UHC Policy on Abuse, Neglect and Exploitation

UHC Domestic Violence Committee

Reference Manual

UHC Policy on Abuse, Neglect and Exploitation

UHC Domestic Violence Committee

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UHC Policy establishes an appropriate consistent mechanism for screening identifying, documenting and reporting cases of suspected abuse, neglect or exploitation of children and adults.

Purpose

The University Hospital and Clinics Abuse, Neglect, and Exploitation Policy was developed to ensure appropriate guidelines for physicians and staff caring for patients they suspect may be victims of abuse, neglect or exploitation. This Reference Information will address victims of Intimate Partner Violence, Vulnerable Adult Abuse, Human Trafficking, Child Abuse and Neglect, Sexual Assault as well as any patient who presents with concerns of abuse, neglect or exploitation.

Intimate Partner Violence is a public health problem with serious and far-reaching consequences for patients, families, and communities. The presence of intimate partner violence in the life of a patient can create or aggravate acute and chronic health problems, interfere with recommended treatments for existing problems, and increase the cost of health care. Adherence to the UHC Policy will promote compliance with Accreditation Organization Standards, U.S. Preventive Services Task Force Recommendations, Utah Statutes for reporting abuse and neglect and best practice recommendations regarding the care of abused patients.

Vulnerable Adult Abuse includes the abuse of disabled adults and the elderly. This form of violence is a recognized social problem of uncertain, although probably increasing, magnitude. Abuse, neglect and exploitation of Utah's vulnerable adults continue to rise and most perpetrators of abuse, as in other forms of domestic violence, are relatives. Although Utah is considered to be the 'youngest' state in the nation, the 2010 census found that Utah had the seventh most rapidly increasing population in the nation of those aged 65 and older. Vulnerable adult maltreatment impacts the victim's health and contributes to the overall cost of healthcare. Understanding elder and disabled adult abuse and identifying it in the health care setting can lead to improved health outcomes for patients.

Human Trafficking is a less well-known form of abuse of children and adults. It can include forced and exploitative labor as well as sexual exploitation of children and adults. Many women who are engaged in the sex trade were recruited when they were still children. The health impact of this form of trauma and abuse is devastating; however, it is not well-recognized in our health care system. Education in the identification of patients who are victims of trafficking is a step forward in ending this form of modern slavery.

Child Abuse and Neglect is a serious public health issue for our State and Country. More children (age 1-14 years) die of homicide in this country than of heart problems, influenza, pneumonia or septicemia. In addition, intimate partner

violence and child maltreatment are intimately intertwined. Indeed, a common cause of child maltreatment in Utah is witnessing violence in the home. Child maltreatment can change the development and health trajectory of a victim for life. Adequately evaluating child victims and providing appropriate interventions is crucial in improving health outcomes for children.

Sexual Violence/Assault as in the other forms of violence discussed in this Policy is a significant public health and medical health issue. The UHC Policy embraces The Start by Believing© premise which focuses on the public's response to the disclosure of sexual assault. Responding to the disclosure of sexual assault in an empathetic, caring and appropriate manner starts the process toward healing. Utah is currently one of 4 states in this nation that is a 'Start by Believing' State.

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Summary of Abuse, Neglect and Exploitation Policy

Any physician or staff who suspects abuse, neglect or exploitation of a child or adult will notify Adult Protective Services, Division of Child and Family Service, and/or law enforcement as mandated by law. *For further advice on reporting obligations, please call the Risk Management Department.*

A physician examining or treating a child may take the child into protective custody, not to exceed 72 hours, when the physician has reason to believe that the child's life or safety will be in danger unless protective custody is exercised. Relevant Utah Statute (§62A-4a-407) should be consulted and followed prior to carrying out any such process. When possible consult with Risk Management in connection with such process.

Subject to relevant Utah statutes, in cases of suspected abuse, neglect, and/or exploitation, copies of the patient's medical record may be released to law enforcement agencies without patient's consent or court order. Contact the HIPAA Office to obtain relevant forms for this purpose.

It is recommended that each Hospital unit or department consider developing a mechanism for screening* all female patients 14-46 years of age for intimate partner violence victimization, especially within primary care settings and the emergency department.

It is recommended that each Hospital unit, department, or clinic refer to this Reference Information document when treating providers gather additional information from any patient who presents with signs or symptoms of abuse, neglect or exploitation.

*The term 'Screening' is defined as the process used in a population to identify an unrecognized disease in individuals without signs or symptoms. This can include individuals with pre-symptomatic or unrecognized symptomatic disease. The screening process is distinct from 'risk-based' questioning which involves identifying a group of patients based on the presence of risk factors.

Utah Administrative Rule R432-100 on General Hospital Standards mandates that

- Hospital emergency departments have policies and procedures that address the evaluation and handling of alleged or suspected child or adult abuse cases;
- Hospitals providing pediatric care shall have orientation and in-service training of staff on child abuse and neglect; and
- All direct care and housekeeping staff shall receive annual documented in-service training in the requirements for reporting abuse, neglect or exploitation of children or adults.

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Guiding Principles of Abuse, Neglect and Exploitation Policy

Treat patients and their families with dignity, respect, compassion, and with sensitivity to differences in age, culture, ethnicity and sexual orientation, while recognizing that violence and abuse is unacceptable in any relationship.

Respect the integrity and authority of adult victims of making their own life choices.

Increase the safety of victims and their children.

Recognize that the process of leaving a violent relationship is often a long and gradual one.

Advocate on behalf of victims and their children.

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Intimate Partner Violence

UHC Domestic Violence Committee

1 in 3

Utah women has been a victim of IPV at some point in her life.

Intimate Partner Violence

Definition

Intimate partner violence (IPV) is defined as a pattern of controlling, assaultive, and/or coercive behaviors that adults and adolescents use against their intimate partners. These behaviors may involve physical, sexual, economic, and/or psychological coercion or abuse. This definition is specific in defining acts of violence, but general in defining the victim and perpetrator. This is especially important, as IPV appears in all populations regardless of age, race, gender, ethnicity, income, relationship, and sexual orientation. See Utah Statute §78B-7-102 for legal definition of cohabitant abuse.

Elder abuse and child abuse are different from intimate partner violence as in those cases the victim is of a certain age and the perpetrator is a caretaker.

Public Health Impact

Over 1 in 3 Utah women is or has been a victim of IPV at some point in her life
4-8% of women are abused during pregnancy
The nationwide health care costs associated with IPV exceed $6 billion
40% of homicides in Utah are IPV-related
Homicide is a leading cause of death for pregnant and postpartum women
Intimate partner violence is more prevalent than diabetes and breast or cervical cancer

Standards

The U.S. Preventive Services Task Force (USPSTF) recommends that all clinicians (physicians, nurses, physician assistants, nurse practitioners) screen women of childbearing age for intimate partner violence victimization and provide or refer women who screen positive to intervention services. *This recommendation applies to women who do not have signs or symptoms of abuse.*
Accreditation Organizations (DNV, CMS) require that the hospital must have mechanisms/methods in place that ensure patients are free of all forms of abuse, neglect, or harassment, whether from staff, other patients, visitors or other persons. The hospital must have a written procedure in place to notify appropriate agencies, including reporting requirements regarding incidents involving abuse, neglect or harassment, in accordance with State and Federal Law.
Institute of Medicine recommends screening and counseling females for intimate partner violence victimization.
Affordable Care Act includes screening and counseling women for interpersonal and intimate partner violence in the preventive health services for women.
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Health Consequences of IPV Victimization

Physical

Arthritis
Asthma
Chronic pain syndromes (including fibromyalgia, headache, pelvic pain)
Diabetes
GI Disorders (including irritable bowel syndrome, functional disorders)
Heart and circulatory problems (including stroke, heart disease)
Neurologic disorders (including TBI, syncope, psychogenic nonepileptic seizures)
Children's mental and physical health can be impacted by witnessing IPV

Reproductive

Spontaneous abortion
Contraceptive sabotage
Unwanted/unintended pregnancy
Sexual assault/rape
Unsafe abortion
Pregnancy complications including fetal death
Cervical cancer
Sexual disorders
Sexually transmitted infections, including HIV

Emotional and Mental Health

Depression
Anxiety and associated insomnia and other sleep disorders
Post-traumatic stress disorder (PTSD)
Suicidal ideations/attempts
Feelings of low-self esteem
Fear of intimacy
Anger/aggression

Fatal

Suicide and homicide
Maternal mortality
Infant mortality
AIDS-related

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Patient Risk Factors for IPV Victimization

Historical Indicators

Women between the ages of 20 and 34
Having a disability
Recent trauma history
Unexplained injuries
Injuries inconsistent with the story
Delay in seeking medical care
Physical injury during pregnancy
Direct or indirect reference to abuse
Alcohol/substance abuse
History of depression, anxiety, suicidality
Overly protective or controlling partner
Having a child with alleged or confirmed child maltreatment
Not following through with recommended treatments
Chronically 'no-showing' for appointments
Men in same sex relationships

Symptoms/Injuries Concerning for Abuse

Injury to head, neck, torso, breasts, abdomen, or genitals
Defensive wounds, e.g., bruises, lacerations on back of forearms/hands
Strangulation injury

- Important to note that serious injury and death can occur with little to no external signs of injury
- Patients who have been acutely strangled are at an increased risk for stroke and airway compromise due to airway edema
- ALL patients who present with a history of being acutely strangled SHOULD BE ADMITTED for at least 24 – 48 hours even if the initial exam is normal

Mental illness
Sexually transmitted infections, including HIV
Obstetrical complications
Chronic pain syndromes, e.g., headaches, IBS, fibromyalgia, pelvic pain
Poorly-controlled asthma
Chronic fatigue
Sleep disorders

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Procedure for Identifying Victims of IPV

Who Should Screen

Each department will designate the appropriate health care provider within their system to perform the screening

Where to Screen

Patients should be screened for IPV victimization privately and with no family members present

It is usually not advised to screen patients for IPV victimization at triage because of privacy issues

Do not screen patient in front of her children

Frequency of Screening

ROUTINELY AT EVERY VISIT

-Emergency Departments
-Urgent Care Clinics
-Same Day Clinics
-Inpatients
-Specialty Clinics:

INITIAL VISIT, ANNUALLY

-Adult/Teen Primary Care
-Foster Care
-Family Practice
-Mental Health/Substance Abuse Clinics

INITIAL VISIT, ANNUALLY, PRENATAL, POSTPARTUM

-OB/GYN
-Family Planning
-Women's Health Clinics

ASK ANY PATIENT WHO HAS RISK FACTORS

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Procedure for Identifying Victims of IPV (Continued)

RADAR

Routinely Screen

All females of childbearing years (14-46 years) (USPSTF)
Alone with the patient
Be respectful and nonjudgmental
Inform patient of reporting requirements

Ask Any Patient with Risk Factors

Direct Approach (HARK)

- A direct approach may be appropriate in urgent care settings such as the emergency department, urgent care clinics, and when risk factors are present
    - *I ask all my patients if they are in a relationship or in a home with someone who may be hurting or controlling them because this can affect a person's health (and the health of children). Please be aware that in some instances what you tell me may have to be reported to the police.*
    - *Are you now or have you ever been*
        - *Humiliated or emotionally abused by a partner?*
        - *Afraid of a partner?*
        - *Raped or forced to have sexual activity with a partner?*
        - *Kicked, hit, slapped or otherwise hurt by a partner?*
        - *Strangulation (has anyone ever 'choked' or 'strangled' you?)*

Indirect Approach

- An open-ended invitation to the patient to disclose abuse may be appropriate in primary care settings
- *Because violence is so common in many people's lives and being harmed or hurt this way can affect your health (and the health of your children), we want you to know that if this is happening to you or ever happens to you, you can come to us for help.*

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Procedure Once a Victim of Intimate Partner Violence has been Identified

Physical Examination

A thorough examination should be performed on any patient suspected of being a victim of intimate partner violence. The physical examination and history is performed to establish that the patient is medically stable.

- Gather patient history separately from accompanying person
- Note the patient's general condition and demeanor
- Conduct a visual exam of the patient's entire body
- Note any bruises or markings by location, recording their size, shape and color
- Examine the scalp for edema/hair loss, tympanic membranes and auditory canal, oral cavity, external genitalia, axilla, and soles of feet
- Palpate bones for tenderness and check joints for full range of motion
- Examine the neck for ligature marks, the chest for tenderness or deformity, and the abdomen and back for tenderness and bruising (note that significant abdominal injury can present with little outward signs and can have a delay in presentation)
- Assess neurological status
- Note the behavior and emotional state of the patient during the examination
- Photograph any visible marks, bruises or other injuries as per protocol

Document

- Thoroughly document in the chart what you asked about IPV and what the patient said--quote the patient verbatim
- Document the patient's description of the violence
- Document clinical observation of any injuries that are present: record size, appearance, color of injuries or marks; use photo documentation of injuries and/or body maps
- Document what information was given to the patient and the referrals made
- Domestic violence or intimate partner violence should not be written on the discharge information due to the increased safety risk to victims if the perpetrator acquires this information (Billing Codes)
- In the case of a pediatric chart when the parent is the victim
    - Ask if it is safe to document in the child's chart
    - If there is a concern for confidentiality, then put the information in a chart made for the parent

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Assess Safety/Lethality (Danger Assessment)

- Involve a social worker and/or a domestic violence advocate to help the patient develop a safety plan
- Certain aspects of the violence that are most concern for safety are
    - The most dangerous time for an IPV victim is when she tries to leave the relationship
    - Concerning characteristics for future lethality include alcohol use, drug use, access to guns/weapons, escalating violence, previous history of nonfatal strangulation, and threats of homicide and/or suicide

Review Options and Referrals

- Involve the hospital social worker or crisis worker if available
- Provide resource information
- Call a domestic violence advocate if the patient so desires

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Procedure Once a Victim of Intimate Partner Violence has been Identified

Mandatory Reporting Requirements for Healthcare Providers

In the State of Utah, healthcare providers must report to the appropriate agency incidences of

- Suspected child abuse (Utah Statute §62A-4a-403) to
  - DCFS 855-323-DCFS (3237) or
  - Law Enforcement
- Suspected elder or disabled adult abuse (Utah Statute §76-5-111.1) to
  - Adult Protective Services 800-371-7897 or
  - Law Enforcement
- Any assaultive injury for which a health care provider is providing care (Utah Statute §26-23a-2)
  - Assault occurs when one person inflicts an injury on another person
  - It is against the law even if the perpetrator is an acquaintance, intimate partner or family member
  - Report to
    - Law Enforcement if competent adult
    - Adult Protective Services or Law Enforcement if Vulnerable Adult
    - Department of Child and Family Services (DCFS) or Law Enforcement if a minor (≤17 years)
- If a patient is being treated for an injury or illness not related to abuse, but discloses to the health care provider that s/he is a victim of IPV, the health care provider is not required to report this to authorities unless children were in the home when an assault occurred, the patient is a minor, or the patient is a vulnerable adult
- Commission of IPV in the presence of a child is considered child abuse and must be reported to law enforcement or child protective services (Utah Statute §76-5-109.1)
- The Health Insurance Portability and Accountability Act (HIPAA) permits covered entities to disclose protected health information about an individual whom the covered entity reasonably believes to be a victim of abuse, neglect, or domestic violence. Such disclosures can be made only to government agencies authorized by law to receive such reports
  - HIPAA allows providers to disclose abuse that is required to be reported to comply with state law
  - Utah law allows for reporting domestic violence to authorities without disclosure to the patient or their representatives prior to the report

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Patient Resources and Handouts (if safe to give to patient)

Local Resources

- Utah DV LINK Line
    - 800-897-LINK (5465)
- Utah DV Advocates
- Wasatch Forensic Nurses (SANE)
- Rape Recovery Center
- Utah Coalition Against Sexual Assault
- Utah Victims of Crime

National Resources

- National DV Hotline
    - 800-799-SAFE (7233)
- National Sexual Assault
    - 800-656-HOPE (4673)
- Futures Without Violence

Patient Handouts

- General Resources
- Women and Men
    - CDC Fact Sheet
- Adolescents
    - Loveisrespect.org
    - Teen Dating Violence (CDC)
    - UDOH Teen Dating Violence Resources

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General Resources Handout
.resources (EPIC)

Health Resources

Life Threatening Emergency..... 911

Adult Protective Services 800-371-7897
Child Protective Services..... 855-323-3237
Crisis/Suicide Prevention 801-587-3000
Domestic Violence Hotline 800-897-5465
National Suicide Prevention 800-273-8255
Poison Control 800-222-1222
Rape Recovery Crisis 801-467-7273
Sexual Assault Hotline.....888-421-1100
Trafficking National Hotline 888-373-7888

ADULT AND CHILD ABUSE/NEGLECT

Adult Protective Services..... 800-371-7897
Child Protective Services 855-323-3237
Children's Justice Center 385-468-4560
Guardian Ad Litem..... 801-578-3962

DOMESTIC VIOLENCE

Domestic Violence Hotline 800-897-5465
Family Justice Center..... 801-236-3370
Legal Aid Society of Salt Lake 801-328-8849
Utah Office of Crime Victims 801-238-2360
YWCA Shelter 801-537-8600

EDUCATION

Horizonte Instruction and Training 801-578-8574
Salt Lake Community College 801-957-4111
English Skills Learning Center 801-328-5608

EMPLOYMENT/JOB TRAINING

Department of Workforce Services..... 801-526-0950
Deseret Industries 801-240-7202
LDS Employment Services..... 801-240-7240
Labor Commission 801-530-6800
People Helping People..... 801-583-5300

FAMILY SUPPORT SERVICES

Family Support Center (Crisis Nursery)..... 801-255-6881
Division of Child & Family Services 855-323-3237
Parenting Classes..... 211
Support Groups 211

FINANCIAL COUNSELING

AAA Fair Credit Foundation 800-351-4195
Cornerstone Financial Education..... 800-336-1245
NeighborhoodWorks Salt Lake 801-539-1590

FOOD ASSISTANCE

Food Pantries..... 211
Food Stamps 801-526-0950
Home Delivered Meals Seniors..... 385-468-3200
Utah Food Bank 801-887-1275
WIC (Women, Infants & Children)..... 801-538-6960

HOUSING ASSISTANCE

Family Promise Shelter..... 801-961-8622
Housing Authority 801-487-2161
The Road Home..... 801-359-4142
Youth Services 385-468-4500

IMMIGRATION SERVICES

Catholic Community Services 801-977-9119
Refugee and Immigration Center..... 801-467-6060

MENTAL HEALTH

Salt Lake Co Crisis..... 801-587-3000
UNI..... 801-583-2500
Valley Mental Health..... 801-270-6550

PEOPLE WITH DISABILITIES

711 Relay Utah 711
Division of Services for People with Disabilities.. 877-568-0084
Sego Lily Center for the Abused Deaf..... 888-328-5486
Utah Parent Center/Autism Information 801-272-1051
Work Activity Center 801-977-9779

RAPE/SEXUAL ASSAULT

Rape Recovery Center 801-467-7273
Rape/Sexual Assault Crisis Hotline 888-421-1100
Sego Lily Center for the Abused Deaf..... 888-328-5486
UCASA 801-746-0404

SENIOR CITIZENS

AARP..... 866-448-3616
Salt Lake County Aging Services 385-468-3200

SEXUALLY TRANSIMITTED DISEASES/AIDS

Planned Parenthood Association 801-532-1586
Utah AIDS Foundation..... 801-487-2323

SUBSTANCE ABUSE

Alcoholics Anonymous 801-484-7871
Al-Anon Family Groups..... 801-262-9587
Narcotics Anonymous 877-479-6262
SL County Assessment and Referral Unit 801-468-2009
Tobacco Quit Line..... 888-567-TRUTH (8788)

UTILITIES

American Red Cross 801-323-7000
Assist, Inc (Emergency Home Repairs) 801-355-7085
HEAT (Home Energy Assistance Target)..... 801-521-6107
Questar Gas (Customer Service) 800-323-5517
Utah Telephone Assistance Program 800-948-7540
Rocky Mountain Power 888-221-7070

HELP WITH PRESCRIPTIONS

If you need a prescription but do not have health insurance, RxConnectUtah might be able to help:
http://www.health.utah.gov/rxconnectutah/
For discounted drug prices go to: goodrx.com

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Resource and Referral Information

In-House Hospital Resources

- Inpatients: The MD should make a consultation referral for social worker in the patient's orders
- Ambulatory Clinic Patients: (Mon-Fri 8 am to 4:30 pm) Call SmartWeb
- Emergency Department: Call ED Medical Social Workers in Smart Web for ED patients and crisis after hours
- Employee Assistance Program: For employees with domestic violence concerns call xxx
- Department of Security: xxx
- University Campus Police: xxx

Community Resources

- Statewide Resources

911 For Emergency	
Utah Domestic Violence Hotline	**800-897-LINK (5465)**
Sexual Assault Hotline	**888-421-1100**
Rape Recovery Crisis	**801-467-7273**
VINE (Victim Information and Notification Everyday)	**877-884-8463**
Department of Child and Family Services (DCFS)	**855-323-3237**
Adult Protective Services (APS)	**800-371-7897**

- Local Resources

Police Departments	
University Campus Police	801-585-2677
Centerville	801-292-8441
Farmington	801-451-5453
Layton	801-497-8300
Midvale	801-743-7000
Murray	801-264-2673
Orem	801-229-7070
Park City (Summit Co Sheriff)	435-615-3500
Riverton	801-743-7000
Salt Lake City	801-799-3000
South Jordan	801-840-4000
Stansbury Park (Sheriff)	435-882-5600
West Valley	801-840-4000

Sexual Assault	
Wasatch Forensic Nurses (SANE) (≥ 14 years)	801-461-5888
PCMC Safe and Healthy Families (<14 years)	801-662-1000

Domestic Violence Advocate Programs	
Centerville	801-451-4300
Farmington	801-451-3556
Layton	801-546-8539
Midvale	385-468-9350
Murray	801-284-4203
Orem	801-229-7128
Park City (Summit Co Sheriff)	435-615-3600
Riverton	801-743-7000
Salt Lake City	801-799-3756
South Jordan	801-412-3660
Stansbury Park (Sheriff)	800-833-5515
West Valley	801-963-3223

Domestic Violence Shelters (LINK LINE)	800-897-LINK (5465)
Davis County Safe Harbor	801-451-4300
Salt Lake County	
South Valley Sanctuary	801-255-1095
YWCA Women in Jeopardy	801-537-8600
Summit County Peace House	800-647-9161
Tooele County Pathways	800-647-9161
Utah County Center for Women and Children in Crisis	801-377-5500

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Domestic Violence Related ICD-10 Codes (Consider patient safety if the perpetrator may see the bill)	
Domestic violence affecting pregnancy	O9A.319
Domestic violence affecting pregnancy in first trimester	O9A.311
Domestic violence affecting pregnancy in second trimester	O9A.312
Domestic violence affecting pregnancy in third trimester	O9A.313
Domestic violence affecting pregnancy, antepartum	O9A.319
Domestic violence complicating pregnancy	O9A.319
Domestic violence complicating pregnancy in first trimester	O9A.311
Domestic violence complicating pregnancy in second trimester	O9A.312
Domestic violence complicating pregnancy in third trimester	O9A.313
Domestic violence complicating pregnancy, unspecified trimester	O9A.319
Domestic violence of an adult	T74.91XA
Domestic violence of an adult, initial encounter	T74.91XA
Domestic violence of an adult, sequela	T74.91XS
Domestic violence of an adult, subsequent encounter	T74.91XD
Domestic violence victim	Z65.4
Victim of domestic violence	Z65.4
Exposure of child to domestic violence	Z63.8

Adult Abuse Related ICD-10 Codes (Consider patient safety if the perpetrator may see the bill)	
Unspecified adult maltreatment, confirmed, initial encounter	T74.91XA
Unspecified adult maltreatment, suspected, initial encounter	T76.91XA
Adult physical abuse, confirmed, initial encounter	T74.11XA
Adult physical abuse, suspected, initial encounter	T76.11XA
Adult psychological abuse, confirmed, initial encounter	T74.31XA
Adult psychological abuse, suspected, initial encounter	T76.31XA
Adult sexual abuse, confirmed, initial encounter	T74.21XA
Adult sexual abuse, suspected, initial encounter	T76.21XA
Adult neglect or abandonment, confirmed initial encounter	T74.01XA
Adult neglect or abandonment, suspected initial encounter	T76.01XA
Unspecified adult maltreatment, confirmed initial encounter	T74.91XA
Unspecified adult maltreatment, suspected initial encounter	T76.91XA
Spouse or partner perpetrator of maltreatment and neglect	Y07.0
Problems in relationship with spouse or partner	Z63.0
Personal history of adult physical and sexual abuse	Z91.410
Personal history of adult psychological abuse	Z91.411
Personal history of adult neglect	Z91.412
Other personal history of psychological trauma, not elsewhere classified	Z91.49

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Additional Considerations

Staff Education

All social workers, hospital crisis workers, and medical/clinical staff with direct service care responsibilities for patients, and their supervisors, shall have mandatory education in the identification, assessment, and interventions of intimate partner violence victimization. Within the first year of employment, every new employee with direct service care responsibilities for patients will attend a minimum of one training session on the identification, assessment and intervention for victims of intimate partner violence. Periodicity of intimate partner violence training will be established and monitored by the Department of Human Resources.

Support for Employee Victims

The Employee Assistance Program (EAP) in the Human Resources Department will provide support to employees (and their families) affected by intimate partner violence. This includes ensuring the accessibility of assessment and treatment expertise for victims, perpetrators, and children exposed to the perpetrator's behaviors.

Security

The Security Department is charged with the responsibility of the security of the people, property, and information of the Hospital. This includes staff and patients whose lives are affected by intimate partner violence. Security should be notified for problems requiring patient or visitor restraint, cases of unruly patients and/or visitors, or patients and/or personnel at risk. Security is often preventive in nature; that is, if one ever contemplates that the Security Force may be necessary, Security should be called. Often the arrival of Security prevents a situation from escalating.

The Security Department will prioritize victim and staff safety, and will coordinate with medical personnel and local law enforcement (when appropriate) to ensure the safety of the victim in different areas of the hospital, separate the perpetrator from the victim, and address the threat of workplace violence for an employee. All procedures respect the dignity of the victim, and value giving the victim control over the decisions made related to his or her safety.

Policy Evaluation and Implementation

As part of its policies and practices, the hospital has created a Domestic Violence Committee. This committee includes representatives from the major medical departments. The Task Force meets monthly to ensure that the institution is meeting the needs of patients, regarding the right of patients to be free of abuse, and quarterly with Security, Hospital Administration, Human Resources, and community Domestic Violence Victim Advocates.

Emergency Shelter

While all efforts will be made for safe discharge with DV advocates and/or patient supports, patient safety upon discharge is priority. The victim leaving the relationship is not the goal of the patient interaction. Any safety planning, including safe discharge decisions should be led by the patient's safety assessment in collaboration with staff social workers and/or community DV advocates. Victims of intimate partner violence who are in imminent danger from their abuser, and have no alternative safe refuge, will be given temporary refuge in the hospital for up to 24 hours until alternative forms of safe discharge can be found.

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Vulnerable Adult Abuse

UHC Domestic Violence Committee

Victims of elder abuse are at an increased risk for premature death.

Vulnerable Adult Abuse

Health care providers are in a unique position to identify elders and disabled adults who are victims of abuse. Elder abuse adversely impacts the health and well-being of older adults with studies finding that elders who experience abuse have a 300% higher risk of death when compared to those who have not been abused. Victims are often not recognized in the health care setting due to lack of knowledge of the presenting signs and symptoms. In addition, elders and disabled adults can also be victims of intimate partner violence.

Definitions

Vulnerable adult abuse is any abuse and neglect by a caregiver or another person in a relationship involving an expectation of trust.

Utah defines a vulnerable adult (Utah Statute §76-5-111) as an elder (65 years of age or older) or an adult 18 years of age or older who has a mental or physical impairment which substantially affects that person's ability to

- provide personal protection;
- provide necessities such as food, shelter, clothing or medical or other health care;
- obtain services necessary for health, safety, or welfare;
- carry out the activities of daily living;
- manage the adult's own resources; or
- comprehend the nature and consequences of remaining in a situation of abuse, neglect or exploitation.

Forms of vulnerable adult abuse include

- Physical Abuse occurs when a vulnerable adult is injured (e.g., scratched, bitten, slapped, pushed, hit, burned, etc.), assaulted or threatened with a weapon (e.g., knife, gun, or other object), or inappropriately restrained.
- Sexual Abuse or Abusive Sexual Contact is any sexual contact against a vulnerable adult's will. This includes acts in which the vulnerable adult is unable to understand the act or is unable to communicate. Abusive sexual contact is defined as intentional touching (either directly or through the clothing), of the genitalia, anus, groin, breast, mouth, inner thigh, or buttocks.
- Psychological or Emotional Abuse occurs when a vulnerable adult experiences trauma after exposure to threatening acts or coercive tactics. Examples include humiliation or embarrassment; controlling behavior (e.g., prohibiting or limiting access to transportation, telephone, money or other resources); social isolation; disregarding or trivializing needs; or damaging or destroying property.

- **Neglect** is the failure or refusal of a caregiver or other responsible person to provide for a vulnerable adult's basic physical, emotional, or social needs, or failure to protect them from harm. Examples include not providing adequate nutrition, hygiene, clothing, shelter, or access to necessary health care; or failure to prevent exposure to unsafe activities and environments.
- **Abandonment** is the willful desertion of a vulnerable adult by a caregiver or other responsible person.
- **Financial Abuse or Exploitation** is the unauthorized or improper use of the resources of a vulnerable adult for monetary or personal benefit, profit, or gain. Examples include forgery, misuse or theft of money or possessions; use of coercion or deception to surrender finances or property; or improper use of guardianship or power of attorney.

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Public Health Impact

The U.S. Census Bureau predicts that the elderly population in the US, defined as persons age 65 and older, will increase from approximately 40.2 million in 2010 to 88.5 million by 2050. It is forecast that Utah's 65+ population will increase from current levels of 259,184 to 460,553 by the year 2030.

Federal and state statutes require that vulnerable adults, who include the elderly and mentally or physically impaired, be protected from abuse, neglect and exploitation. Utah Statute §76-5-111.1 includes a mandatory reporting law that requires anyone who suspects abuse, neglect or exploitation of a vulnerable adult to report it to either law enforcement or Utah Adult Protective Services (APS). Adult Protective Services within the Utah Division of Aging and Adult Services is in turn mandated to investigate allegations of abuse against any vulnerable adult.

In the U.S. it is estimated that over 500,000 older adults are believed to be abused or neglected each year. Incidents of elder abuse are largely underreported to authorities. It is estimated that only one in ten cases of elder abuse is ever reported to the proper authorities. Even less information is known about how many disabled adults are victims of abuse, neglect and/or exploitation.

In 2013, Utah APS investigated 3,030 referrals of abuse of vulnerable adults. Of the substantiated cases, 48% were for exploitation, 8% emotional abuse, 13% caretaker neglect, 12% self-neglect, 14% physical abuse, 4% sexual abuse, and 1% unlawful restraint. Of these cases, 54% of the victims were female and 74% were abused in their own home or residence. Return to Table of Contents

STANDARDS

- Accreditation Organizations (DNV, CMS) require that the hospital must have mechanisms/methods in place that ensure patients are free of all forms of abuse, neglect, or harassment, whether from staff, other patients, visitors or other persons. The hospital must have a written procedure in place to notify appropriate agencies, including reporting requirements regarding incidents involving abuse, neglect or harassment, in accordance with State and Federal Law.
- U.S. Preventive Services Task Force concludes that the current evidence is insufficient to assess the balance of the benefits and harms of screening all elderly or vulnerable adults for abuse and neglect (I Statement; January 2013)

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HEALTH CONSEQUENCES OF VULNERABLE ADULT ABUSE

The possible physical and psychosocial consequences of vulnerable adult abuse are numerous and varied and may include

Physical

Welts, wounds and injuries (e.g., bruises, lacerations, dental problems, head injuries, broken bones, pressure sores)
Persistent physical pain and soreness
Nutrition and hydration issues
Sleep disturbances
Gastrointestinal problems
Increased susceptibility to new illnesses (including STI)
Exacerbation of preexisting health conditions
Increased risk for premature death

Psychological

Higher levels of distress
Depression
Increased risks for developing fear/anxiety reactions
Learned helplessness
Post-traumatic stress disorder

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Signs (Red Flags) concerning for Vulnerable Adult Abuse

Abuse

- Unexplained bruises or welts
- Multiple bruises
- Unexplained fractures, abrasions and lacerations
- Multiple injuries
- Low self-esteem or loss of self-determination
- Withdrawn, passive, fearful
- Reports or suspicions of sexual abuse
- Frequent visits to the emergency department

Neglect

- Dehydration
- Lack of glasses, dentures, or hearing aids if usually worn
- Malnourishment
- Inappropriate or soiled clothes
- Over or under medicated
- Deserted or abandoned
- Unattended

Self-Neglect

- Over or under medicated
- Social isolation
- Malnourishment or dehydration
- Unkempt appearance
- Lack of glasses, dentures, or hearing aids if needed
- Failure to keep medical appointments

Exploitation

- Disappearance of possessions
- Forced to sell house or change one's will
- Overcharged for home repairs
- Inadequate living environment
- Unable to afford social activities
- Forced to sign over control of finances
- No money for food or clothes

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Risk Factors for Perpetration of Vulnerable Adult Abuse

Individual characteristics

- Current diagnosis of mental illness
- Current abuse of alcohol and/or drugs
- High levels of hostility
- Poor or inadequate preparation or training for caregiving responsibilities
- Assumption of caregiving responsibilities at an early age
- Inadequate coping skills
- Exposure to abuse as a child, especially if elder was the perpetrator
- High financial and emotional dependence upon a vulnerable elder
- Past experience of disruptive behavior
- Lack of social support
- Lack of formal support
- Formal services, such as respite care for those providing care to vulnerable adults, are limited, inaccessible, or unavailable

Institutional characteristics

In addition to the above factors, there are also specific characteristics of institutional settings that may increase the risk for perpetration of vulnerable adults in these settings

- Unsympathetic or negative attitudes toward residents
- Chronic staffing problems
- Lack of administrative oversight
- Staff burnout
- Stressful working conditions

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Procedure for Identifying Victims of Vulnerable Adult Abuse

A specific history of vulnerable adult abuse is usually not forthcoming on the patient's presentation for medical treatment. Medical visits are often the only times victims leave their homes or are allowed out by the abuser. An important health care provider priority in suspected vulnerable adult abuse cases is in balancing the safety with the autonomy of the patient.

Initial Assessment

The purpose of the initial assessment is to ensure that the patient is medically stable. Below are guidelines for information gathering and assessing medical stability. The goal of the initial assessment is to maintain the patient's safety while in our health care setting, offer support and counseling services, and discharge the patient to a safe environment.

Asking Patients about Vulnerable Adult Abuse

Cognitive dysfunction can influence whether the elder or disabled person recognizes the abuse, is believed when reporting the abuse or can decide options for intervention. If the patient has cognitive dysfunction consult Psychiatry and Neurology. If patient is cognitively appropriate and has risk factors for being a victim of abuse or concerns are suspected, if possible get patient alone. There is a paucity of research in screening questions for elder adult abuse and even more so for disabled adult abuse. Some suggested questions to ask include

- Have you relied on people for any of the following: bathing, dressing, shopping, banking, or meals?
- Has anyone prevented you from getting food, clothes, medication, glasses, hearing aids or medical care, or from being with people you wanted to be with?
- Has anyone prevented you from using a wheelchair, cane, respirator, or other assistive devices?
- Has anyone you depend on refused to help you with an important personal need such as taking your medicine, getting to the bathroom, getting out of bed, bathing, getting dressed, or getting food or drink?
- Have you been upset because someone talked to you in a way that made you fell shamed or threatened?
- Has anyone tried to force you to sign papers or to use your money against your will?
- Has anyone made you afraid, touched you in ways that you did not want, or hurt you physically?
- Do you feel safe where you live?

- Are you afraid of anyone?
- Are you made to stay in your room or left alone a lot?
- Has your caregiver ever refused to help take care of you when you asked for help?

Health Care Provider

Elder abuse may be associated with findings such as: poor eye contact, withdrawn nature, malnourishment, hygiene issues, cuts, bruises, inappropriate clothing, or medication compliance issues. Did you notice any of these today or in the last 12 months?

Physical Examination

A thorough examination should be performed on any patient suspected of being a victim of vulnerable adult abuse. The physical examination and history is performed to establish that the patient is medically stable.

- Gather patient history separately from accompanying person
- Note the patient's general condition and demeanor
- Conduct a visual exam of the patient's entire body
- Note any bruises or markings by location, recording their size, shape and color
- Examine the scalp for edema/hair loss, tympanic membranes and auditory canal, oral cavity, external genitalia, axilla, and soles of feet
- Palpate bones for tenderness and check joints for full range of motion
- Examine the neck for ligature marks, the chest for tenderness or deformity, and the abdomen and back for tenderness and bruising (note that significant abdominal injury can present with little outward signs and can have a delay in presentation)
- Assess neurological status
- Note the behavior and emotional state of the patient during the examination
- Photograph any visible marks, bruises or other injuries as per protocol

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Procedure Once a Victim of Vulnerable Adult Abuse has been Identified

If you suspect that a patient is a victim of vulnerable adult abuse

- Isolate the patient from any adult(s) accompanying him/her
- Perform a safety check
    - Is it safe for you to talk to me right now?
    - How safe do you feel right now?
    - Has your caregiver ever threatened to kill you or him/herself?
    - Are there weapons in the home?
    - Does your caregiver hurt your pets?
    - Has the abuse increased in frequency or severity recently?
    - If you suspect that the patient is in immediate danger, notify police and hospital security
- Be sensitive, every incident of vulnerable adult abuse is different
- Validate the experiences
- Affirm the vulnerable adult's right to safety
- Remember that patients usually will not identify themselves as being victims
- Record as much information about the situation as possible
- Provide the patient with resources if it is safe to do so
- Contact Social Work
- Suspected elder abuse or disabled adult abuse must be reported to Adult Protective Services (APS) (1-800-371-7897) or law enforcement

Document

- Thoroughly document in the chart what you asked and what the patient said--quote the patient verbatim
- Note the date and time of the encounter
- Document the patient's description of the violence, abuse, and/or exploitation
- Document clinical observation of any injuries that are present: record size, appearance, color of injuries or marks; use photo documentation of injuries and/or body maps
- Document what treatment was required
- Document what information was given to the patient and the referrals made
- Document involvement of law enforcement or APS if appropriate

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Reporting Requirements

In the State of Utah, (Utah Statute §76-5-111.1) "…any person who has reason to believe that any vulnerable adult has been the subject of abuse, neglect or exploitation shall immediately notify the nearest peace officer, law enforcement agency, or Adult Protective Services…"

- Reports of vulnerable adult abuse can be made by calling APS at 1-800-371-7897
- There are victims who will deny abuse even in the presence of overt abuse
    - Utah Statute mandates reporting if the health care provider *suspects* abuse of a vulnerable adult regardless of whether the vulnerable adult discloses the abuse, violence or exploitation
    - In addition, cognitive dysfunction may impair the elder or disabled adult from disclosing or recognizing abuse
    - The health care provider's responsibility is to make observations and provide an opinion
- All Utah health care providers must report to law enforcement any assaultive injury for which they are providing care regardless of whether the patient is a child, an elder, a disabled adult, or a competent adult (Utah Statute §26-23a-2)
    - Assault occurs when one person inflicts an injury on another person
- The Health Insurance Portability and Accountability Act (HIPAA) permits covered entities to disclose protected health information about an individual whom the covered entity reasonably believes to be a victim of abuse, neglect, or domestic violence. Such disclosures can be made only to government agencies authorized by law to receive such reports
    - HIPAA allows providers to disclose abuse that is required to be reported to comply with state law

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Resource and Referral Information

In-House University of Utah Hospital Resources

- Inpatients: The MD should make a consultation referral for social worker in the patient's orders
- Ambulatory Clinic Patients: (Mon-Fri 8 am to 4:30 pm) Call SmartWeb
- Emergency Department: Call ED Medical Social Workers in Smart Web for ED patients and crisis after hours
- Department of Security: 801-581-2294
- University Campus Police: 801-585-2677
- Psychiatric consultation for patients who are demented, depressed, suicidal, disoriented, or to determine issues of capacity
- Geriatrics consultation for specialized care of the geriatric patient
- Neurology or neurosurgical consultation for patients with focal neurological findings or intracranial injuries
- Orthopedics consultation for patient with fractures
- Victims of Sexual Assault: SANE Nurse 801-461-5888

Community Resources

- National/Statewide Resources

911 For Emergency	
Utah Adult Protective Services	**800-371-7897**
Utah Domestic Violence Hotline	**800-897-LINK (5465)**
Sexual Assault Hotline	**888-421-1100**
Rape Recovery Crisis	**801-467-7273**
National Committee for the Prevention of Elder Abuse	**202-464-9481**
National Adult Protective Services Association	**217-523-4431**
National Center on Elder Abuse	**855-500-3537**
U.S. Administration on Aging	**800-677-1116**
Alzheimer's Association Utah Chapter	**800-272-3900**
Salt Lake County Aging Services	**385-468-3200**

- Local Resources

Police Departments	
University Campus Police	801-585-2677
Centerville	801-292-8441
Farmington	801-451-5453
Layton	801-497-8300
Midvale	801-743-7000
Murray	801-264-2673
Orem	801-229-7070
Park City (Summit Co Sheriff)	435-615-3500
Riverton	801-743-7000
Salt Lake City	801-799-3000
South Jordan	801-840-4000
Stansbury Park (Sheriff)	435-882-5600
West Valley	801-840-4000

Domestic Violence Advocate Programs (if patient is a DV Victim)	
Centerville	801-451-4300
Farmington	801-451-3556
Layton	801-546-8539
Midvale	385-468-9350
Murray	801-284-4203
Orem	801-229-7128
Park City (Summit Co Sheriff)	435-615-3600
Riverton	801-743-7000
Salt Lake City	801-799-3756
South Jordan	801-412-3660
Stansbury Park (Sheriff)	800-833-5515
West Valley	801-963-3223

Domestic Violence Shelters (LINK LINE)	800-897-LINK (5465)
Davis County Safe Harbor	801-451-4300
Salt Lake County	
South Valley Sanctuary	801-255-1095
YWCA Women in Jeopardy	801-537-8600
Summit County Peace House	800-647-9161
Tooele County Pathways	800-647-9161
Utah County Center for Women and Children in Crisis	801-377-5500

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Elder Abuse Related ICD-10 Codes (Consider patient safety if the perpetrator may see the bill)	
Elder abuse	T74.91XA
Elder abuse, initial encounter	T74.91XA
Elder abuse, sequela	T76.91XS
Elder abuse, subsequent encounter	T76.91XD
Elder physical abuse	T74.11XA
Elder physical abuse, initial encounter	T74.11XA
Elder physical abuse, sequela	T74.11XS
Elder physical abuse, subsequent encounter	T74.11XD
Elder sexual abuse	T74.21XA
Elder sexual abuse, initial encounter	T74.21XA
Elder sexual abuse, sequela	T74.21XS
Elder sexual abuse, subsequent encounter	T74.21XD
Elder emotional/psychological abuse	T74.31XA
Elder emotional/psychological abuse, initial encounter	T74.31XA
Elder emotional/psychological abuse, sequela	T74.31XS
Elder emotional/psychological abuse, subsequent encounter	T74.31XD
Suspected elder abuse	T76.91XA
Suspected elder abuse, initial encounter	T76.91XA
Suspected elder abuse, sequela	T76.91XS
Suspected elder abuse, subsequent encounter	T76.91XD
Victim of elder abuse	T74.91XA
At risk for elder abuse	Z91.89
Neglected elder	T74.01XA
Neglected elder, initial encounter	T74.01XA
Neglected elder, sequela	T74.01XS
Neglected elder, subsequent encounter	T74.01XD
Medical neglect of elder by caregiver	T74.01XA
Medical neglect of elder by caregiver, initial encounter	T74.01XA
Medical neglect of elder by caregiver, sequela	T74.01XS
Medical neglect of elder by caregiver, subsequent encounter	T74.01XD
Adult neglect (nutritional)	T74.01XA
Adult neglect (nutritional), initial encounter	T74.01XA
Adult neglect (nutritional), sequela	T74.01XS
Adult neglect (nutritional), subsequent encounter	T74.01XD
Medical neglect of adult by caregiver	T74.01XA
Medical neglect of adult by caregiver, initial encounter	T74.01XA
Medical neglect of adult by caregiver, sequela	T74.01XS
Medical neglect of adult by caregiver, subsequent encounter	T74.01XD

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Adult Abuse Related ICD-10 Codes (Consider patient safety if the perpetrator may see the bill)	
Unspecified adult maltreatment, confirmed, initial encounter	T74.91XA
Unspecified adult maltreatment, suspected, initial encounter	T76.91XA
Adult physical abuse, confirmed, initial encounter	T74.11XA
Adult physical abuse, suspected, initial encounter	T76.11XA
Adult psychological abuse, confirmed, initial encounter	T74.31XA
Adult psychological abuse, suspected, initial encounter	T76.31XA
Adult sexual abuse, confirmed, initial encounter	T74.21XA
Adult sexual abuse, suspected, initial encounter	T76.21XA
Adult neglect or abandonment, confirmed initial encounter	T74.01XA
Adult neglect or abandonment, suspected initial encounter	T76.01XA
Unspecified adult maltreatment, confirmed initial encounter	T74.91XA
Unspecified adult maltreatment, suspected initial encounter	T76.91XA
Spouse or partner perpetrator of maltreatment and neglect	Y07.0
Problems in relationship with spouse or partner	Z63.0
Personal history of adult physical and sexual abuse	Z91.410
Personal history of adult psychological abuse	Z91.411
Personal history of adult neglect	Z91.412
Other personal history of psychological trauma, not elsewhere classified	Z91.49

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Additional Considerations

Staff Education

All social workers, hospital crisis workers, and medical/clinical staff with direct service care responsibilities for patients, and their supervisors, shall have mandatory education in the identification, assessment, and intervention for victims of elder and disabled adult abuse. Within the first year of employment, every new employee with direct service care responsibilities for patients will attend a minimum of one training session on the identification assessments and interventions regarding elder and disabled adult abuse. Periodicity of elder and disabled adult abuse training will be established and monitored by the Department of Human Resources.

Security

The Security Department is charged with the responsibility of the security of the people, property, and information of the Hospital. Security should be notified for problems requiring patient or visitor restraint, cases of unruly patients and/or visitors, or patients and/or personnel at risk. Security is often preventive in nature; that is, if one ever contemplates that the Security Force may be necessary, Security should be called. Often the arrival of Security prevents a situation from escalating.

The Security Department will prioritize victim and staff safety, and will coordinate with medical personnel and local law enforcement (when appropriate) to ensure the safety of the victim in different areas of the hospital, separate the perpetrator from the victim, and address the threat of workplace violence for an employee. All procedures respect the dignity of the victim, and value giving the victim control over the decisions made related to his or her safety.

Policy Evaluation and Implementation

As part of its policies and practices, the hospital has created a Domestic Violence Committee. This committee includes representatives from the major medical departments. The Committee meets monthly to ensure that the institution is meeting the needs of patients, regarding the right of patients to be free of abuse, and quarterly with Security, Hospital Administration, Human Resources, and community Victim Advocates.

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Human Trafficking

UHC Domestic Violence Committee

28-88%

of victims of human trafficking come in contact with medical services some time during their enslavement

Human Trafficking

Health care providers are in a unique position to identify children and adults who are victims of trafficking. Victims are often not recognized in the health care setting due to lack of knowledge of the presenting signs and symptoms. University Health Care is responding to this lack of knowledge by including this section on trafficking in its policy on Abuse, Neglect and Exploitation

Definition

The Trafficking Victims Protection Act of 2000 (reauthorized in 2013) and the Justice for Victims of Trafficking Act of 2015 defines *Trafficking in Persons* (TIP) as "…sex trafficking in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age; or the recruitment, harboring, transportation, provision, obtaining, patronizing, or soliciting of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage or slavery…The term 'sex trafficking' means the recruitment, harboring, transportation, provision, obtaining, patronizing, or soliciting of a person for the purpose of a commercial sex act."

Domestic Minor Sex Trafficking (DMST) is the commercial sexual exploitation of American children within U.S. borders. It is the "recruitment, harboring, transportation, provision, or obtaining of a person for the purpose of a commercial sex act" where the person is a U.S. citizen or lawful permanent resident under the age of 18 years.

DMST includes, but is not limited to, the commercial sexual exploitation of children through prostitution, pornography, and/or stripping. Domestic minor sex trafficking is child sex slavery, child sex trafficking, prostitution of children, commercial sexual exploitation of children (CSEC), and rape of a child. It is important to note that runaway, homeless and maltreated youth are at an extremely high risk for being forced into the sex trafficking trade. A 2008 survey of runaway and homeless youth in Salt Lake City found that 32% traded sex for food, drugs or a place to stay; 50% had been asked to trade sex for food, drugs or a place to stay; 50% had stayed in a relationship to be guaranteed a place to stay; and 77% were sexually active. Several studies have found that up to 85% of youth involved in the sex trafficking trade were in foster care or involved in the child welfare system.

It is estimated that at least 100,000 American juveniles are victimized through prostitution in America each year. All forms of human trafficking exist in Utah, including Domestic Minor Sex Trafficking. In 2006, Salt Lake City was selected to

be one of 42 human trafficking task forces in the U.S. and received a grant from the DOJ, Office of Justice Programs. Although Utah has made significant strives to protect children from the sex trade, there are still areas that need improvement. Education, training, the development of protocols, and the establishment of secure, long-term residential facilities are just a few of the recommendations from a 2008 evaluation report on Salt Lake City's Trafficking Task Force by Shared Hope, International. Providing information and resources is the first step towards ensuring that the University Hospital & Clinics are prepared to aid patients who are suffering from human trafficking.

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Public Health Impact

It is unknown the extent that Trafficking in Persons has on individuals, families and communities. More education and research is needed to understand the serious and far-reaching consequences to children and adults who are abused and tortured in this manner.

Standards

Accreditation Organizations (DNV, CMS) require that the hospital must have mechanisms/methods in place that ensure patients are free of all forms of abuse, neglect, or harassment, whether from staff, other patients, visitors or other persons. The hospital must have a written procedure in place to notify appropriate agencies, including reporting requirements regarding incidents involving abuse, neglect or harassment, in accordance with State and Federal Law.

The U.S. Preventive Services Task Force (USPSTF) provides no comment on screening patients for trafficking victimization.

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Health Consequences to Victims of Human Trafficking

Short-term

High-risk health behaviors (e.g., drug and alcohol abuse)
Impaired judgment
Emotional exhaustion
Depersonalization
Fear, anxiety and nervousness
STIs including HIV
Multiple abortions-spontaneous and induced

Long-term

Post-traumatic Stress Disorder
Trauma-bonding
Severe depression
Suicidal ideation
Feelings of being mentally broken
Multiple symptoms resulting from untreated STIs
Sexual dysfunction
Difficulty establishing/maintaining health relationships
Overall poorer health and chronic disease

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Risk Factors (Red Flags) for Victims of Human Trafficking

General Indicators

- Patient does not have any type of legal documentation, e.g., driver's license, state-issued identification card, passport, Green Card, etc.
- Patient is living with employer
- Patient claims to be "just visiting" an area but is unable to articulate where he/she is staying or cannot remember addresses; the individual does not know the city or state of his/her current location
- Patient has numerous inconsistencies in his/her story
- Someone is claiming to speak for, or on behalf of victim—e.g., an interpreter, often of the same ethnic group, male or female; victim is not allowed to speak for him/herself
- Patient exhibits behaviors including "hyper-vigilance" or paranoia, fear, anxiety, depression, submission, tension and/or nervousness
- Patient exhibits a loss of sense of time or space
- Patient avoids eye contact
- Patient uses false identification papers—may not be victim's real name
- Patient is not in control of his/her own money

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Risk Factors (Red Flags) for Victims of Human Trafficking (Continued)

Specific Indicators

- Family dysfunction (e.g. abuse in the home, neglect, absence of a caregiver, or substance abuse) is a major risk factor for sex trafficking and can be an important warning sign that the individual might be a victim
- Patient is a runaway youth
- Patient is homeless youth
- Youth in foster care (a study in New York found that 85% of DMST victims had experienced contact with the child welfare system)
- The age of the patient has been verified to be under 18 years old and is involved in the sex industry
- The age of the patient has been verified to be under 18 and has a record of prior arrest(s) for prostitution
- Discrepancies in behavior and reported age—i.e., clues in behavior or appearance that suggest that the individual is underage, but he/she lies about his/her age
- Evidence of sexual trauma
- Multiple or frequent sexually transmitted infections (STIs), especially evidence of lack of treatment for STIs
- Multiple or frequent pregnancies
- Patient reports a large number of sexual partners
- Patients who are under the age of 18 in the presence of an older boyfriend
- Evidence of controlling or dominating relationships—e.g., repeated phone calls from a 'boyfriend' and/or excessive concern about displeasing a partner
- Individual is dressed in inappropriate clothing—e.g., lingerie or other attire associated with the sex industry
- Tattoos on the neck and/or lower back that the individual is reluctant to explain—e.g., a man's name or initials (most often encountered with U.S. citizen victims of sex trafficking)
- Other types of branding—e.g., cutting or burning
- Evidence that the patient has had to have sexual intercourse while on her monthly cycle
- Patient may either be in crisis, or may downplay existing health problems or risks
- Accompanying adult may masquerade as a boyfriend, brother, uncle or other relative
- Patient may resist your help or demonstrate fear that the information he/she gives you will lead to arrest, placement in social services, return to family, or retribution from trafficker

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Specific Health Indicators

- Malnourishment or generally poor health
- Signs of physical abuse—in particular, unexplained injuries or signs of prolonged abuse
    - Bruises
    - Black eyes
    - Burns
    - Cuts
    - Broken bones
    - Broken teeth
    - Multiple scars
- Evidence of a prolonged infection that could have been easily treated from a routine exam
- Non-medical abortion attempt
- History of multiple spontaneous and/or induced abortions
- Addiction to drugs and/or alcohol
- Patient has no idea when his/her last medical exam was
- Lack of healthcare insurance—paying with cash
- Strangulation injury
    - Important to note that serious injury and death can occur with little or no external signs of injury
    - Patients who have been acutely strangled are at an increased risk for stroke and airway compromise due to airway edema
    - ALL patients who present with a history of being acutely strangled SHOULD BE ADMITTED for at least 24-48 hours even if the initial exam is normal

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Procedure for Identifying Victims of Human Trafficking

Generally, a specific history of human trafficking will not be forthcoming on the patient's presentation for medical treatment. Common health care settings in which trafficked persons are seen are in emergency departments, family planning clinics, HIV/AIDS clinics, and community clinics. Traffickers will bring their victims to health care settings for a variety of medical reasons including sexually transmitted infections, injuries, and respiratory or other systemic illnesses. Traffickers will often present themselves as family members and will often speak for the patient, not leave the patient alone with the physician or nurse, and will show signs of having control over the patient.

Identification of trafficking often depends on recognition of particular types of injuries or complaints that raise concern for a patient's involvement in the human trafficking trade.

Initial Assessment

The purpose of the initial assessment is to ensure that the patient is medically stable. Below are guidelines for information gathering and assessing medical stability.

Asking Patients about Human Trafficking

If patient has risk factors for being a victim of trafficking or concerns are suspected, if possible get patient alone. Always have a chaperone during the history and physical exam. If the patient is not allowed to speak for him/herself involve security or law enforcement. Some suggested questions to ask include

- Have you ever been forced to do work you didn't want to do?
- Can you leave your job if you want to?
- Has a boyfriend, friend, employer or anyone forced you to have sex to pay off a debt, for money or for drugs? Has anyone asked you to have sex with another person? Has anyone taken nude or sexual pictures/videos of you?
- Have you ever danced or stripped at a bar or strip club?
- Does anyone hold your identity documents (i.e. driver's license/passport) for you? Why?
- Can you come and go as you please? Where do you work? Where do you sleep?
- Have physical abuse or threats from your employer made you fearful to leave your job?
- Has anyone lied to you about the type of work you would be doing?
- Were you ever threatened with deportation or jail if you tried to leave your situation?

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Physical Examination

A thorough examination should be performed on any patient suspected of being a victim of trafficking. Have a chaperone in the room during the history and exam to protect the health care provider from false accusations. The physical examination and history is performed to establish that the patient is medically stable.

- Gather patient history separately from accompanying person
- Note the patient's general condition and demeanor
- Conduct a visual exam of the patient's entire body
- Note any bruises or markings by location, recording their size, shape and color
- Examine the scalp for edema/hair loss, tympanic membranes and auditory canal, oral cavity, external genitalia, axilla, and soles of feet
- Palpate bones for tenderness and check joints for full range of motion
- Examine the neck for ligature marks, the chest for tenderness or deformity, and the abdomen and back for tenderness and bruising (note that significant abdominal injury can present with little outward signs and can have a delay in presentation)
- Assess neurological status as appropriate for age
- Note the behavior and emotional state of the patient during the examination
- Photograph any visible marks, bruises or other injuries as per protocol

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Procedure Once a Victim of Human Trafficking has been Identified

If you suspect that a patient is a victim of human trafficking

- Isolate the patient from any adult(s) accompanying him/her
- Perform a safety check
    - Is it safe for you to talk to me right now?
    - How safe do you feel right now?
    - Do you feel like you are in any kind of danger while speaking with me at this location?
    - Is there anything that would help you to feel safer while we talk?
    - If you suspect that the patient is in immediate danger, notify police and hospital security
- Be sensitive, every incident of human trafficking and trauma is different
- Remember that the patient usually will not identify as being a victim
- Record as much information about the situation as possible
- Provide the patient with resources if it is safe to do so
- If the patient is less than 18 years of age, notify law enforcement, DCFS and Safe and Healthy Families Child Abuse Pediatricians (801-662-1000 or 662-3600)
- Contact Utah Human Trafficking Tip Line (801-200-3443) (It is very important that you contact the Tip Line and leave a message. An officer with the SECURE Strike Force will contact you.)
- If the patient is a child, vulnerable adult or a competent adult who has assaultive injuries or is a victim of rape or sexual assault report to law enforcement
- Contact Social Work

Documentation

- Thoroughly document in the chart what you asked and what the patient said--quote the patient verbatim
- Document the patient's description of the violence and abuse
- Document clinical observation of any injuries that are present: record size, appearance, color of injuries or marks; use photo documentation of injuries and/or body maps
- Document what information was given to the patient and the referrals made
- Document involvement of law enforcement or DCFS if appropriate

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Mandatory Reporting Requirements for Health Care Providers

In the State of Utah, there are no specific reporting requirements for health care providers regarding trafficking victims; however the same reporting requirements apply for suspected child abuse or assaultive injury

- Any patient less than 18 years of age who is suspected of being a victim of trafficking must be reported (Utah Statute §62A-4a-403) to the Division of Child and Family Services (855.323.3237) and law enforcement
- Any assaultive injury for which a health care provider is providing care must be reported to law enforcement (Utah Statute §26-23a-2)
  - Assault occurs when one person inflicts an injury on another person
- The Health Insurance Portability and Accountability Act (HIPAA) permits covered entities to disclose protected health information about an individual whom the covered entity reasonably believes to be a victim of abuse, neglect, or domestic violence. Such disclosures can be made only to government agencies authorized by law to receive such reports
  - HIPAA allows providers to disclose abuse that is required to be reported to comply with state law

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Resource and Referral Information

In-House University of Utah Hospital Resources

- Inpatients: The MD should make a consultation referral for social worker in the patient's orders
- Ambulatory Clinic Patients: (Mon-Fri 8 am to 4:30 pm) Call SmartWeb
- Emergency Department: Call ED Medical Social Workers in Smart Web for ED patients and crisis after hours
- Department of Security: 801-581-2294
- University Campus Police: 801-585-2677
- Victims of Sexual Assault
    - ≥ 18 years old SANE Nurse 801-461-5888
    - ≤ 17 years old SHF physician 801-662-1000

Community Resources

- National/Statewide Resources

911 For Emergency	
Utah 24/7 Crisis Hotline for HT Victims	**888.3737.888**
Utah Domestic Violence Hotline	**800-897-LINK (5465)**
Utah TIP Line (for nonemergency HT issues)	**801-200-3443**
Sexual Assault Hotline	**888-421-1100**
Rape Recovery Crisis	**801-467-7273**
Department of Child and Family Services	**855-323-3237**
Immigration and Customs Enforcement (ICE)	**866-872-4973**
U.S. DOJ TIP Reporting and Help Line	**888-428-7581**
U.S. Dept of Homeland Security Blue Campaign	**866-347-2423**
Asian Association of Utah—Refugee and Immigrant Center	**801-467-6060**
Attorney General Victim Advocate	**801-281-1206**
FBI Victim Services	**801-579-6400**

- Local Resources

Police Departments	
University Campus Police	801-585-2677
Centerville	801-292-8441
Farmington	801-451-5453
Layton	801-497-8300
Midvale	801-743-7000
Murray	801-264-2673
Orem	801-229-7070
Park City (Summit Co Sheriff)	435-615-3500
Riverton	801-743-7000
Salt Lake City	801-799-3000
South Jordan	801-840-4000
Stansbury Park (Sheriff)	435-882-5600
West Valley	801-840-4000

To Find Safe Shelter call	888.3737.888

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There are no ICD-10 Codes for Trafficking Suggested codes for specific abuse or violence (Consider patient safety if the perpetrator may see the bill)	
Victim of torture	Z65.4
Victim of crime	Z65.4
Victim of violence	Z65.4
Victim of physical trauma	X58-XXXA
Victim of physical trauma, initial encounter	X58-XXXA
Victim of physical trauma, sequela	X58-XXXS
Victim of physical trauma, subsequent encounter	X58-XXXD
Adult victim of non-domestic physical abuse	T74.11XA
Adult victim of non-domestic physical abuse, initial encounter	T74.11XA
Adult victim of non-domestic physical abuse, sequela	T74.11XS
Adult victim of non-domestic physical abuse, subsequent encounter	T74.11XD
Confirmed victim of abuse in adulthood	T74.91XA
Confirmed victim of abuse in adulthood, initial encounter	T74.91XA
Confirmed victim of abuse in adulthood, sequela	T74.91XS
Confirmed victim of abuse in adulthood, subsequent encounter	T74.91XD
Confirmed victim of sexual abuse in adulthood	T74.21XA
Confirmed victim of sexual abuse in adulthood, initial encounter	T74.21XA
Confirmed victim of sexual abuse in adulthood, sequela	T74.21XS
Confirmed victim of sexual abuse in adulthood, subsequent encounter	T74.21XD
Personal history of adult victim of abuse	Z91.419
Assault by person unknown to victim	Y09,Y07.9
Sexual assault by bodily force by multiple persons unknown to victim	T74.21XA T24.22X
Adult Abuse Related ICD-10 Codes (Consider patient safety if the perpetrator may see the bill)	
Unspecified adult maltreatment, confirmed, initial encounter	T74.91XA
Unspecified adult maltreatment, suspected, initial encounter	T76.91XA
Adult physical abuse, confirmed, initial encounter	T74.11XA
Adult physical abuse, suspected, initial encounter	T76.11XA
Adult psychological abuse, confirmed, initial encounter	T74.31XA
Adult psychological abuse, suspected, initial encounter	T76.31XA
Adult sexual abuse, confirmed, initial encounter	T74.21XA
Adult sexual abuse, suspected, initial encounter	T76.21XA
Adult neglect or abandonment, confirmed initial encounter	T74.01XA
Adult neglect or abandonment, suspected initial encounter	T76.01XA
Unspecified adult maltreatment, confirmed initial encounter	T74.91XA
Unspecified adult maltreatment, suspected initial encounter	T76.91XA
Other personal history of psychological trauma, not elsewhere classified	Z91.49

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Additional Considerations

Staff Education

All social workers, hospital crisis workers, and medical/clinical staff with direct service care responsibilities for patients, and their supervisors, shall have mandatory education in the identification, assessment, and intervention for victims of trafficking. Within the first year of employment, every new employee with direct service care responsibilities for patients will attend a minimum of one training session on the identification, assessment, and intervention regarding victims of human trafficking. Periodicity of Trafficking in Persons training will be established and monitored by the Department of Human Resources.

Security

The Security Department is charged with the responsibility of the security of the people, property, and information of the Hospital. Security should be notified for problems requiring patient or visitor restraint, cases of unruly patients and/or visitors, or patients and/or personnel at risk. Security is often preventive in nature; that is, if one ever contemplates that the Security Force may be necessary, Security should be called. Often the arrival of Security prevents a situation from escalating. The Security Department will prioritize victim and staff safety, and will coordinate with medical personnel and local law enforcement (when appropriate) to ensure the safety of the victim in different areas of the hospital, separate the perpetrator from the victim, and address the threat of workplace violence for an employee. All procedures respect the dignity of the victim, and value giving the victim control over the decisions made related to his or her safety.

Policy Evaluation and Implementation

As part of its policies and practices, the hospital has created a Domestic Violence Committee. This committee includes representatives from the major medical departments. The Committee meets monthly to ensure that the institution is meeting the needs of patients, regarding the right of patients to be free of abuse, and quarterly with Security, Hospital Administration, Human Resources, and community Victim Advocates.

Protective Custody of a Child

A physician examining or treating a child may take the child into protective custody, not to exceed 72 hours, when the physician has reason to believe that the child's life or safety will be in danger unless protective custody is exercised. Relevant Utah Statute (62A-4a-407) should be consulted and followed prior to carrying out any such process. When possible consult Risk Management in connection with such process.

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Child Abuse & Neglect

UHC Domestic Violence Committee

In Utah, commission of IPV in the presence of a child is considered child abuse and must be reported to law enforcement or DCFS.

Child Abuse & Neglect

Child abuse and neglect is any act or failure to act on the part of a parent or caretaker which results in death, physical or emotional harm, sexual abuse or exploitation; or an act or failure to act, which presents an imminent risk of serious harm.

DEFINITIONS

According to the Centers for Disease Control and Prevention, there are 4 major types of child maltreatment:

Physical Abuse: The intentional use of physical force against a child that results in, or has the potential to result in, physical injury.

Sexual Abuse: Any completed or attempted (non-completed) sexual act, sexual contact, or exploitation of a child by a caregiver.

Emotional Abuse: Intentional caregiver behaviors that conveys to a child that he/she is worthless, flawed, unloved, unwanted, endangered, or valued only in meeting another's needs.

Neglect:

Physical Neglect: Caregiver fails to provide adequate nutrition, hygiene, or shelter; or caregiver fails to provide clothing that is adequately clean, appropriate size, or adequate for the weather.
Emotional Neglect: Caregiver ignores the child or denies emotional responsiveness or adequate access to mental health care.
Medical/Dental Neglect: Caregiver fails to provide adequate access to medical, vision, or dental care for the child.
Educational Neglect: Caregiver fails to provide access to adequate education.
Failure to Supervise: Failure by the caregiver to ensure a child's safety within and outside the home given the child's emotional and developmental needs.

Inadequate Supervision: Failure by the caregiver to ensure that the child engages in safe activities and uses appropriate safety devices; to ensure that the child is not exposed to unnecessary hazards; or to ensure appropriate supervision by an adequate substitute caregiver.

Exposure to Violent Environments: Caregiver intentionally fails to take available measures to protect the child from pervasive violence within the home, neighborhood or community. In instances where the caregiver is being victimized by a partner, and alternatives to protect the child are not available, or the caregiver is unaware of alternatives, the caregiver, who is the victim, is NOT maltreating the child.

Utah includes child witness to domestic violence as a form of child maltreatment (Utah Statute §76-5-109.1) and is defined as "committing an act of domestic violence in the presence of a child or having knowledge that a child is present and may see or hear an act of domestic violence."

For information on the drug-exposed neonate see UHC Guideline on Neonatal Abstinence Syndrome.

Public Health Impact

- The rate of child maltreatment as substantiated by state child protection agencies in the US is 9.1/1000 children as compared to Utah which is 10.4/1000 children; with children ≤ 3 years at the highest risk for child maltreatment
- The most common perpetrator of child maltreatment is a relative--in Utah almost 90% of perpetrators of child maltreatment were the victim's parents (73%) or other relative (15%)
- The nationwide costs associated with child abuse exceed $100 billion; with Utah spending over $150 million on child abuse investigations (2012)
- More children (age 1-14 years) die of homicide in this country than of heart problems, influenza/pneumonia and septicemia
- In addition to the direct negative impact of maltreatment on the health and well-being of child victims, current research is providing evidence that childhood exposure to toxic stressors, such a child maltreatment, can adversely impact the health and behavior of children well into adulthood

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STANDARDS

Accreditation Organizations (DNV, CMS) require that the hospital must have mechanisms/methods in place that ensure patients are free of all forms of abuse, neglect, or harassment, whether from staff, other patients, visitors or other persons. The hospital must have a written procedure in place to notify appropriate agencies, including reporting requirements regarding incidents involving abuse, neglect or harassment, in accordance with State and Federal Law.

Standards for the medical care of the sexual assault victim

- When there is a concern that there has been a sexual assault within the last 120 hours the patient should be given the opportunity to have a forensic exam by a sexual assault nurse examiner or other qualified medical provider.
- Longer time frames are considered on an individual basis
- Every effort should be made to protect the evidence when providing medical care to the sexual assault patient.
    - Limit medical intervention such as removing clothing, obtaining clean catch urinalysis, or closing wounds until after the forensic exam
- Utah Statute 26-21b-201requires that emergency contraception be provided to all victims of sexual assault who may become pregnant as a result of the assault
- Centers for Disease Control and Prevention (CDC) recommendations should be followed for STD and pregnancy prophylaxis

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Health Consequences to Victims of Child Abuse & Neglect

Physical
Death
Head trauma
Fractures/bruises
Disruptions of normal developmental trajectories and impaired brain development
Increase risk for other adverse health effects and certain chronic diseases as adults, including heart disease, cancer, chronic lung disease, liver disease, obesity, high blood pressure, high cholesterol and high levels of C-reactive protein
Overall poorer health in adulthood

Psychological
Depression
Anxiety disorder
Eating disorders
Suicidal ideations/attempts
Post-traumatic stress disorder
Conduct disorder
Learning difficulties
Attention and memory difficulties

Behavioral
Increase risk for smoking, alcohol and illicit drug use
Sexual promiscuity
Increased risk for teen pregnancy
Delinquency
Criminal activity
Difficulty in maintaining healthy relationships

Fatal
Suicide
Homicide

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Risk Factors for Child Abuse & Neglect

Individual Risk Factors for Maltreatment

Child younger than 4 years of age

Child with special needs or disabilities

Individual Risk Factors for Perpetration

Parents lack of understanding child's needs, child development and parenting skills

Parental substance abuse

Parental mental illness

Nonbiological, transient caregivers in the home

Parental characteristics such as young age, low education, single parenthood, large number of dependent children, low income

Parental thoughts and emotions that tend to support or justify maltreatment behavior

Parental history of being a victim of current or past abuse

Harsh parenting

Parent being a perpetrator of intimate partner violence

Family Risk Factors

Social isolation

Family disorganization

Intimate partner violence or other violence in the home

Parenting stress, poor parent-child relationships, and negative interactions

Historical Indicators Concerning for Child Abuse & Neglect

Absence of trauma history

Minor trauma history to explain serious injury

Trauma history inconsistent with the injury

Histories that change/evolve/differ

Trauma history in which child plays developmentally inappropriate role

Serious trauma blamed on child/sibling

Delay in seeking medical care not explained by natural progression of symptoms or access to health care

Child reports inflicted injury, regardless of what adults say

Difficulty in managing a chronic illness

Multiple, bilateral injuries

Bruising in an infant who is not ambulating

Unusual bruising patterns not explained by known trauma or bleeding disorders

Unable to locate parents

Parent's affect is inappropriate to the child's condition

Prior findings for abuse

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Signs or Symptoms Concerning for Child Abuse & Neglect

Physical Abuse

- Infants with
  - subdural hematoma
  - retinal hemorrhages
  - rib fractures or metaphyseal fractures
  - multiple, complex skull fractures
  - long bone fractures
- Bruises
  - in a nonambulating infant
  - that occur on the scalp, cheek, pinnae, neck, abdomen or buttocks
  - that occur in a pattern
- Burns
  - with well-demarcated margins
  - sparing the buttocks as seen in immersion burns
  - sparing of inguinal folds as seen in immersion burns
  - with a pattern not consistent with history
  - that are symmetric
  - For burn injured pediatric patients admitted to the University Burn Unit – refer to the Burn Center/Safe and Healthy Families Referral Protocol

Sexual Abuse (NOTE: absence of physical signs of sexual abuse does not mean that the abuse did not occur)

- A child's direct statement describing sexual abuse is the most definitive historical indicator
- Non-specific behavioral complaints include
  - excessive fears, phobia, nightmares
  - any abrupt change in behavior
  - aggressive or withdrawn behavior
  - poor school performance
  - change in appetite
  - sleep problems
  - runaway
  - suicide ideations or attempts
- Specific behavioral complaints include
  - detailed information about adult sexual behavior in a young child
  - explicit demonstration of sexual play
  - compulsive masturbation in normally developing child
  - excessive sexual curiosity for age
- Sexually-transmitted infections especially if under age 14 years

- Penetrating genital trauma (acute or healed) in the absence of a history of non-sexual penetrating genital trauma such as straddle injuries or high-energy pelvic trauma

Emotional Abuse

- Extremes in behavior, such as overly compliant or demanding behavior, extreme passivity or aggression
- Behavior is inappropriately adult (parenting other children) or inappropriately infantile
- Delayed physical or emotional development
- Suicide attempts
- Lack of attachment with parent
- Observation of harsh parenting, e.g. blaming, belittling, berating child

Neglect

- Frequent school absenteeism
- Begs or steals food or money
- Lacks needed medical or dental care, immunizations or glasses
- Is consistently dirty and has severe body odor
- Lacks sufficient clothing for weather
- Parent or child abuses alcohol or drugs
- States that there is no one at home to provide care
- Parental indifference toward child
- Parental alcohol and/or substance abuse
- Malnourishment/Failure to Thrive without a medical cause

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Procedure for Identifying Victims of Child Abuse & Neglect

Often, a specific history of abuse or neglect will not be forthcoming on the child's presentation for medical treatment. Identification of abuse or neglect often depends on recognition of particular types of injuries or complaints that raise concern for child abuse and neglect.

Initial Assessment

The purpose of the initial assessment is to ensure that the patient is medically stable. Consult the Safe and Healthy Families (SHF) child abuse pediatrician (call PCMC page operator at 662-1000) to help guide your history and physical and plan of care. Below are guidelines for information gathering and assessing medical stability.

Documentation

- Thoroughly document in the patient's chart what you asked about the child's presentation and what the parent or patient said--quote the parent or patient verbatim
- Document the parent's or patient's description of the incident
- Ask the parent(s) separately and privately about intimate partner violence in the home
- Note the date and time of the encounter
- Document clinical observation of any injuries that are present: record size, appearance, color of injuries or marks; use photo documentation of injuries and/or body maps
- Document what treatment was required
- Document what information was given to the patient and the referrals made
- Document involvement of law enforcement or DCFS if appropriate

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Physical Examination

A thorough examination should be performed on any child suspected of being abused or neglected. The physical examination and history is performed to establish that the patient is medically stable.

- If child is verbal, gather patient and parent histories separately
- Note the child's general condition and demeanor
- Determine the child's weight, length/height and head circumference (if less than 3 years)
- Conduct a visual exam of the child's entire body
- Note any bruises or markings by location, recording their size, shape and color
- Examine the scalp for edema/hair loss, retina, tympanic membranes and auditory canal, oral cavity, external genitalia, buttocks, axilla, and soles of feet
- Palpate bones for tenderness and check joints for full range of motion
- Examine the neck for ligature marks, the chest for tenderness or deformity, and the abdomen and back for tenderness and bruising (note that significant abdominal injury can present with little outward signs and can have a delay in presentation)
- Assess neurological status as appropriate for age
- Assess development
- Note the behavior and emotional state of the child during the examination
- Photograph (Utah Statute 62A-4a-406) any visible marks, bruises or other injuries as per protocol
- For concerns of alleged sexual abuse, please call SHF child abuse pediatrician for patients ≤17 years (801-662-1000) or Wasatch Forensic Nurses (SANE) for patients ≥18 years (801-461-5888)

Mandatory Reporting Requirements for Health Care Providers

In the State of Utah, health care providers (and all adult citizens) must report to the Division of Child and Family Services (855.323.3237) and/or law enforcement any incidents of suspected child abuse (Utah Statute §62A-4a-403). Remember that commission of intimate partner violence in the presence of a child is considered child abuse (Utah Statute §76-5-109.1) and must be reported to DCFS and/or law enforcement. HIPAA allows providers to disclose abuse that is required to be reported to comply with state law.

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Diagnostic Tests that May Be Used in the Medical Assessment of Child Abuse & Neglect Return to Table of Contents

Type of Injury or Condition	Diagnostic Tests	Comments
Fractures	Skeletal survey (21 view): humeri, forearms, femurs, lower legs, hands, feet, skull, cervical spine, thorax (including oblique views) and lumbar spine, pelvis	•Recommended for all children with suspicious injuries under age 2 •Repeat skeletal survey in 2 weeks for high-risk cases •Single whole-body films are unacceptable
Bruises and Head Trauma	Tests for hematologic disorders: •CBC with platelets, •Activated partial thromboplastin time von Willebrand's panel (vWF antigen, vWF activity, •Factor VIII activity •Factor VIII level (if head trauma) •Factor IX level (if head trauma)	•Recommended when bleeding disorder is a concern because of clinical presentation or family history •A DIC screen (d-dimer and fibrinogen) should be performed for patients with intracranial injury, because intraparenchymal damage can alter coagulation
Abdominal Trauma	Liver injury: AST & ALT	May be helpful in diagnosing occult liver injury
	Pancreatic injury: Amylase and lipase	May be helpful in diagnosing pancreatic injury
	Renal injury: UA for hematuria	May be helpful in diagnosing renal injury
	CT scan of abdomen with IV contrast	Abdominal injury may have no outward signs
Head Trauma	CT scan head	•Recommended for all infants ≤6 months of age with extracranial injuries concerning for abuse •When used in conjunction with radiographs may enhance detection of skull fractures and CT scanning may provide clinically relevant information more expeditiously than MRI •Request 3-D reformat of head CT in all cases of suspected abuse (can generally be requested within 24 hours even if imaging done at an outside facility)
	MRI head/neck	•Diffusion-weighted scan may surpass CT in characterizing extent of intracerebral edema •MRI may provide better dating of intracranial injuries than CT; more sensitive than CT for subtle intracranial injuries in patients with normal CT results and abnormal neurologic exams; more sensitive than plain radiographs and CT for detecting cervical spine fractures/injury
	Pediatric ophthalmologic evaluation	Evaluation for retinal hemorrhages
Sexual Abuse	Recommend consulting SANE nurse or SHF child abuse pediatricians	

Information for Parents on Toxic Stress

ACEs and Toxic Stress Handout
American Academy of Pediatrics The Resilience Project
CDC Essentials of Childhood

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Resource and Referral Information

In-House University of Utah Hospital Resources

- Inpatients: See Neonatal Abstinence Syndrome Policy
- Ambulatory Clinic Patients: (Mon-Fri 8 am to 4:30 pm) Call Smart Web
- Emergency Department: Call ED Medical Social Workers in Smart Web for ED patients and crisis after hours
- Department of Security: 801-581-2294
- University Campus Police: 801-585-2677
- Safe and Healthy Families Child Abuse Pediatricians 801-662-1000

Community Resources

- Statewide Resources

911 For Emergency	
Department of Child and Family Services (DCFS)	**855-323-3237**
Utah Domestic Violence Hotline	**800-897-LINK (5465)**
Sexual Assault Hotline	**888-421-1100**

- Local Resources

Police Departments	
University Campus Police	801-585-2677
Centerville	801-292-8441
Farmington	801-451-5453
Layton	801-497-8300
Midvale	801-743-7000
Murray	801-264-2673
Orem	801-229-7070
Park City (Summit Co Sheriff)	435-615-3500
Riverton	801-743-7000
Salt Lake City	801-799-3000
South Jordan	801-840-4000
Stansbury Park (Sheriff)	435-882-5600
West Valley	801-840-4000

Sexual Assault	
Salt Lake Sexual Assault Nurse Examiners (≥ 18 years)	801-461-5888
PCMC Safe and Healthy Families (≤17 years)	801-662-1000

Domestic Violence Advocate Programs	
Centerville	801-451-4300
Farmington	801-451-3556
Layton	801-546-8539
Midvale	385-468-9350
Murray	801-284-4203
Orem	801-229-7128
Park City (Summit Co Sheriff)	435-615-3600
Riverton	801-743-7000
Salt Lake City	801-799-3756
South Jordan	801-412-3660
Stansbury Park (Sheriff)	800-833-5515
West Valley	801-963-3223

Domestic Violence Shelters (LINK LINE)	800-897-LINK (5465)
Davis County Safe Harbor	801-451-4300
Salt Lake County	
South Valley Sanctuary	801-255-1095
YWCA Women in Jeopardy	801-537-8600
Summit County Peace House	800-647-9161
Tooele County Pathways	800-647-9161
Utah County Center for Women and Children in Crisis	801-377-5500

Mental Health Care for Young Children	
The Children's Center	
Salt Lake City Center, 350S 400 E, SLC	801-582-5534
Kearns Center, 5242 S 4820 W, Kearns	801-966-4251

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Child Abuse & Neglect Related ICD-10 Codes (Consider patient safety if the perpetrator may see the bill)	
Exposure of child to domestic violence	Z63.8
Child abuse in family	Z63.79
Child abuse, physical	T74.12XA
Child abuse, physical, initial encounter	T74.12XA
Child abuse, physical, sequela	T74.12XS
Child abuse, physical, subsequent encounter	T74.12XD
Child abuse, emotional/psychological	T74.32XA
Child abuse, emotional/psychological, initial encounter	T74.32XA
Child abuse, emotional/psychological, sequela	T74.32XS
Child abuse, emotional/psychological, subsequent encounter	T74.32XD
Child abuse, sexual	T74.22XA
Child abuse, sexual, initial encounter	T74.22XA
Child abuse, sexual, sequela	T74.22XS
Child abuse, sexual, subsequent encounter	T74.22XD
Child abuse, unspecified	T76.92XA
Parental concern about possible child abuse	Z03.89
Parental concern about child sexual abuse	Z03.89
Parental concern about possible child physical abuse	Z04.72
Victim of child abuse	T74.92XA
Suspicion of child sexual abuse	T76.22XA
Suspicion of child sexual abuse, initial encounter	T76.22XA
Suspicion of child sexual abuse, sequela	T76.22XS
Suspicion of child sexual abuse, subsequent encounter	T76.22XD
Suspected victim of abuse in childhood	T76.92XA
Suspected victim of abuse in childhood, unspecified abuse type, initial encounter	T76.92XA
Suspected victim of abuse in childhood, unspecified abuse type, sequela	T76.92XS
Suspected victim of abuse in childhood, unspecified abuse type, subsequent	T76.92XD
Neglect of child	T74.02XA
Neglect of child, initial encounter	T74.02XA
Neglect of child, sequela	T74.02XS
Neglect of child, subsequent encounter	T74.02XD
Child Neglect, nutritional	T74.02XA
Child Neglect, nutritional, initial encounter	T74.02XA
Child Neglect, nutritional, sequela	T74.02XS
Child Neglect, nutritional, subsequent encounter	T74.02XD
Emotional neglect of child	T74.02XA
Emotional neglect of child, initial encounter	T74.02XA
Emotional neglect of child, sequela	T74.02XS
Emotional neglect of child, subsequent encounter	T74.02XD
Neglect infant, initial encounter	T74.02XA
Neglect infant, sequela	T74.02XS

Neglect infant, subsequent encounter	T74.02XD

Additional Considerations for Child Abuse & Neglect

Staff Education

All social workers, hospital crisis workers, and medical/clinical staff with direct service care responsibilities for patients, and their supervisors, shall have mandatory education in the identification, assessment, and interventions of child abuse and neglect. Within the first year of employment, every new employee with direct service care responsibilities for patients will attend a minimum of one training session on the identification, assessment, and intervention regarding child abuse and neglect victims. Periodicity of child abuse and neglect training will be established and monitored by the Department of Human Resources.

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Policy Evaluation and Implementation

As part of its policies and practices, the hospital has created a Domestic Violence Task Force. This committee includes representatives from the major medical departments. The Task Force meets monthly to ensure that the institution is meeting the needs of patients, regarding the right of patients to be free of abuse, and quarterly with Security, Hospital Administration, Human Resources, and community Victim Advocates.

Protective Custody of a Child

A physician examining or treating a child may take the child into protective custody, not to exceed 72 hours, when the physician has reason to believe that the child's life or safety will be in danger unless protective custody is exercised. Relevant Utah Statute 62A-4a-407 should be consulted and followed prior to carrying out any such process. When possible consult with Risk Management in connection with such process.

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Sexual Assault

UHC Domestic Violence Committee

When a patient tells me that they have been sexually assaulted I will 'start by believing.'

Sexual Assault

Sexual assault occurs in intimate partner relationships, with elders and vulnerable adults, victims of human trafficking and victims of child maltreatment. All of these forms of victimization involve a caregiver or family member. This chapter will focus on sexual assault in the context of stranger assault or an acquaintance, but many of the intervention and services are appropriate to nonstranger/family member sexual assault.

DEFINITIONS

Sexual assault is any type of sexual contact or behavior that occurs without the explicit consent of the recipient. Falling under the definition of sexual assault are sexual activities as forced sexual intercourse, forcible sodomy, child molestation, incest, fondling and attempted rape.

Rape Recovery Center (RRC) 801-467-7273: The RRC is an advocacy organization for victims of sexual assault ages 14 years and older in Salt Lake City. The RRC provides services such as counseling, group therapy, 24-hour crisis hotline, and a hospital response team.

Hospital Response Team (HRT): A group of Rape Recovery Center Advocates who meet patients who need a forensic medical exam. The advocate stays with the patient throughout the exam, advocates for the patient's needs/desires, offers resources, and assists with completion of paperwork that may be overwhelming for the sexual assault victim.

Sexual Assault Nurse Examiner (SANE): A SANE nurse is a registered nurse with specialized training in providing healthcare and the collection of forensic evidence for patients who have been sexually assaulted.

Utah Office for Victims of Crime (UOVC): Among other responsibilities, the UOVC provides financial assistance to victims who have suffered financial loss, physical injuries and emotional trauma as a result of a violent crime. Funding of the program comes from criminal offenders through surcharges and fines in addition to funding provided by the state.

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Public Health Impact

44% of victims are under the age of 18; **80%** are under the age of 30
68% of sexual assaults are not reported to police
98% of perpetrators are never incarcerated
66% of assaults are committed by someone known to the victim
1 in 4 girls and 1 in 6 boys are sexually abused before the age of 18
1 in 7 youth internet users received unwanted sexual solicitations

Standards

Accreditation Organizations (DNV, CMS) require that the hospital must have mechanisms/methods in place that ensure patients are free of all forms of abuse, neglect, or harassment, whether from staff, other patients, visitors or other persons. The hospital must have a written procedure in place to notify appropriate agencies, including reporting requirements regarding incidents involving abuse, neglect or harassment, in accordance with State and Federal Law.

Standards when assessing victims of sexual assault

- When a sexual assault victim presents to a medical setting within 120 hours of the assault, the patient should be given the opportunity to have a medical forensic exam by a sexual assault nurse examiner or other trained medical provider
    - If a sexual assault victim presents greater than 120 hours after the assault consult Wasatch Forensic Nurses (SANE) 801-461-5888 to determine if a forensic exam is indicated
- Every effort should be made to protect the evidence when providing medical care to the sexual assault patient
    - Limit non-urgent medical intervention such as removing clothing, obtaining clean catch urinalysis, or closing wounds, until after the forensic exam
- Utah Statute §26-21b-201 requires emergency contraception to be provided to all victims of sexual assault who may become pregnant as a result of the assault
- Centers for Disease Control and Prevention (CDC) recommendations should be followed for STD and pregnancy prophylaxis

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Health Consequences Of Sexual Assault

Physical

Chronic pain syndromes
Gastrointestinal disorders
Gynecological complications
Pregnancy
Migraines/frequent headaches
STIs
Cervical cancer
Genital injuries

Psychological - Acute

Shock
Denial
Fear
Confusion
Anxiety
Withdrawal
Shame/guild
Nervousness
Distrust of others

Psychological – Chronic

Depression
Anxiety and associated insomnia and other sleep disorders
Post-traumatic stress disorder (PTSD)
Diminished interest/avoidance of sex
Low self-esteem/self-blame

Social

Strained relationships with family, friends and intimate partners
Less emotional support from friends and family
Less frequent contact with friends and relatives
Lower likelihood of marriage
Isolation or ostracism from family or community

Health Risk Behaviors

Engaging in high-risk sexual behavior
Using harmful substances
Unhealthy diet-related behaviors
Delinquency and criminal behavior
Failure to engage in healthy behaviors such as motor vehicle seat belt use

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Patient Risk Factors for Sexual Assault

Identification of risk factors for sexual assault may assist in the development of prevention efforts. In no way do any risk factors imply that an 'at-risk' victim is responsible for the assault. Sexual assault can and does happen to anyone.

General Risk Factors

Being female
Age <30 years
Drug or alcohol abuse
Prior incidence of sexual assault or abuse (as a child or an adult)
Being incarcerated or institutionalized
Having mental health issues

Factors that increase campus sexual assault risk

Alcohol use
Numerous sexual partners
Freshman or sophomore status
First few months of the school year
Weekends
Between the hours of midnight and 6am
Off-campus parties

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Procedure for Identifying Victims of Sexual Assault

All women and men who present with signs and/or symptoms of sexual assault should be asked about the experience in a private, confidential area without friends or family. However, victims of sexual assault often have no visible injury/findings and may not have any of the signs or symptoms listed below.

Signs and Symptoms

Trauma/injuries
Perineal injuries
Vaginal discharge/bleeding
Rectal or genital bleeding
Anal tears/dilation
Symptoms of STIs in adults or youth
Concerns for pregnancy in adults or youth
Intoxication/drug use
Homeless adults or youth
Signs of strangulation

- Important to note that serious injury and death can occur with little to no external signs of injury
- Patients who have been acutely strangled are at an increased risk for stroke and airway compromise due to airway edema
- ALL patients who present with a history of being acutely strangled SHOULD BE ADMITTED for at least 24 – 48 hours even if the initial exam is normal

What to Ask

- Have you ever been touched sexually against your will or without your consent?
- Have you ever been forced or pressured or talked into having sex?
- Do you feel that you have no control over your sexual relationships and will not be listened to if you say 'no' to having sex?

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Procedure Once A Victim of Sexual Assault has been Identified

When a patient has experienced sexual violence further questioning is important in order to identify appropriate services.

Follow-up Questions to Ask

- "Have you ever been touched sexually against your will or without your consent?"
- "When did this happen?"
- If there have been multiple incidents ask, "When was the most recent incident?"
- "Are you experiencing any pain or bleeding now?"
- "Did you receive any medical care or a forensic examination for the collection of evidence?"
- "Was this reported to law enforcement?"

Disclosure of Sexual Assault by Patient

- A patient may disclose when providing their chief complaint or purpose for the visit
- A patient may provide a symptom such as abdominal pain or vaginal pain and will disclose when asked further questions about the symptoms
- A patient may provide an unrelated chief complaint and spontaneously disclose when alone with the health care provider

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When a Patient Discloses

- Start by Believing©
    - *Start by Believing* is a public awareness campaign uniquely focused on the public response to sexual assault. Knowing how to respond is critical—a negative response can worsen the trauma and foster an environment where perpetrators face zero consequences for their crimes.
    - As part of the University of Utah Hospital and Clinics commitment to adhering to trauma-informed principles of care, the concept of *Start by Believing* can be extended to all patients who enter our health care system with histories of abuse, neglect or exploitation
- Stop and make eye contact
- Respond with validating messages that allow the patient to feel validated and believed
    - "I am really sorry that happened to you."
    - "That sounds like it was a terrifying experience."
    - "I am really glad you had the courage to tell me."
    - "I want you to know it wasn't your fault."
- Validate the response
- Demonstrate empathy and concern
- Proceed with procedure as outlined below

What to Avoid

- Asking about sexual violence experiences in front of other people
- Discussing a disclosure of a sexual assault experience in front of other people unless the patient gives specific permission
- Expressing value judgments
- Avoid using the term 'rape'-- many patients do not identify their sexual violence experience as 'rape'
- Using vocabulary or medical jargon that the patient does not understand
- Maintain patient confidentiality and protect their health information--only discuss the case with the medical team involved in the patient's care or law enforcement if appropriate

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Medical Care of A Victim of Sexual Assault

Process	Comment
Initial	Provide medical care as necessary for the patient's health and safety
Preserve Forensic Evidence	•Avoid washing or cleaning the patient •Allow the collection of forensic evidence simultaneous to medical care (e.g., collecting forensic vaginal swabs when evaluating for vaginal bleeding •Delay non-urgent interventions until after the collection of forensic evidence
Contact Rape Recovery Center Hospital Response Team	This is crucial to support the patient, not only during the forensic and other exams but afterwards as the patient deals with the aftermath of the assault. The RRC HRT services include • Providing support for the patient •Assisting the patient after a traumatic experience •Offering resources for the sexual assault victim •Assisting with the completion of paperwork for Utah Office for Victims of Crime (UOVC) ensuring payment to the hospital, SANE, medications and potential future services. Notify UOVC, even if the patient refuses an exam, to provide support and resources
Collection of Forensic Evidence	SANE or other trained person with knowledge in •Appropriate collection techniques •Documentation of evidence collection •Proper management for chain of custody
Timing of Forensic Exam	•Exams are generally done up to 120 hours (5 days) after the assault. Longer time frames are considered on an individual basis so call the SANE team for guidance •Consider an exam in all situations of sexual assault/violence. •Evidence can be found even if Digital contact only After bathing/showering Patient is having menses Consensual sex after the assault
Forensic Exam Options	Wasatch Forensic Nurses (SANE) 801-461-5888 •Forensic exams provided for patients ≥18 years old •SANE nurses will come to the hospital Primary Children's Safe and Healthy Families 801-662-1000 •Forensic exams for patients ≤17 years old Family Justice Center Sexual Assault Nurse Examiners (FJCSANE) 801-537-8600 •Forensic exams for patients ≥ 18 years old •Patient will need to go to the FJC Clinic so generally this service is not used by hospital personnel

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Prophylaxis Guidelines	All SA victims should be offered prophylaxis
Gonorrhea, Chlamydia, Trichomonas	Ceftriaxone 250 mg im x 1 AND Azithromycin 1 gram po, single dose AND Metronidazole 2 grams po, single dose **NOTE**: If alcohol has been recently ingested or emergency contraception is provided, metronidazole or tinidazole (2 grams PO single dose) can be taken by the sexual assault survivor at home rather than as directly observed therapy to minimize potential side effects and drug interactions
Pregnancy (if assault could have resulted in a pregnancy)	Levonorgestrel 1.5mg PO, single dose (Plan B)
Hepatitis B	Status of Assailant is Unknown •Unvaccinated patients: Hepatitis B vaccine (without HBIG). This should be provided at the time of the initial exam for prophylactic effect. The patient will need additional doses of the vaccine in 1-2 months after initial dose and 4-6 months after initial dose. •Vaccinated patients: No need for vaccine Assailant is known to be Hepatitis B positive •Unvaccinated patients: Hepatitis B vaccine AND HBIG •Vaccinated patients who never did receive postvaccination testing: Hepatitis B vaccine x 1
Tetanus	Tetanus vaccine if >10 years since last tetanus vaccine or if >5 years if there are serious or contaminated injuries
HPV	If patient has not been vaccinated with HPV, then give to female patients 9-26 years and male patients 9-21 years. Will need follow-up dose at 1-2 months and 6 months after the initial dose
HIV **Consider prophylaxis for HIV nonoccupational postexposure prophylaxis (nPEP)** **Assistance with nPEP-related decisions can be obtained by calling the National Clinician's Post Exposure Prophylaxis Hotline 888-448-4911**	**MUST BE GIVEN WITHIN 72 HOURS OF THE SEXUAL ASSAULT** •Complete informed consent to evaluate risk factors and the patient's willingness to comply with medication regimen •Lab work required before initiating HIV nPEP CBC with diff CMP HIV antibody (repeat at 6 weeks, 3 months, 6 months) Hepatitis B surface antigen Hepatitis B antibody Hepatitis C antibody Medications started as soon as possible (give 5 day supply) Truvada 1 tablet po q day Isentress 1 tablet po BID Zofran 8 mg 30 minutes before nPEP medications Follow-up (to complete 30 days of nPEP prophylaxis) ≥18 years old: University of Utah Clinic 1A <18 years old: Primary Children's Safe and Healthy Families

Follow-up Exams

Follow-up exams after a sexual assault provide the opportunity to

- Detect new infections acquired during or after the assault
- Complete the Hepatitis B and HPV vaccination series if needed
- Complete counseling and treatment for STIs
- Monitor side effects and adherence to nPEP medication

Mandatory Reporting Requirements for Health Care Providers

- Utah law requires reporting sexual violence to law enforcement when treating ANY patient for sexual assault (Utah Statute §26-23a-2)
- Any patient < 18 years of age with a concern **(either immediate or in the past)** for sexual abuse must be reported to law enforcement or DCFS (Utah Statute §62A-4a-403)
- Vulnerable adults for which there is a concern for sexual assault (**either current or in the past**) must be reported to law enforcement or Adult Protective Services (APS) (Utah Statute §76-5-111.1)
- The Health Insurance Portability and Accountability Act (HIPAA) permits covered entities to disclose protected health information about an individual whom the covered entity reasonably believes to be a victim of abuse, neglect, or domestic violence. Such disclosures can be made only to government agencies authorized by law to receive such reports
    - HIPAA allows providers to disclose abuse that is required to be reported to comply with state law
    - Utah law allows for reporting domestic violence to authorities without disclosure to the patient or their representatives prior to the report

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Resource and Referral Information

In-House University of Utah Hospital Resources

- Inpatients: The MD should make a consultation referral for social worker in the patient's orders
- Ambulatory Clinic Patients: (Mon-Fri 8 am to 4:30 pm) Call SmartWeb
- Emergency Department: Call ED Medical Social Workers in Smart Web for ED patients and crisis after hours
- Department of Security: 801-581-2294
- University Campus Police: 801-585-2677
- University of Utah Clinic 1A for HIV prophylaxis follow-up: 801-585-7112
- Infectious Disease Provider: 801-581-2121
- Safe and Healthy Families Child Abuse Pediatricians 801-662-1000

Community Resources

- Statewide Resources

911 For Emergency	
Rape Recovery Center Hospital Response Team	**801-467-7273**
Wasatch Forensic Nurses (SANE)	**801-461-5888**
Primary Children's Safe and Healthy Families	**801-662-1000**
Sego Lily Center for the Abused Deaf	**801-614-7885**
Utah Domestic Violence Hotline	**800-897-LINK (5465)**
Sexual Assault Hotline	**888-421-1100**
VINE (Victim Information and Notification Everyday)	**877-884-8463**
Department of Child and Family Services (DCFS)	**855-323-3237**
Adult Protective Services	**800-371-7897**
Utah Trafficking in Persons 24/7 Crisis Hotline	**888-373-7888**

- Local Resources

Police Departments	
University Campus Police	801-585-2677
Centerville	801-292-8441
Farmington	801-451-5453
Layton	801-497-8300
Midvale	801-743-7000
Murray	801-264-2673
Orem	801-229-7070
Park City (Summit Co Sheriff)	435-615-3500
Riverton	801-743-7000
Salt Lake City	801-799-3000
South Jordan	801-840-4000
Stansbury Park (Sheriff)	435-882-5600
West Valley	801-840-4000

SANE Program (≥14 years)	Counties Served	Contact
NUSANE	Box Elder, Weber, Davis, Morgan	888-328-3605
Wasatch Forensic Nurses (SANE)	Salt Lake	801-461-5888
Family Justice Center SANE	Salt Lake	801-236-3370
Cache Valley Specialty Hospital Logan	Cache	ED 435-713-9700
Mountain West Medical Center-Tooele	Tooele	ED 435-843-3600
Park City Medical Center	Summit	ED 435-658-7500
Merrill Gappmayer Family Medicine-Provo	Utah	801-352-3331
Uintah Basin Medical Center-Roosevelt	Duchesne	ED 435-722-4691
Ashley Regional Medical Center-Vernal	Uintah	ED 435-789-3342
Central Valley Medical Center-Nephi	Juab	ED 435-623-3000
Sanpete Valley Hospital-Mt. Pleasant	Sanpete	ED 435-462-2441
Heber Valley Medical Center-Heber	Wasatch	ED 435-654-2500
Fillmore Community Hospital-Fillmore	Millard	ED 435-743-5591
Sevier Valley Medical Center-Richfield	Sevier	ED 435-893-4100
Castleview Hospital-Price	Carbon	ED 435-637-4800
Gunnison Valley Hospital-Gunnison	Sanpete	ED 435-528-7246
Delta Community Medical Center-Delta	Millard	ED 435-864-5591
Moab Regional Hospital-Moab	Grand	ED 435-71-3500
Valley View Medical Center-Cedar City	Iron	ED 435-868-5000
Garfield Memorial Hospital-Panguitch	Garfield	ED 435-676-8811
Southwest SANE	Washington	Cami.Caifa@imail.org
Kane County Hospital-Kanab	Kane	kerrency@hotmail.com
Blue Mountain Hospital-Blanding	San Juan	ED 435-767-0517

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Domestic Violence Advocate Programs	
Centerville	801-451-4300
Farmington	801-451-3556
Layton	801-546-8539
Midvale	385-468-9350
Murray	801-284-4203
Orem	801-229-7128
Park City (Summit Co Sheriff)	435-615-3600
Riverton	801-743-7000
Salt Lake City	801-799-3756
South Jordan	801-412-3660
Stansbury Park (Sheriff)	800-833-5515
West Valley	801-963-3223

Domestic Violence Shelters (LINK LINE)	800-897-LINK (5465)
Davis County Safe Harbor	801-451-4300
Salt Lake County **South Valley Sanctuary** **YWCA Women in Jeopardy**	 801-255-1095 801-537-8600
Summit County Peace House	800-647-9161
Tooele County Pathways	800-647-9161
Utah County Center for Women and Children in Crisis	801-377-5500

Mental Health Care for Young Children	
The Children's Center **Salt Lake City Center, 350S 400 E, SLC** **Kearns Center, 5242 S 4820 W, Kearns**	 801-582-5534 801-966-4251

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Sexual Assault Related ICD-10 Codes (Consider patient safety if the perpetrator may see the bill)	
Child abuse, sexual	T74.22XA
Child abuse, sexual, initial encounter	T74.22XA
Child abuse, sexual, sequela	T74.22XS
Child abuse, sexual, subsequent encounter	T74.22XD
Child abuse, unspecified	T76.92XA
Parental concern about child sexual abuse	Z03.89
Suspicion of child sexual abuse	T76.22XA
Suspicion of child sexual abuse, initial encounter	T76.22XA
Suspicion of child sexual abuse, sequela	T76.22XS
Suspicion of child sexual abuse, subsequent encounter	T76.22XD
Victim of sexual abuse in adulthood	T74.21XA
Victim of sexual abuse in adulthood, initial encounter	T74.21XA
Victim of sexual abuse in adulthood, sequela	T74.21XS
Victim of sexual abuse in adulthood, subsequent encounter	T74.21XD
Adult sexual abuse, suspected, initial encounter	T76.21XA
Personal history of adult physical and sexual abuse	Z91.410
Sexual assault by bodily force by multiple persons unknown to victim	T74.21XA T24.22X

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Additional Considerations for Sexual Assault

Disclosure of Sexual Assault

Use the principles of *Start By Believing©* campaign. When a victim's first experience disclosing the assault is met with empathy, compassion and belief, the victim's process of healing can begin. In addition, assess for self-harm and provide services as needed. A traumatic event, such as sexual assault, can potentially increase the risk for self-harm. Research on the neurobiology of trauma indicate that a victim may not remember pertinent parts of the assault and what she/he remembers may not be in chronological order. Victims may remember details such as the appearance of the gun barrel, the smell of a plant in the area, running water in the distance. Allow the patient to provide the narrative about the assault without interruption and be nonjudgmental.

Staff Education

All social workers, hospital crisis workers, and medical/clinical staff with direct service care responsibilities for patients, and their supervisors, shall have mandatory education in the identification, assessment, and interventions for patients of sexual assault. Within the first year of employment, every new employee with direct service care responsibilities for patients will attend a minimum of one training session on the identification, assessment and intervention for victims of sexual assault. Periodicity of sexual assault training will be established and monitored by the Department of Human Resources.

Support for Employee Victims

The Employee Assistance Program (EAP) in the Human Resources Department will provide support to employees (and their families) affected by sexual violence. This includes ensuring the accessibility of assessment and treatment expertise for victims, perpetrators, and children exposed to the perpetrator's behaviors.

Security

The Security Department is charged with the responsibility of the security of the people, property, and information of the Hospital. This includes staff and patients whose lives are affected by sexual assault. Security should be notified for problems requiring patient or visitor restraint, cases of unruly patients and/or visitors, or patients and/or personnel at risk. Security is often preventive in nature; that is, if one ever contemplates that the Security Force may be necessary, Security should be called. Often the arrival of Security prevents a situation from escalating.

The Security Department will prioritize victim and staff safety, and will coordinate with medical personnel and local law enforcement (when appropriate) to ensure the safety of the victim in different areas of the hospital, separate the perpetrator

from the victim, and address the threat of workplace violence for an employee. All procedures respect the dignity of the victim, and value giving the victim control over the decisions made related to his or her safety.

Policy Evaluation and Implementation

As part of its policies and practices, the hospital has created a Domestic Violence Committee. This committee includes representatives from the major medical departments. The Committee meets monthly to ensure that the institution is meeting the needs of patients, regarding the right of patients to be free of abuse, and quarterly with Security, Hospital Administration, Human Resources, and community Domestic Violence Victim Advocates.

Emergency Shelter

While all efforts will be made for safe discharge with DV advocates and/or patient supports, patient safety upon discharge is priority. Any safety planning, including safe discharge decisions should be led by the patient's safety assessment in collaboration with staff social workers and/or community victim advocates. Victims of sexual assault who are in imminent danger from their abuser, and have no alternative safe refuge, will be given temporary refuge in the hospital for up to 24 hours until alternative forms of safe discharge can be found.

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Appendices

UHC Domestic Violence Committee

One of the essential qualities of the clinician is interest in humanity, for the secret of the care of the patient is in caring for the patient.

FW Peabody 1927

Appendix A – Applicable Utah State Statutes

Title of Offense	Utah Code
Relevant Intimate Partner Violence Statutes	
Cohabitant Abuse Definitions	§78B-7-102
Cohabitant Abuse Procedures Act Definitions	§77-36-1
Assault	§76-5-102
Injury Reporting Requirements by Health Care Provider	§26-23a-2
Commission of Domestic Violence in the Presence of a Child	§76-5-109.1
Relevant Vulnerable Adult Abuse Statutes	
Abuse, Neglect, or Exploitation of a Vulnerable Adult	§76-5-111
Reporting Requirements for Vulnerable Adult Abuse	§76-5-111.1
Relevant Human Trafficking Statutes	
Human Trafficking-Human Smuggling	§76-5-308
Aggravated Human Trafficking and Aggravated Human Smuggling	§76-5-310
Multi-Agency Strike Force to Combat Violent and other Major Felony Crimes Associated with Illegal Immigration and Human Trafficking	§67-5-22.7
Reporting Requirements for Child Abuse and Neglect	§62A-4a-403
Injury Reporting Requirements by Health Care Provider	§26-23a-2
Relevant Child Abuse & Neglect Statutes	
Child Abandonment/Child Abuse	§76-5-109
Sexual Abuse of a Child	§76-5-404.1
Rape of a Child	§76-5-402.1
Forcible Sexual Abuse	§76-5-404
Unlawful Sexual Activity with a Minor	§76-5-401
Sexual Abuse of a Minor	§76-5-401.1
Unlawful Sexual Conduct with a 16 or 17 year old	§76-5-401.2
Emotional Abuse of a Child– Definitions	§78A-6-105
Neglect of a Child	§78A-6-105
Reporting Requirements for Child Abuse and Neglect	§62A-4a-403
Protective Custody of a Child	§62A-4a-407
Relevant Sexual Abuse/Assault Statutes	
Sexual Assault Victim Protocols - Definition	§26-21b-102
Rape	§76-5-402
Object Rape	§76-5-402.2
Emergency Contraceptive Services for a Victim of Sexual Assault	§26-21b-201
Injury Reporting Requirements by Health Care Provider	§26-23a-2
Reporting Requirements for Vulnerable Adult Abuse	§76-5-111.1

Reporting Requirements for Child Abuse and Neglect	§62A-4a-403

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Appendix B – Utah Statute of Limitations

Statute of Limitations	Utah Code
Offenses for which Prosecution may be Commenced at Any Time **Capital Felony** **Aggravated Murder** **Murder** **Manslaughter** **Child Abuse Homicide** **Aggravated Kidnapping** **Child Kidnapping** **Rape** **Rape of a Child** **Object Rape** **Object Rape of a Child** **Forcible Sodomy** **Sodomy on a Child** **Sexual Abuse of a Child** **Aggravated Sexual Abuse of a Child** **Aggravated Sexual Assault** **Any predicate offense to a Murder or Aggravated Offense to an Aggravated Murder** **Aggravated Human Trafficking or Aggravated Human Smuggling** **Aggravated Exploitation of Prostitution involving a Child**	§76-1-301
8-year statute of limitations for forcible sexual abuse (§76-5-403.1) provided that the offense was reported to a law enforcement agency within 4 years after commission of the offense	§76-1-302
4-year statute of limitations for all other felonies	§76-1-302(1) (a)
2-year statute of limitations for all misdemeanors	§76-1-302(1)(b)

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Appendix C – Summary of Utah Statutes on Age of Consent*

Age of Consent for Sexual Activity	Practical Application	Reporting Requirements
Minor is **Married† OR** **Emancipated‡ OR** **Member of Armed Services** **(§30-1-2, §30-1-9, §78A-6-803)**	Minor is considered an adult and may consent to any sexual activity	None as long as the sexual activity is consensual
< 14 years old **(§76-5-402.1, §76-5-402.3, §76-5-404.1)**	Minor **CANNOT** consent to any sexual activity, including fondling and sexual touching, regardless of the age of the partner	HCP must report to DCFS or law enforcement
14-15 years **(§76-5-401, §76-5-401.1)**	Minor **CAN** consent to sexual activity IF partner is <4 years older (but is not 18 years or older), and one partner is not < 14 years old, and does not hold a relationship of special trust 76-5-404.1(1)(c)(xix)	HCP must report to DCFS or law enforcement if partner is (a) ≥4 years older than the minor, (b) 18 years or older, (c) a child <14 years old is involved, (d) partner involved holds a relationship of special trust, or (e) is not consensual 76-5-404.1(1)(c)(xix)
16-17 years old **(§76-5-401.2)**	Minor **CAN** consent to sexual intercourse (oral, vaginal, or anal) IF the partner is <7 years older than the minor and the partner does not hold a relationship of special trust 76-5-404.1(1)(c)(xix)	HCP must report to DFCFS or law enforcement if a 16 or 17 year old is engaged in sexual intercourse with a partner who is (a) ≥ 7 years older than the minor, (b) holds a relationship of special trust, or (c) is not consensual 76-5-404.1(1)(c)(xix)

*Period of Minority §15-2-1. The period of minority extends in males and females to the age of 18 years; but all minors obtain their majority by marriage. It is further provided that courts in divorce actions may order support to age 21.

†Marriage by Minors §30-1-9.

- Minors 16 or 17 years old require parental consent for a marriage license
- Minors 15 years of age require parent consent AND written authorization from a judge or court commissioner
- Minors ≤ 14 years of age may not be issued a marriage license

‡Petition for emancipation §78A-6-803. A minor must be ≥ 16 years of age to petition the court for emancipation Return to Table of Contents

IN SUMMARY: As of 5/10/16 the legislative changes with regards to minors engaging in sexual activity:

1) If at least one of the participants is less than 14 years of age report to DCFS;
2) If both participants are minors report to DCFS if there is a 4 year or more age difference;
3) For 15 years and younger, report to DCFS if one of the participants is 18 years or older;
4) For 16-17 years, report to DCFS if one of the participants is 7 years or more older than the minor; or
5) REPORT TO DCFS ANY TIME YOU HAVE A CONCERN REGARDLESS OF AGE

Appendix D – University of Utah Hospital and Community Clinics Algorithms

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Additional References

Intimate Partner Violence Chapter

- Addressing Intimate Partner Violence, Reproductive and Sexual Coercion: A Guide for Obstetric, Gynecologic and Reproductive Health Care Settings
- Centers for Disease Control and Prevention
- Futures Without Violence
- National Consensus Guidelines on Identifying and Responding to DV In Healthcare Settings
- Massachusetts Medical Society. Intimate Partner Violence—The Clinician's Guide to Identification, Assessment, Intervention and Prevention
- Smith, Katherine J. Domestic Violence Hospital Policy—A public health approach to providing optimal care to patients who are or may be victims or perpetrators of domestic violence. A Program of the Violence & Injury Prevention Program. CHIP: Connecticut Health Initiative for Identification & Prevention. Template for chapter outlines.

Vulnerable Adult Abuse Chapter

- Centers for Disease Control and Prevention
- Understanding Elder Abuse Fact Sheet

Human Trafficking Chapter

- Centers for Disease Control and Prevention
- Lederer LJ, Wetzel CA. The health consequences of sex trafficking and their implications for identifying victims in healthcare facilities. Annals of Health Law. 2014:23:61-91
- Massachusetts Medical Society. Human Trafficking—Guidebook on Identification, Assessment, and Response in the Health Care Setting
- Polaris Project

Child Abuse & Neglect Chapter

- Centers for Disease Control and Prevention

Sexual Assault Chapter

- Centers for Disease Control and Prevention

Frequently Asked Questions (FAQs)

What if the patient's condition does not allow them to answer the IPV screening questions?

Defer the IPV screening/questioning until the patient is medically stable.

What if you cannot get a physician to come in the room/support you in reporting an incident?

All health care providers are held to the mandatory reporting requirement standard (Utah Statute §26-23a-2; §76-5-109.1); therefore, any UHC physician or staff can make the report.

Refer to the UHC Policy on Abuse, Neglect, and Exploitation.

You can always consult the medical social worker to assist you in managing these situations.

What should I do if the significant other will not leave the room when trying to ask intimate partner violence-related questions?

Explain to the accompanying family member that the procedure in the Emergency Department (or clinic, etc.) is to examine patients in private and ask the accompanying family member(s) to wait in the waiting room and you will bring them back to the exam room when you are finished.

If the accompanying family member refuses to leave then either:

1) defer the IPV screening if you are unable to do it privately; or

2) if you feel that the patient is in danger, call security to escort the family member from the room.

What if the patient discloses a reportable incident but asks you to promise not to tell anyone?

Refer to the UHC Policy on Abuse, Neglect, and Exploitation Algorithms for the recommended approach to screening or asking questions about abuse and violence. If the patient discloses a reportable incident, explain that you are mandated to report this to the proper authorities. In addition, let the patient know that you have to share this information with the health care team, so that appropriate medical care is provided.

You can always consult the medical social worker to assist you in managing these situations.

Will I have to testify in court if I report an incident?

If you are mandated by law to report an incident, you must do so irrespective of whether you will be required to testify in court or not. That being said, accurate documentation is imperative (see documentation) for:

- *the correct diagnosis*
- *the appropriate medical management of the patient*
- *in assisting the patient with referrals*
- *legal requirements*

How well you document is a determining factor in whether you will be called to testify in court.

If I suspect abuse, and it is proven that no abuse has occurred will I be penalized in any way for recording it in the chart?

Any health care provider that reports in good faith to a law enforcement agency, the Division of Child and Family Services, Division of Aging and Adult Services, or Adult Protective Services of suspected abuse, neglect, or exploitation is immune from civil and criminal liability in connection with the report or other notification.