaginal or rectal bleeding; vaginal, penile or rectal lacerations; vaginal or penile discharge; unusual dilatation of vaginal or rectal opening; increased

pigmentation at rectum; dysuria or frequency; foreign bodies in urethra, vagina or rectum; gait disturbance; complaint of vaginal or rectal pain; pregnancy (especially in young adolescents); or sexually transmitted disease.

- (b) Behavioral Indicators - sexual acting out with siblings, peers or adults; preoccupation with sexual matters; precocious knowledge of adult sexual behavior; regressive behavior; enuresis; encopresis; sleep disorders; excessive fears; refusal to sleep alone at night; eating disorders; depression; suicidal or self-destructive behavior; substance abuse; runaway behavior; or unusual behavior during exam of genitalia.

### (3) Financial Abuse

- (a) Unusual or inappropriate activity in bank accounts; signatures on checks, etc., that do not resemble the veteran's signature or signed, when veteran cannot write.
- (b) Power of Attorney given or recent changes or creation of a will, when the person is incapable of making such decisions.
- (c) Unusual concern by a caregiver that an excessive amount of money is being expended or placement in a nursing home or residential care facility, which is not commensurate with the alleged size of estate.
- (d) Numerous unpaid bills; overdue rent; lack of self-care items, such as personal grooming items or appropriate clothing that the estate can well afford.
- (e) Missing personal belongings such as art, silverware, or jewelry.

### (4) Neglect

- (a) Physical Indicators - malnourishment, poor hygiene, inappropriate dress, bald patches on scalp of infant, lack of proper immunizations, unattended medical problems, and failure-to-thrive syndrome.
- (b) Behavioral Indicators - developmental delays in children, dull, inactive, excessively passive, fearful or fatigue.

### (5) Psychological/Emotional Abuse

- (a) Physical Indicators - persistent vomiting, sleep disorders, enuresis, speech disorders, hyperactivity, failure-to-thrive syndrome or developmental delays.
- (b) Behavioral Indicators - disruptive, excessively passive or aggressive, overly compliant, unreasonably demanding, fearfulness, hysteria, obsession, phobias, hypochondria, depressed or suicidal behavior.

### (6) Domestic Abuse

- (a) Associated individuals and formerly associated individuals: spouses, whether residing together or not; former spouses, whether residing together or not; persons who are involved in an ongoing, intimate relationship with each other, regardless of whether they currently live together or have done so in the past; persons who have, in the past, had an ongoing, intimate relationship with each other regardless of whether

they lived together or not.

- (b) Physical Indicators – See Physical Assault criteria – 4.a.(1)(a).
- (c) Behavioral Indicators – See Physical Assault criteria – 4.b.(1)(b).
- (d) Consider domestic violence if any of the following is observed: common sites of injury (face, neck, throat, chest, abdomen, and genitals); injuries during pregnancy; substantial delay between onset of injury and presentation for treatment.

(7) Elder Abuse [See 2.a. (8).]

- (a) Physical/sexual abuse [See 4.a.(1) and 4.a.(2).]
- (b) Psychological/emotional abuse [See 4.a.(5).]
- (c) Financial abuse [See 4.a.(3).]
- (d) Neglect [See 4.a.(4).]

(8) Child Abuse and Neglect

- (a) Physical/Sexual abuse [See 4.a.(1) and 4.a.(2).]
- (b) Psychological/emotional abuse [See 4.a.(5).]
- (c) Neglect [See 4.a.(4).]

b. Abuse Screening

- (1) All patients presenting for care who exhibit indicators of abuse should receive complete screening and evaluation. The provider will document the examination and treatment offered and/or provided, including whether any specific evidence has been retained such as specimens or photographs.
  - (2) All veterans will be screened for sexual trauma encountered during active duty military service. All veterans reporting military sexual trauma and requesting information or counseling will be contacted by Behavioral Health Service within 10 days of referral.
- c. An individual that is suspected of being abused should be placed in a private room to provide psychological/physical support during assessment and emergency intervention.
  - d. A member of the nursing staff should be assigned to remain with the patient.
  - e. Consents from the patient, parent/legal guardian or Durable Power of Attorney for Health Care should be obtained.
  - f. Evidence relating to the suspected abuse should be collected and safeguarded.
  - g. All information concerning the suspected abuse remains confidential.
  - h. Notification of legally required agencies.
    - (1) If the incident occurred in Kansas: Division of Children and Family (DCF)1-800-922-5330. If a family member wishes to make a complaint about an incident in Kansas and is calling from outside Kansas: 1-785-296-0044.
    - (2) Adults and Children - If incident occurred in a licensed Kansas facility: KS Dept of Health and Environment, 1-800-842-0078.

(3) If the incident occurred in Missouri: MO Dept of Health and Senior Services, Adult over 60 years of age or disabled, 1-800-392-0210; Child under 18: 1-800-392-3738.

(4) Completion of Progress Note Template: EK-Report of Suspected Abuse or Neglect is required to be completed every time a case is referred to Division of Children and Families. Or MO Department of Health

(5)

i. Documentation in the medical record will include:

(1) Response to question(s) asked on admission to screen for the patient's perception of safety in his living environment.

(2) Description of all physical evidence observed.

(3) All specimens or evidence collected and disposition of that evidence.

(4) Statements made by the patient or significant other concerning events of suspected abuse.

(5) Treatments offered, refused, and/or received by the patient.

(6) Notification of legal authorities.

(7) Legal and community resource options offered, refused, and/or received by the patient.

(8) Consents received.

(9) Education on abuse is provided annually to all staff.

j. If abuse could possibly have been by a staff member, it should be reported on VAF 10-2633, Report of Special Incident Involving a Beneficiary, and, in any event, if the abuse occurred on VA property, VA Police should be immediately notified.

k. Community resource guide/information is available in the Medical Library and through Social Work.

## 5. RESPONSIBILITIES:

a. Chief of Staff has overall responsibility for clinical services provided in cases of abuse, neglect and assault.

b. All professional staff is responsible for screening patients for signs/symptoms of abuse.

c. All professional staff is responsible for documentation concerning alleged abuse.

d. Nursing staff is responsible for notification of Social Work, physician, Unit Charge Nurse, and legally required individuals, if Social Work is unavailable.

e. The Education Department will provide annual education for all appropriate staff.

## 6. REFERENCES:

a. Joint Commission Manual for Hospitals.

- b. Kansas Statutes Annotated 39-1401 et seq; 38-1521 et seq; 38-1523 et seq; 38-1525 et seq; and 38-1526 et seq.
  - c. VHA Directive Reporting Cases of Abuse and Neglect 2012-022.
  - d. [www.ncea.aoa.gov](http://www.ncea.aoa.gov)
  - e. [www.preventchildabuse.com](http://www.preventchildabuse.com)
  - f. VHA Directive Public Law (RNC 10-0905).
  - g. HSPM 00B-6 (08/09), Abuse or Mistreatment of Patients, dated August 10, 2009.
7. RECISSION: HSPM 00B-03; Abuse, Neglect and Exploitation Poicy; dated March 12, 2013.

3/8/2016

**X** A. Rudy Klopfer, FACHE

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A. RUDY KLOPFER, FACHE, VHA-CM  
Director, Eastern Kansas Health Care System  
Signed by: people

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NO. 11-19, Abuse, Neglect or Exploitation Policy**

**Abuse, Neglect or Exploitation Policy Acknowledgement**

I, \_\_\_\_\_, have read the hospital policy (HSPM)  
(PRINT NAME)

*on ABUSE, NEGLECT OR EXPLOITATION POLICY. It has been explained to me and/or I have had a chance to ask questions concerning it. I fully understand its contents and the penalties regarding such actions.*

\_\_\_\_\_/\_\_\_\_\_  
Signature Date