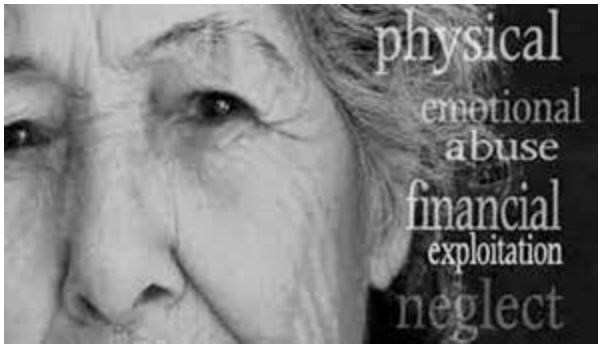
Family Violence Includes:

- Child Abuse, Neglect and Maltreatment
- Domestic Violence/Intimate Partner Violence
- Elder Abuse

- **Human Trafficking can be family violence



Policies:

- PC0162: Identification and Response to Child Abuse, Neglect and Maltreatment
- PC0003: Identification and Treatment of Family Violence, Abuse, Neglect, and Maltreatment

- Policy Statement:

SBUH staff members identify, assess, treat, and/or refer to community agencies all patients who are confirmed or alleged victims of abuse, neglect and or maltreatment.

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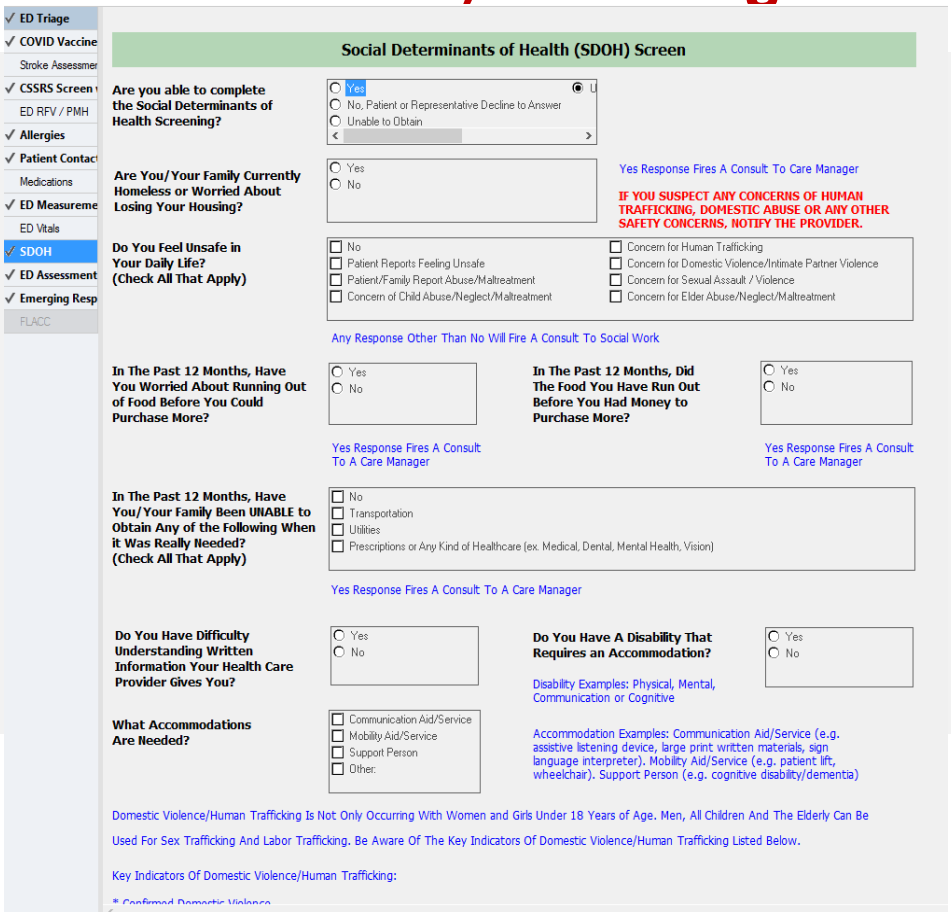
ED (Adult/Pediatrics and CPEP) /OB Triage

Screening for Social Determinants of Health (SDOH) will be completed for **all** patients in ED/OB Triage

If unable to obtain is selected and the patient is admitted, it will fire the Social Determinants of Health (SDOH) screening Task to Nursing



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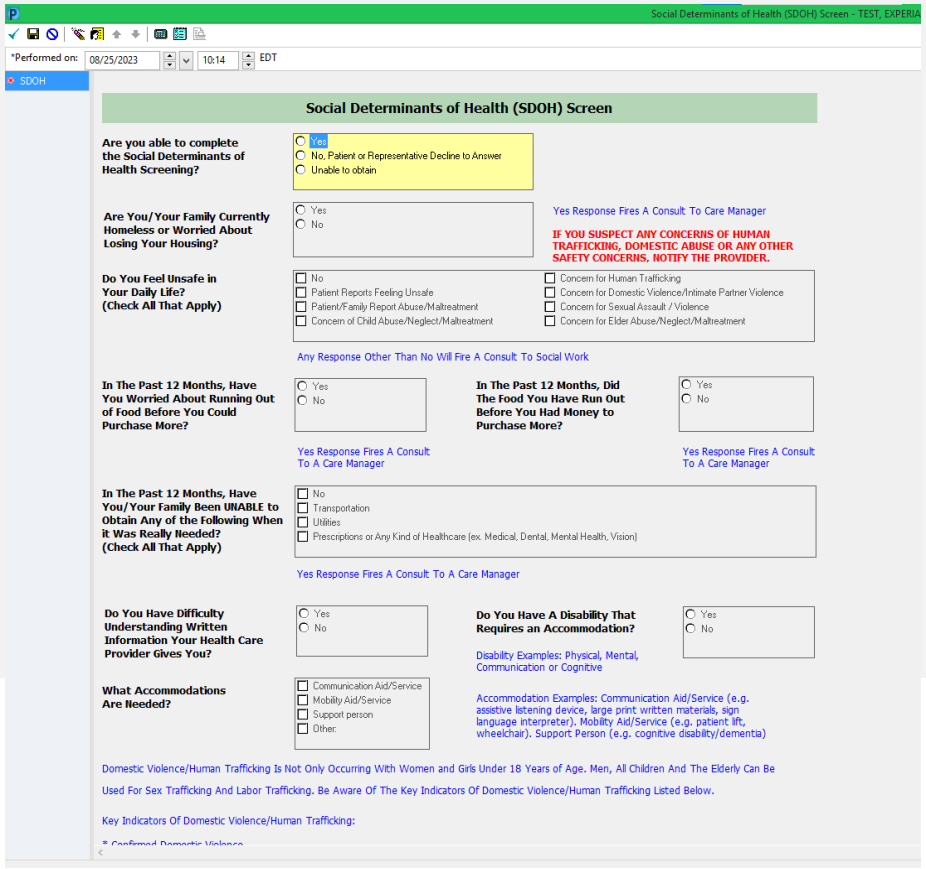
Social Determinants of Health (SDOH) Screening Power form

This form will be tasked to the Nurse on admission and is to be completed on the inpatient units if the screening was not completed in ED/OB Triage



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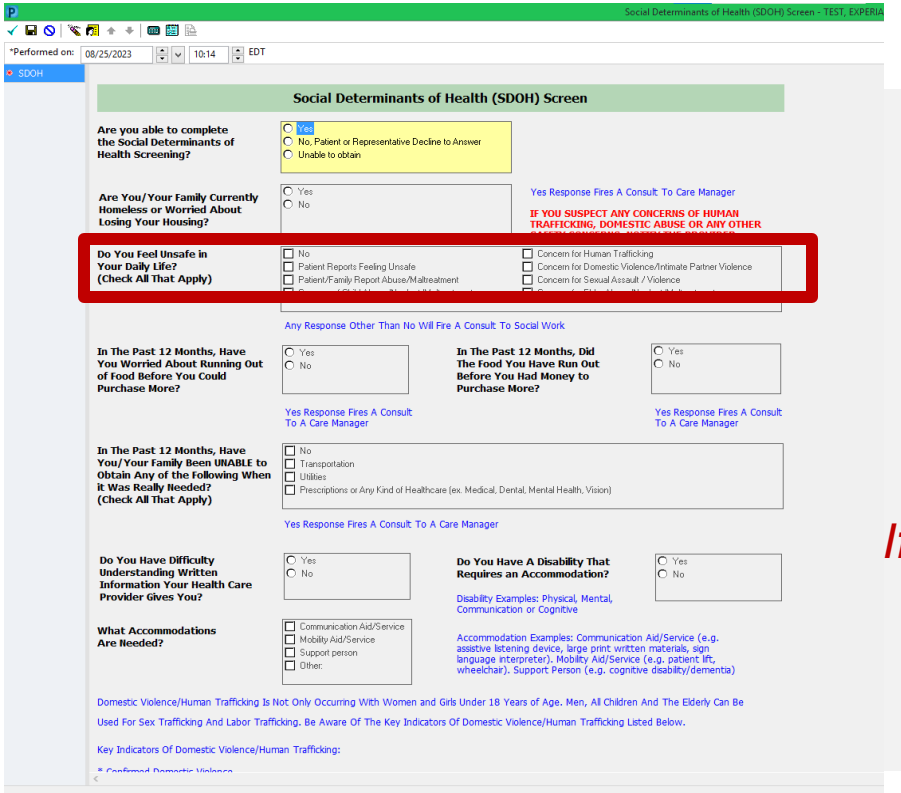
Social Determinants of Health Workflow



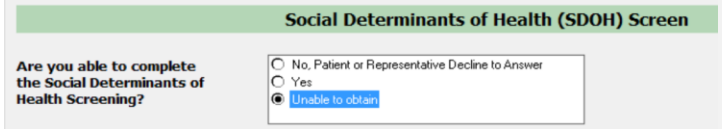
Any "yes" response or response other than "No" will fire consult to social work or care manager for follow-up (as indicated in blue reference text)

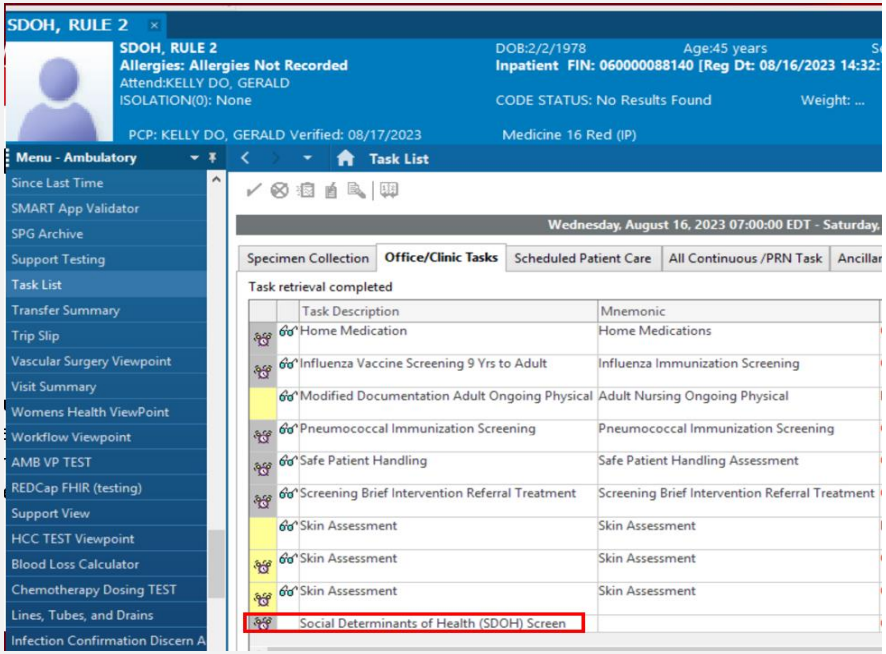
If you suspect any concerns of Human trafficking, Domestic Abuse or any other safety Concern notify the provider

Inpatient SDOH Workflow

Social Determinants of Health (SDOH) Screening Task

If “Unable to Obtain” is charted the task will re-fire Q8 hours until completed.





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Domestic Violence Overview

- Domestic Violence historically was referred to as Spousal Abuse. It is no longer referred to as “Spousal Abuse” due to the fact that the violence crosses into non-married and same gender couples. Intimate Partner Violence(IPV) is the most recent phrase or acronym for this important and serious issue.
- It is defined as pattern of abusive behaviors by one or both partners in an intimate relationship such as dating, family, friends, marriage or cohabitation that is used by one partner to gain or maintain power and control over another intimate partner.
- Domestic violence can happen to anyone regardless of race, age, sexual orientation, religion, or gender.
- Domestic violence is a serious, preventable public health problem affecting more than 32 million Americans or over 10% of the U.S. population.
- One in every four women and one in every seven men will experience domestic violence in her lifetime.
- Of all the woman murdered every year, 1/3 are killed by an intimate partner.

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SEXUAL ASSAULT AWARENESS MONTH

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Domestic Violence Statistics

An average of 24 people per minute are victims of rape, physical violence or stalking by an intimate partner in the US (more then 12 million woman and men over the course of a single year)

1 in 4 woman and 1 in 7 men age 18 and older in the US have been the victim of severe violence by an intimate partner in their lifetime.

Almost half of all women and men in the US have experienced psychological aggression by an intimate partner in their lifetime.

Woman ages 18-24 and 25-34 generally experience the highest rates of intimate partner violence.

Nearly 1 in 10 woman in the US have been raped by an intimate partner in their lifetime.

Children witnessed violence in nearly 1 in 4 intimate partner violence cases

30%-60% of intimate partner violence perpetrators also abuse children in the household

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Domestic Violence Overview

- Alcohol and drug abuse, addiction, and mental illness can be co-morbid with domestic violence, and present additional challenges when present alongside patterns of abuse.
- On a typical day there are more than 20,000 phone calls placed to domestic violence hotlines nationwide.
- The presence of a gun in a domestic violence situation increases the risk of homicide by 500%.
- Intimate partner violence accounts for 15% of all violent crime.
- Women between the ages of 18-24 are most commonly abused by an intimate partner; only 34% of people who are injured by intimate partners receive medical care for their injuries.
- 19% of domestic violence involves a weapon.
- Domestic victimization is correlated with a higher rate of depression and suicidal behavior.

Domestic Violence – Examples of Physical Abuse

- Causing Physical Pain in any way
- Hitting, punching, pinching, kicking with body or other object
- Throwing
- Pulling hair
- Use of a dangerous weapon or deadly weapon including objects not normally used as a weapon;
- Throwing objects
- Burning
- Holding or twisting arms/legs/other parts of body
- Holding back doors or blocking free movement
- Holding person down to trap or hurt

Domestic Violence – Examples of Sexual Abuse

- Any non-consensual sexual contact
- Forcing a sexual activity
- Forcing unwanted sexual behaviors or activities
- Threatening behaviors
- Derogatory Name Calling
- Refusal to use contraception
- Deliberately causing unwanted physical pain during sex,
- Deliberately passing on sexual diseases or infections
- Using objects, toys, or other items without consent

Domestic Violence – Examples of Financial Abuse

- Controlling how all of the money is spent
- Not allowing the victim access to bank accounts
- Withholding money or giving “an allowance”
- Forbidding the victim from attending job training or advancement opportunities
- Forcing the victim to write bad checks or file fraudulent tax returns
- Running up large amounts of debt on joint accounts, taking bad credit or loans
- Hiding assets
- Stealing the victim’s identity, property or inheritance
- Refusing to pay bills and ruining the victims’ credit score
- Refusing to pay or evading child support or manipulating the divorce process by drawing it out by hiding or not disclosing assets

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Domestic Violence – Examples of Psychological or Emotional Abuse

- Humiliating the victim in public or private
- Demeaning the victim in public or private
- Controlling what the individual can and cannot do
- Withholding information from the individual
- Deliberately doing something to make the individual feel diminished or embarrassed
- Isolation the Victim from friends and/or family
- Convincing the victim that they are “crazy”
- Purposely causing undo stress to the victim
- Blaming the victim consistently for issues or problems in the relationship
- Making unreasonable demands
- Criticizing for incomplete task
- Demanding
- Gaslighting
- Stalking

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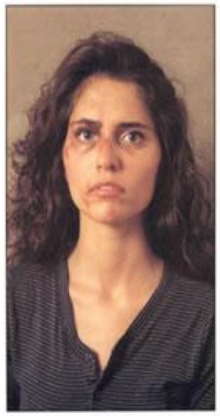
Why do people stay in abusive relationships?



He says he needs me

The victim:

- fears the abuser's violent behavior and will escalate if they try to leave
- loves his/her abuser and believes (s)he will change
- believes abuse is a normal part of a relationship
- is financially dependent on the abuser
- wants her/his children to have two parents.
- religious and/or cultural beliefs preclude them from leaving
- low self-esteem and belief they are to blame for the abuse
- is embarrassed to let others know he has been abused
- has nowhere to go if he leaves
- fears retribution from the abuser's friends or family

Why Won't They Leave?

People who have never been abused often wonder why a person wouldn't just leave an abusive relationship. They don't understand that leaving can be more complicated than it seems.

Leaving is often the most dangerous time for a victim of abuse, because abuse is about power and control. When a victim leaves, they are taking control and threatening the abusive partner's power, which could cause the abusive partner to retaliate in very destructive ways.

Aside from this danger, there are many reasons why people stay in abusive relationships. Here are just a few of the common ones:

Fear: A person may be afraid of what will happen if they decide to leave the relationship.

Believing Abuse is Normal: A person may not know what a healthy relationship looks like, perhaps from growing up in an environment where abuse was common, and they may not recognize that their relationship is unhealthy.

Safety Plan

One of the key errors in attempting to support a patient or colleague who is experiencing Domestic Violence/ Intimate Partner Violence is suggesting they " get out immediately".

More critical is working with them to clarify a personalized safety plan and preparing to activate that safety plan while in a the relationship, outlining steps to take while in the relationship, planning on leaving , or even after you leave.

Components of a safety plan are;

Telling a trusted source- friend, family, or neighbor

Having financial ability to leave for a few days

Making safe plan for children as needed should they witness violence

Having memorized phone numbers for crisis hot lines and shelters specific for IPV

Having a friend who is aware of your crisis and opening their home to you in an emergency

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Role of Social Work

Social Work is called to respond to suspected or confirmed cases of Domestic Violence*:

- Assist finding a safe place to go away from the violence if patient wishes to go
- Counseling and Crisis intervention
- Safety Planning for self and family
- Assessment in regards to safety of children if applicable
- Give information about resources in the community, including housing, financial help, legal services
- Give pertinent information and resources in regards to legal rights such as order of protection process, etc.
- Referral to other resources such as mental health, substance use disorder as indicated

- In the case of a sexual assault case a SAFE nurse and Police may be involved.
- Social work remains available if needed.

Intervention Questions

The American Medical Association, which suggests phrasing questions in your own words, offers the following examples:

- Are you in a relationship in which you've been physically hurt or threatened by your partner? Have you ever been in such a relationship?
- Are you (have you ever been) in a relationship in which you felt you were treated badly? In what ways?
- Has your partner ever destroyed things you cared about?
- Has your partner ever forced you to have sex when you didn't want to? Have you been forced to engage in sex that makes you feel uncomfortable?
- We all fight at home. What happens when you and your partner fight or disagree?
- Do you ever feel afraid of your partner?

Intervention Ideas

I'll say something like, “What you've just told me doesn't explain your injury. Is there a reason you're hesitant to tell me more about it? Is there something else you'd like to say?”

Sometimes that helps the patient realize that you're trustworthy and she can tell you what's happening to her.

Future Domestic Violence Screen

Increasingly, medical groups and hospitals are developing their own domestic violence protocols.

HITS:

Does your partner **H**urt you?

Insult you or talk down to you?

Threaten you with harm?

Scream or curse at you?

The questioner scores one point if the answer is "never“, two points if the answer is "rarely“, three points for "sometimes, ,four points for "fairly often“, and five points for "frequently“.

A total score of more than 10 points indicates abuse.

Reportable Injuries

Injury Reporting Laws:

New York State's Penal Law requires that:

All injuries resulting from discharge of a firearm, and all potentially life-threatening injuries inflicted by a knife or other sharp object, must be reported to the local police. (§ 265.25)

All 2nd or 3rd degree burns to 5% or more of the body, all respiratory tract burns, and all burns which might result in death, must be reported in writing within 72 hours to the Office of Fire Prevention and Control. (§ 265.26)

These reports must be made by the physician or manager in charge of the case, and intentional failure to report is a class A misdemeanor.

There is no mandatory reporting of adult domestic violence in New York State.

Signs and Symptoms of Physical Abuse

Indicators of Domestic Violence - Physical Abuse

- Old bruises
- Explanation inconsistent with injury
- Injuries to face, arms, neck, throat, chest, abdomen or pelvic area
- Bilateral bruises
- Burns in unusual shapes, sizes, or locations
- Injuries in different stages of healing
- Have frequent injuries, with the excuse of “accidents”
- Dress in clothing designed to hide bruises or scars (e.g. wearing long sleeves in the summer or sunglasses indoors)

Domestic Violence - Indicators of Sexual Abuse

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

Indicators of Domestic Violence - Behavioral Signs

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

General Presenting Issues

- Headache or migraine
- Increased depression or anxiety
- Increased substance use
- Recent noticeable weight gain or loss
- Abdominal pain
- Pelvic pain
- Upset stomach or other gastrointestinal issues
- Dizziness
- Insomnia and other sleep disturbances
- General malaise
- Unexplained bruises
- Multiple bruises(different stages of healing)
- Evasive answers
- Injuries that aren't consistent with the story being told
- Multiple visits to ED

Signs and Symptoms of Domestic Violence

Other Signs and Symptoms of Domestic Violence

- Panic or depression
- Injuries in various stages of healing.
- Pattern injuries—those in which a hand or finger mark, or a shoe tip, belt buckle, signet ring, cord, or other object is outlined on the body.
- Defensive injuries, such as those to the midulnar region.
- Injuries to the head, neck, upper body, and,
- in pregnant women, the abdominal area.
- Overbearing partner
- Partner who won't leave patient's side
- Partner who won't let the patient answer for herself
- Partner who seems to control what the patient is saying or corrects the patient
- Stories that differ in regards to injury

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Who Do You Contact?

- Unlike Child Abuse, there is no “mandated reporter” duty for Adult Family Violence.
- POLICE: In situations with severe injuries such as stabbing, gunshot, or multiple trauma the police need to be contacted. If you think the person is in imminent danger, contact the police (911 gets our Stony Brook Police who triage to the local precincts as needed).
- In other situations, the victim needs to consent prior to a call to police or any other response agency.
- Contact Social Worker by calling the Office at 4-2552 during normal business hours and on weekend days or by paging the On Call Social Worker via the operator on off-hours.
- For patients of Sexual Assault with patient consent- Contact the SANE/SAFE nurse via the operator and/or ECLI-VIBS Emergency Room Companion (ERC)Program at their hotline number (631)360-3606.
- The SANE nurse is involved in collection of evidence and clinical exam while the ERC provides emotional support, information and referrals.

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External Resources - Domestic Violence

Social Work, SBUH: 631-444-2552

Long Island Domestic Violence (631) 666-8833

ECLI-VIBS: 24-Hour Hotlines, 7 days a week: (631) 360-3606

Retreat 24-Hour Hotline, 7 days a week (Hotline) (631) 329-2200

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Elder Abuse Statistics

- Data on elder abuse in domestic settings suggest that only 1 in 14 incidents, come to the attention of authorities.
- There is an estimated 5 million elder abuse cases a year in the United States.
- Most abusers are family members (70%), most commonly adult children (40%).
- Every year approximately 5 million older Americans are victims of physical, psychological and/or other forms of abuse and neglect
- Older adults who require assistance with daily life activities are at increased risk of being emotional abused or financially exploited.
- Approximately 50% of older adults with dementia are mistreated or abused.
- An estimated 13.5% of older adults have suffered emotional abuse since the age of 60.

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Seven Types of Elder Abuse

Physical abuse. Use of physical force that may result in bodily injury, physical pain, or impairment. Can also include force feeding, and physical restraints.

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

Emotional Abuse. Infliction of anguish, pain, or distress through verbal or non-verbal acts. Includes insults, threats, intimidation, humiliation and harassment and non physical punishment. Silent treatment and enforced social isolation are also examples.

Financial/Material Exploitation. Illegal or improper use of an elder's funds, property, or assets including cashing their check without permission, coercing or deceiving an older person into signing any document.

Neglect. Refusal, or failure, to fulfill any part of a person's obligations or duties to an elderly person. Neglect also includes situations where a caregiver refuses to pay for or set up necessary home care or other services.

Abandonment. The desertion of an elderly person by an individual who has assumed responsibility for providing care for an elder, or by a person with physical custody of an elder.

Self Neglect. Characterized as the behavior of an elderly person that threatens their own health or safety. Self negect generally manifest itself in an older person as a refusal or failure to provide themselves with adequate food, water, clothing, shelter, personal hygiene, medication and safety precautions.

Indicators of Elder Abuse - Neglect

- Unusual weight loss, malnutrition, dehydration
- Untreated physical problems such as bed sores
- Unsanitary living conditions: dirt, bugs, soiled bedding and clothes
- Being left dirty or unbathed
- Unsuitable clothing or covering for the weather
- Unsafe living conditions (no heat or running water; faulty electrical wiring, other fire hazards)
- Over or under medicated
- Lack of home care even though indicated
- Lack of necessary and indicated services

Indicators of Elder Abuse - Financial

Significant withdrawals from the elder's accounts

- Sudden changes in the elder's financial status, large or consistent withdrawals
- Homelessness,
- Inability to pay utilities, rent or other bills,
- Suspicious changes in wills, power of attorney, and policies,
- Financial activity the senior couldn't have done, such as an ATM withdrawal when the account holder is bedridden
- Increase in anxiety when the elder is discussing finances
- Care takers refusal to plan for necessary patient care
- Unapproved and suspicious changes in titles, car, real estate etc.

Indicators of Elder Abuse - Sexual

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

Indicators of Elder Abuse - Physical

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

Other Indicators of Elder Abuse & Resources

Emotional Elder Abuse

- Behavior such as belittling, threats, harassment and intimidation
- Humiliation and ridicule by the caretaker
- Ignoring of the elderly person by the caretaker
- Isolating an elder from friends or activities
- Terrorizing or menacing the elderly person
- Strained or tense relationships, frequent arguments between the caregiver and elderly person
- Elderly person's increased anxiety or depression

Abandonment:

- Change in appearance, weight loss, unkempt
- Sudden changes address
- Unclear care giver situation
- Homelessness
- Inability to reach family
- Family refusing to pick up patient
- Family in disagreement with discharge plan of care and unavailable for discharge

Self Neglect:

- Refusal to allow treatment
- Not getting necessary medical care
- Refusal to obtain medication
- Not eating to the point of malnourishment
- Poor hygiene
- Living in dirty, unsanitary, or hazardous condition
- Increased alcohol or drug use

Elder Abuse Resources:

Suffolk County Office for the Aging
(631) 853-8200

Adult Protective Services
(631) 854-3195

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Elder Abuse Enhanced Multidisciplinary Team (E-MDT)

Program Overview

The elder abuse enhanced multidisciplinary team, or E-MDT, is made up of professionals from various fields brought together to discuss complex cases of elder abuse and create action plans to offer resources and services to the victim through a collaborative approach to elder justice.

Make a Referral

Haley Gordon
Program Coordinator
Contact Information:
(631) 439-0480 ext. 313
haley.gordon@eac-network.org

EAC NETWORK
EMPOWER. ASSIST. CARE.

Internal Contacts & Questions

- **Main Social Work Office: (631) 444-2552**
- Susan McCarthy, Director of Social Work(631) 444-3215
- Fatima Calle, Assistant Director Social Work (631) 638-2367
- Shatara Jean, Social Work Supervisor (631) 444-3104
- Michelle Tepper, Family Violence Prevention (631) 358-6037