EXAMPLE – HEALTHCARE SYSTEM POLICY

SUBJECT: Abuse, Neglect, and Violence – Patient Identification, Intervention, and Mandated Reporting

POLICY NUMBER: [Policy Number]  DATE APPROVED: [Date Policy Approved]

APPLIES TO: Acute and Non-Acute Care Facilities

PURPOSE
The purpose of this Policy is to establish expectations that each [insert name] facility will establish a procedure, or procedures, in accordance with applicable laws, regulations, and other [insert name] policies and procedures, to assist in the 1) identification of patients or families who may be impacted by abuse, neglect, or violence, such as human trafficking or any other type of mistreatment identified by laws and regulations, 2) provision of trauma-informed assistance to affected patients or families, including any specific assistance required by laws and regulations, and 3) completion of requirements to report abuse, neglect, or violence to internal or external authorities or agencies as defined and required, or otherwise permitted, by laws and regulations.

POLICY
It is the policy of [insert name] to

1. Provide trauma-informed victim assistance, including any specific assistance required by applicable laws and regulations, to patients or families who may be impacted by abuse, neglect, or violence, such as human trafficking or any other type of mistreatment identified by applicable laws and regulations.

2. Protect all persons who are on-site at a [insert name] facility, including vulnerable patients who may be impacted by abuse, neglect, or violence as described above. This includes conducting an objective investigation and analysis in a timely and thorough manner if abuse, neglect, or violence is known, suspected, or alleged to have occurred on-site while the victim was a patient under the facility’s care and service.

3. Complete facility requirements to report abuse, neglect, or violence, as defined and required, or otherwise as appropriate and permitted, by applicable laws and regulations, and assist physicians, staff, contract employees, and volunteers with individual requirements to report abuse, neglect, or violence, as defined and required, or otherwise as appropriate and permitted, by applicable laws and regulations.
As such, each acute and non-acute care facility will develop and adopt an appropriate Abuse, Neglect, and Violence procedure, or procedures, in accordance with applicable laws, regulations, and other [insert name] policies and procedures, to meet these policy expectations. Model procedures are provided for various patient care environments.

EXAMPLE – MODEL PROCEDURE

**SUBJECT:** Abuse, Neglect, and Violence – Patient Identification, Intervention, and Mandated Reporting

**PROCEDURE NUMBER:** [To be assigned by FACILITY]  
**EFFECTIVE DATE:** [Date Approved]

This model procedure is provided as a template. Each facility must identify and incorporate any provisions required by applicable laws, regulations, and other [insert name] policies/procedures that apply to the facility, its locality, and to its individual physicians, staff, contract employees, and volunteers. This procedure should be reviewed, edited, and approved by a multidisciplinary group of stakeholders, including system and facility leadership and representatives for physicians, nurses, social workers, chaplains, patient registration staff, security officers, patient safety officers, educators, and forensic examiners [e.g., the local sexual assault response team (SART) center or equivalent setting such as the nearest emergency department with forensic examiners available]. Once final, remove all red text and adopt the facility procedure as normal.

**PATIENT CARE – IDENTIFICATION, INTERVENTION, AND MANDATED REPORTING**

Reminder: The first guiding principle of a trauma-informed approach is safety. As such, the safety and medical well-being of the patient always comes first.

For nonclinical staff:

A. Observe patients and families for risk factors and signs or symptoms (verbal/nonverbal indicators) of abuse, neglect, or violence, including human trafficking and other types of mistreatment identified by applicable laws and regulations. Verbal indicators include patient statements alleging or describing situations of abuse, neglect, or violence, such as human trafficking or other types of mistreatment identified by applicable laws and regulations. [Include reference materials; for example, CommonSpirit Health provides a document to its staff called “Definitions, Risk Factors, and Indicators Associated with Abuse, Neglect, and Violence”: https://commonspritpophealth.org/programs-tools/violence-human-trafficking/].

B. Report safety concerns (e.g., abuser is on-site or might arrive on-site) to appropriate Chain of Command, Security, or Patient Safety Officer/Risk Manager. (Please note that suspected or alleged abusers can include employees, physicians, volunteers, contract employees, family members, visitors, and other patients).

C. Document concerns as appropriate.

D. Report known, suspected, or alleged abuse, neglect, or violence, as defined by applicable laws and regulations, to internal or external authorities or agencies as required or permitted by laws or regulations, and appropriately maintain any written documents that are required.
in this process as outlined by [insert facility policy, procedure(s), or guideline(s) that outline the process of maintaining documents that are required during mandated reporting].

1. If a supervisor is notified, then that person will assist in the reporting of abuse, neglect, or violence, as defined by applicable laws and regulations, to internal or external authorities or agencies, as required or as appropriate and permitted by laws and regulations, and will maintain any written documents that are required in this process as outlined by [insert facility policy, procedure(s), or guideline(s)].

E. If there are concerns regarding procedural steps, particularly a variance or breakdown in policies or procedures, notify appropriate Chain of Command and complete an event report. This includes a lack of response or negative response from private or public community agencies (e.g., county welfare agencies, law enforcement agencies, and non-governmental organizations that provide victim advocacy, support, or other services).

F. Contact appropriate Chain of Command or the Employee Assistance Program (EAP) for concerns regarding secondary traumatic stress, as needed.

For clinical and spiritual care staff, including physicians, clinical contract employees, and chaplains: Note: A one-page summary of steps A-J is provided below.

A. Observe or assess/reassess the patient or family for risk factors and signs or symptoms (verbal/nonverbal indicators) of abuse, neglect, or violence, including human trafficking and other types of mistreatment identified by applicable laws and regulations, upon admission or entry into the facility and with change in condition. Verbal indicators include patient statements alleging or describing situations of abuse, neglect, or violence. [Include reference materials; for example, CommonSpirit Health provides a document to its staff called “Definitions, Risk Factors, and Indicators Associated with Abuse, Neglect, and Violence”: https://commonspiritpophealth.org/programs-tools/violence-human-trafficking/].

B. Report safety concerns (e.g., abuser is on-site or might arrive on-site) to appropriate Chain of Command, Security, or Patient Safety Officer/Risk Manager. (Please note that suspected or alleged abusers can include employees, physicians, volunteers, contract employees, family members, visitors, and other patients).

C. Document risk factors, observable signs/symptoms, and additional information as appropriate in the electronic medical record.

D. For patient or family exhibiting risk factors for or signs/symptoms of abuse, neglect, or violence, such as human trafficking or other types of mistreatment identified by applicable laws and regulations, make a referral to Social Work, Chaplaincy, or other personnel (e.g., forensic examiners) to provide professional emotional, spiritual, or other support to the patient or family, if and when such support personnel are available.

E. Provide the patient or family with abuse, neglect, or violence education, as appropriate, including contact information for hotlines or community agencies (e.g., county welfare agencies, law enforcement agencies, and non-governmental organizations that provide victim advocacy, support, or other services), and ask if the patient requires assistance. (See PEARR Tool: Trauma-Informed Approach to Victim Assistance in Health Care Settings: https://commonspiritpophealth.org/programs-tools/violence-human-trafficking/).

F. Facilitate referrals, as appropriate and as requested by patients or families, to public and private community agencies that can provide or arrange for additional assistance, assessment, or care (e.g., county welfare agencies, law enforcement agencies, and non-governmental organizations
that provide victim advocacy, support, or other services). (See PEARR Tool: Trauma-Informed Approach to Victim Assistance in Health Care Settings: https://commonspiritpophealth.org/programs-tools/violence-human-trafficking/).

G. Report known, suspected, or alleged abuse, neglect, or violence, as defined by applicable laws and regulations, to internal or external authorities or agencies, as required or permitted by laws and regulations, and maintain any written documents that are required in this process as outlined by [insert facility policy, procedure(s), or guideline(s)].

1. If a supervisor is notified, then that person will assist in the reporting of abuse, neglect, or violence, as defined by applicable laws and regulations, to internal or external authorities or agencies, as required or as appropriate and permitted by laws and regulations, and will maintain any written documents that are required in this process as outlined by [insert facility policy, procedure(s), or guideline(s)].

H. If the patient, or patient’s legal guardian, accepts or requests a forensic examination for evidence collection [e.g., a sexual assault forensic examination (SAFE), commonly known as a “rape kit”], then notify the forensic nurse examiner, sexual assault nurse examiner (SANE), or other forensic examiner. If a forensic examiner is not available, then the patient must be medically cleared, as expeditiously as possible, before transport to [insert the sexual assault response team (SART) center or equivalent setting such as the nearest emergency department with forensic examiners available]. For questions or concerns, call [insert contact information for the SART center or equivalent setting].

1. The Violence Against Women Act (VAWA) allows for a forensic evidentiary examination to be completed even if a person declines to make a report with law enforcement or declines to cooperate with a law enforcement investigation.

2. Preserve evidence as much as possible; for example
   a. Minimize physical contact with the patient unless medically necessary, and discourage the patient from washing, eating, drinking, or changing clothes unless medically necessary. Remember, physical and emotional safety of the patient always comes first. As such, in certain situations it may be more appropriate to provide nutrition, hydration, and other patient comfort and basic needs depending on the circumstance(s).
   b. If the patient must urinate, then collect a sample in accordance with [insert facility policy, procedure(s), or guideline(s)]. Note: Although washing, eating, drinking, changing clothes, and urinating is discouraged, these actions do not necessarily disqualify a patient from being eligible for a forensic examination.

3. Medication for sexually transmitted infection (STI) prophylaxis and pregnancy prevention, as well as a referral for HIV post-exposure prophylaxis (PEP), may be provided at the SART Center or equivalent setting as applicable and as appropriate.
   a. For Catholic and non-Catholic hospitals, medications for pregnancy prevention that work by preventing fertilization, such as levonorgestrel (Plan B), can and should be provided as clinically appropriate.

I. If there are concerns regarding procedural steps, particularly a variance or breakdown in policies or procedures, notify appropriate Chain of Command and complete an event report. This includes a lack of response or negative response from private or public community agencies (e.g., county welfare agencies, law enforcement agencies, and non-governmental organizations that provide victim advocacy, support, or other services).

J. Contact appropriate Chain of Command or the Employee Assistance Program (EAP) for concerns regarding secondary traumatic stress, as needed.
STAFF - TRAINING, EDUCATION, AND RESOURCES

During orientation and ongoing training, as determined by the facility and in accordance with applicable laws, regulations, and other [insert name] policies or procedures, educate physicians, staff, contract employees, and volunteers on the following educational topics. [Edit this section as needed to reflect education expectations, including recommended topics and appropriate or available resources. For example, topics may include:

- Definitions, risk factors for, and signs/symptoms (verbal/nonverbal indicators) of various types of abuse, neglect, and violence, including human trafficking and other types of mistreatment identified by applicable laws and regulations
- Use of the PEARR steps to provide trauma-informed victim assistance to patients or families who may be impacted by such abuse, neglect, or violence
- Best practice guidelines for documentation of risk factors and signs/symptoms of such abuse, neglect, and violence
- Procedure(s) for patients who accept/request a forensic evidentiary examination (e.g., SAFE)
- An introduction to trauma-informed patient care, including signs/symptoms of secondary trauma and resources to support self-care and staff resiliency
- How to access the list of private/public community agencies maintained by the facility
- Individual reporting requirements, including guidance on where/how to store any written documents required in the mandatory reporting process
- Additional information about how to provide care and services to patients in a trauma-informed manner, especially strategies that are specific to a particular department, role, or situation

As an example, CommonSpirit Health provides various educational modules and materials to its physicians, staff, contract employees, and volunteers, some of which are available publicly here: https://commonspiritpophealth.org/programs-tools/violence-human-trafficking/.

DEFINITIONS:

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

Community agencies: Private and public community agencies refers to any agency that can provide continued assistance, assessment, and care to patients who may be impacted by abuse, neglect, or violence, such as human trafficking or other types of mistreatment identified by applicable laws or regulations. This includes county welfare agencies, law enforcement agencies, and non-governmental organizations that provide direct support and services to people who are impacted by abuse, neglect, and violence.

Event report: The electronic means for reporting any actual or potential risk of patient harm or process failure. Other names may be in use such as an adverse event report.

Mandated reporter: Person who is required by law or regulation to report abuse, neglect, or violence as defined and required by laws or regulations.

Neglect: CMS defines neglect as the failure to provide goods and services necessary to avoid physical harm, mental anguish, or mental illness.
PEARR Tool: The “PEARR Tool” offers guidance to health professionals on how to provide trauma-informed victim assistance to patients who may be impacted by abuse, neglect, or violence, such as human trafficking or other types of mistreatment identified by applicable laws or regulations. The PEARR steps are based on a universal education approach, which focuses on educating patients about violence first, rather than screening patients with a series of questions. The goal is to have a normalizing and developmentally appropriate conversation with patients in order to create a context for affected patients to naturally share their own experiences and possibly accept further assistance. Download the PEARR Tool here: https://commonspiritpophealth.org/programs-tools/violence-human-trafficking/.

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

Sexual assault forensic examination (SAFE): A sexual assault forensic examination (SAFE) may also be referred to as a sexual assault evidence kit (SAEK), or other name. Forensic examiners are health care professionals who have been instructed and trained to complete a forensic examination. They also provide support and referrals as needed. They can be nurses [e.g., sexual assault nurse examiners (SANEs)], nurse practitioners, physicians, and physician assistants. They perform the exam and testify as witnesses when needed.

Sexual assault response team (SART): A sexual assault response team (SART) is a community-based team that coordinates a response to victims of sexual assault and other types of abuse, neglect, or violence. The team may be comprised of forensic nurse examiners, sexual assault nurse examiners (SANEs), hospital personnel, victim advocates, law enforcement, prosecutors, judges, and other professionals with a specific interest in assisting victims/survivors of sexual assault and other types of abuse, neglect, or violence.

Staff: For the purposes of this document, the word staff is used to indicate physicians, advanced practice providers, employees, volunteers, and contracted employees.

Trauma: The Substance Abuse and Mental Health Services Administration (SAMHSA) frames its concept for trauma around three Es: an Event, the Experience of that event, and the Effect(s). Individual trauma results from an event or series of events or set of circumstances, that is experienced by an individual as physically or emotionally harmful, life-threatening, or otherwise overwhelming, and has lasting adverse effects on the person’s functioning and mental, physical, social, emotional, or spiritual well-being. The following examples of traumatic life events can be experienced by a person of any age: a serious accident, illness, or medical procedure; ongoing racism and other forms of biases or discrimination; physical, sexual, emotional, or other forms of abuse or violence; and natural or manmade disasters.

Trauma-informed: A trauma-informed approach includes an understanding of trauma and an awareness of the impact it can have across settings, services, and populations. This includes understanding how trauma can impact patients and their caregivers. As described by SAMHSA, the guiding principles of a trauma-informed approach are safety; trustworthiness and transparency; peer support and mutual self-help; collaboration and mutuality; empowerment, voice, and choice; and consideration of cultural, historical, and gender issues.
Violence: The World Health Organization (WHO) defines violence to include neglect and all types of physical, sexual, and psychological abuse. Violent acts include, but are not limited to, verbal, mental, physical, and sexual assault or abuse, sexual molestation, rape, human trafficking and other types of exploitation, harassment, stalking, kidnapping/abduction, shootings, corporal punishment, involuntary seclusion, and unlawful physical or chemical restraint. Violent acts can be committed against a patient before, during, or after the person’s visit to a healthcare facility. Also, any person can be a perpetrator, including staff members, physicians, volunteers, contract employees, family members, visitors, and other patients.

REFERENCES:

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

Rape Abuse Neglect Incest National Network (RAINN). What is a Sexual Assault Forensic Exam, https://www.rainn.org/articles/rape-kit


STATUTORY/REGULATORY AUTHORITIES

The Joint Commission 2021

[Insert state law(s) and regulation(s)]
Abuse, Neglect, and Violence
One-page Summary of Model Procedural Steps

Note: This is a high level presentation of steps from the model procedure. Download the PEARR Tool here: https://commonspiritpophealth.org/programs-tools/violence-human-trafficking/.

**Observe or assess/reassess patient** for risk factors and observable signs/symptoms of abuse, neglect, and violence, including human trafficking, upon admission/entry and with change in condition. (See Page 2 of PEARR Tool for examples).

**Report safety concerns** if abuser is on-site or might arrive on-site to Chain of Command, Security, or Patient Safety/Risk. (Abusers can include employees, physicians, volunteers, contract employees, family members, visitors, and other patients).

**Document risk factors, signs/symptoms** (verbal/nonverbal indicators) and additional information as appropriate in electronic medical record.

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

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

**If patient accepts/requests assistance** with contacting community agencies, then **facilitate contact** (e.g., personal introduction) and document as appropriate.

**Report observations, allegations, and suspicions of abuse, neglect, or violence** to internal/external authorities/agencies as required by law, regulation, and policy.

If patient accepts/requests **forensic evidentiary exam**, notify forensic examiner. Otherwise, patient must be medically cleared, **as expeditiously as possible**, before transport to Sexual Assault Response Team (SART) Center or equivalent setting.

**If there are concerns regarding procedural steps**, particularly a variance or breakdown in policies/procedures, notify Chain of Command and **complete event report**. This includes a lack of response or negative response from community agencies.

Contact Chain of Command, Employee Assistance Program (EAP), or other approved resource for concerns regarding **secondary traumatic stress**, as needed.