Emergency Department Recognition and Management of the Abused Victim in the United States

Alexander Matolcsy MD FACEP
Assistant Clinical Professor of Emergency Medicine
University of Massachusetts
Associate Chief Department of Emergency Medicine
Merrimack Valley Hospital

ED Department of the Abused Patient

- Suspect
- Recognize
- Treat
- Report

ED Department of the Abused Patient

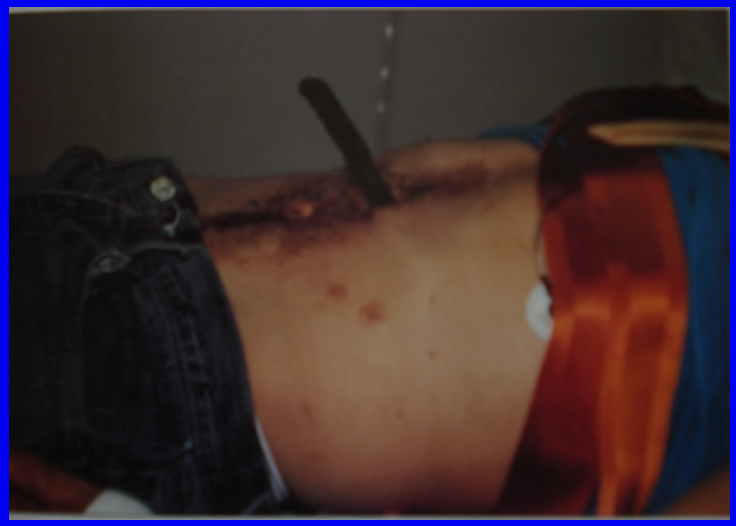
- Violence Shooting or stabbing
- Intimate Partner Violence
- Child Abuse and Neglect
- Elderly Abuse and Neglect
- Rape
- Patient Abuse of ED Staff
- ED Staff Abuse of patient

Suspect and recognize Abuse

- In the United States all residency trained emergency physicians are trained in suspecting abused victims.
- It Is a routine question at triage to ask all patients if they are victims of neglect or abuse

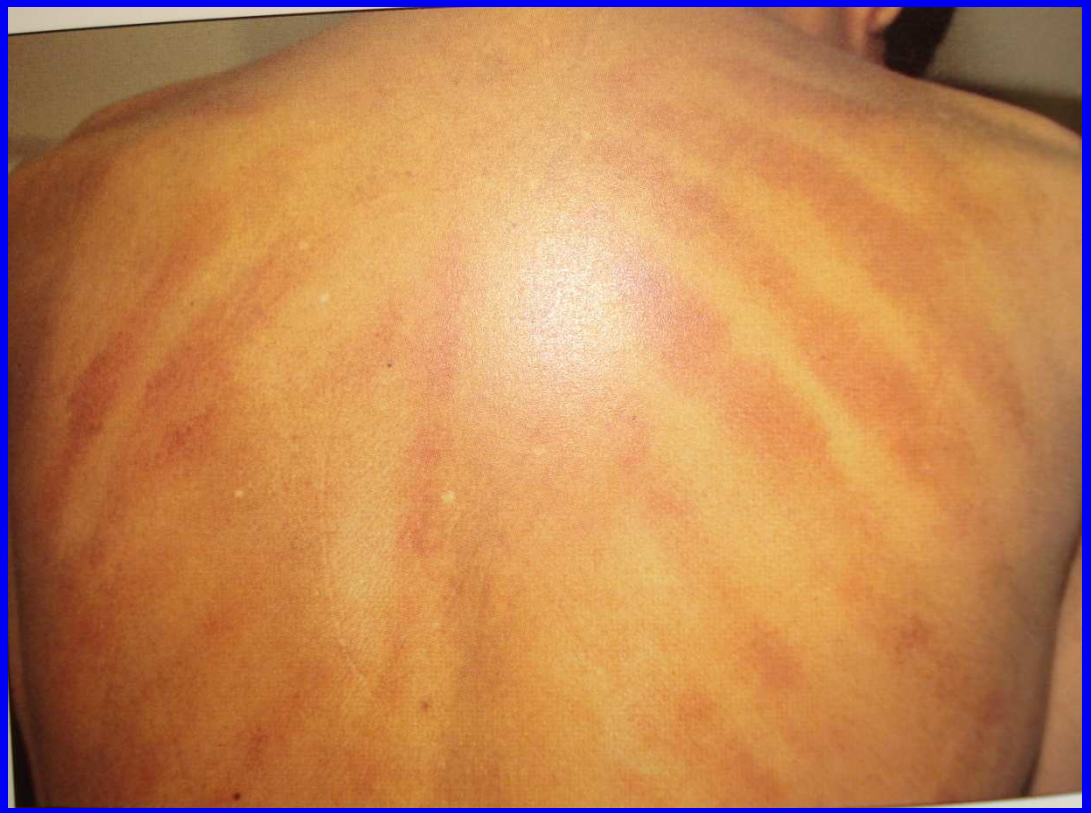
Violence Shooting or Stabbing

Acute trauma in Abuse



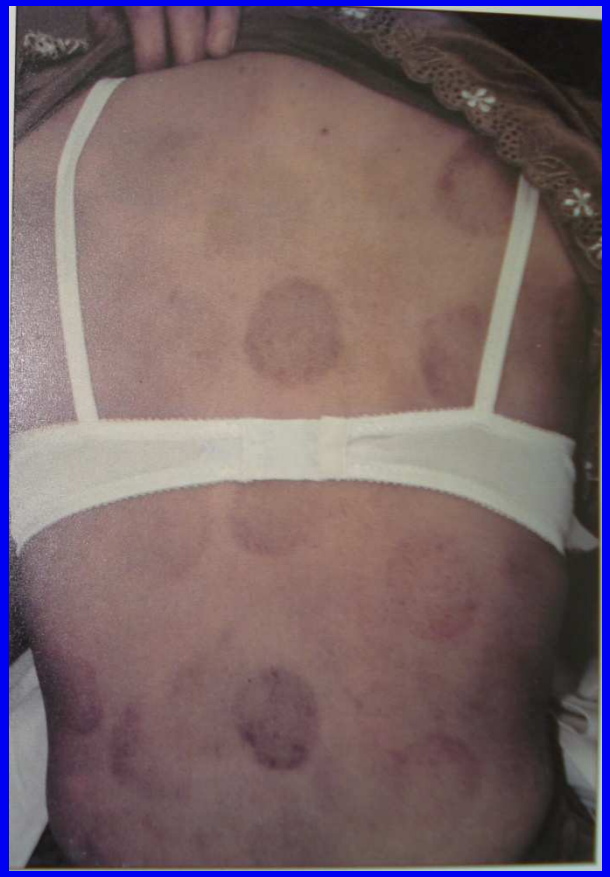
Not Everything is Violence

Coining

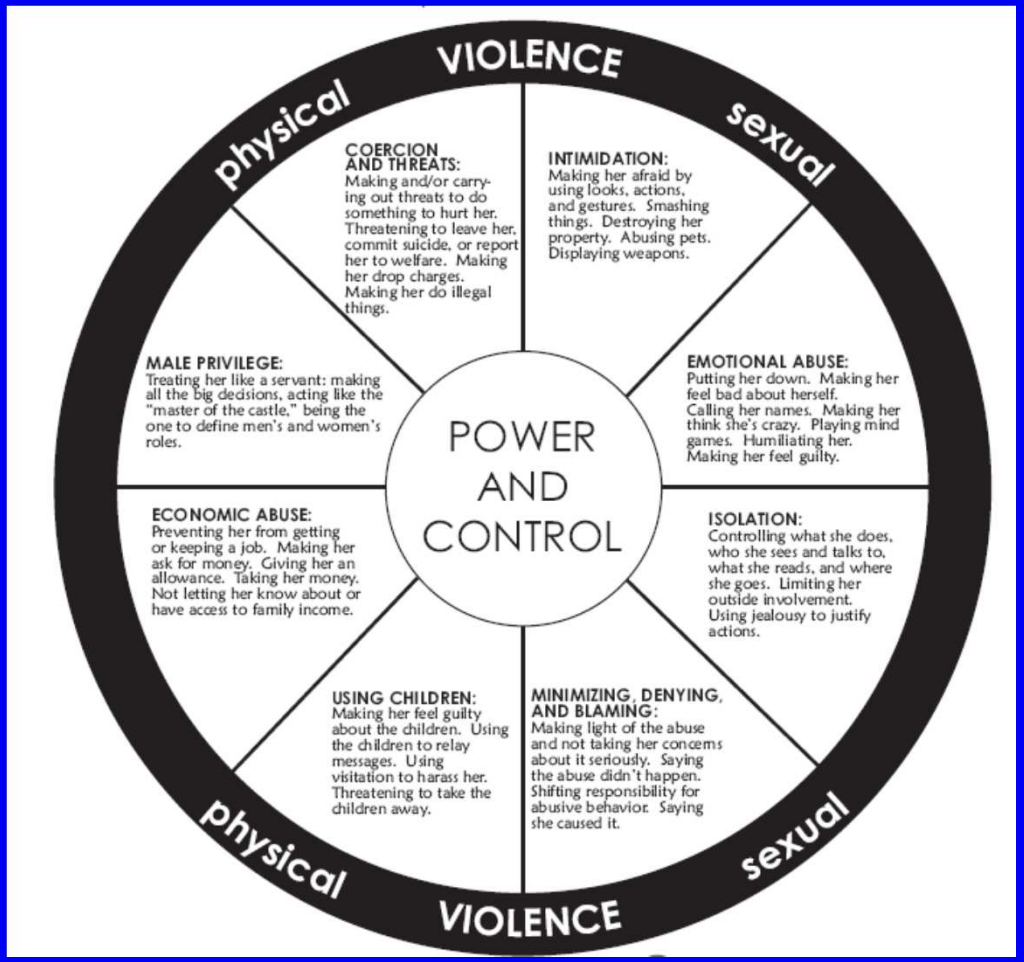


Not Everything is Violence

Cupping



The Mechanisms of Abuse



Suspect and recognize Abuse

Without training on domestic violence, staff members may not realize its severity and prevalence or recognize the characteristics, the injuries, and the behaviors that indicate abuse.

Suspect and recognize abuse

Screening should be

- A part of routine health history
- During every new patient encounter
- When signs and symptoms raise concerns

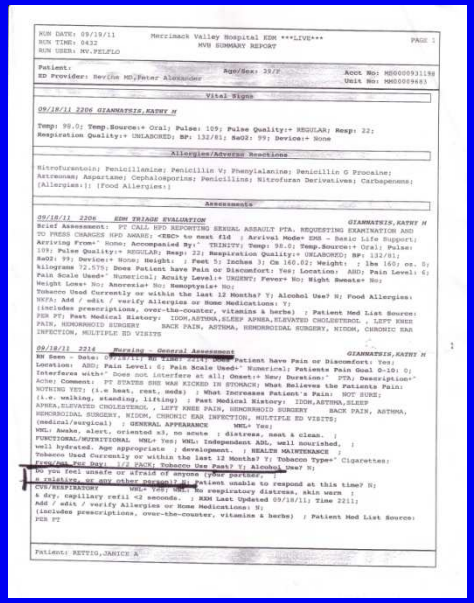
Screening should not be

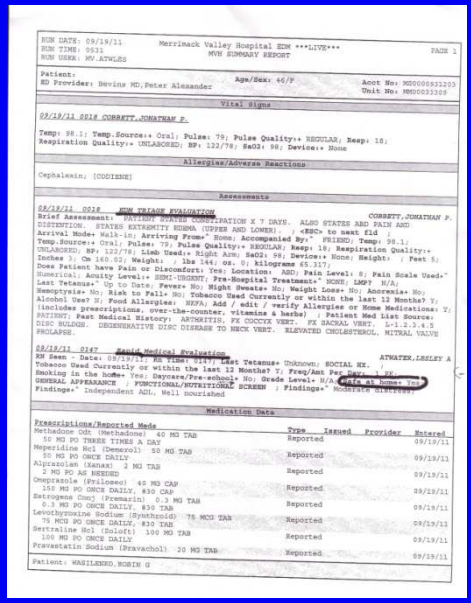
- No privacy
- Screening is unsaved for the patient or provider
- Children present ages 3-12

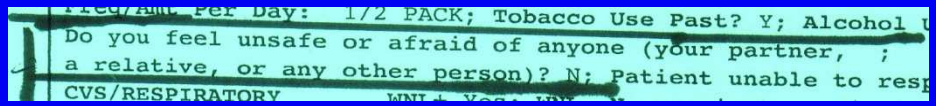
Suspect and recognize Abuse

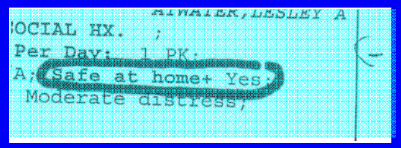
- Do you feel safe in your current environment
- Do you feel safe in your current relationship
- Are you afraid of your partner or anyone else
- Has anyone ever hit you or hurt you
- Threatened you with harm
- Have ever been emotionally abused by some one important to you.
- Have ever been forced to have sex when you did not want it.

Suspect and recognize Abuse









Intimate Partner Violence

Obvious

Intimate Partner Violence

Subtle

Emergency Department Domestic Violence Policy

Policy of Domestic Violence

MERRIMACK VALLEY HOSPITAL

Section: Emergency Department Sec D — **Effective Date: 1/04**
Subject: Domestic Violence — **Revision Date: 4/07, 7/08**
Policy #: — **Revision #: 2**
Approved By: Department of Emergency Medicine

`Scope: **Emergency Department Staff**

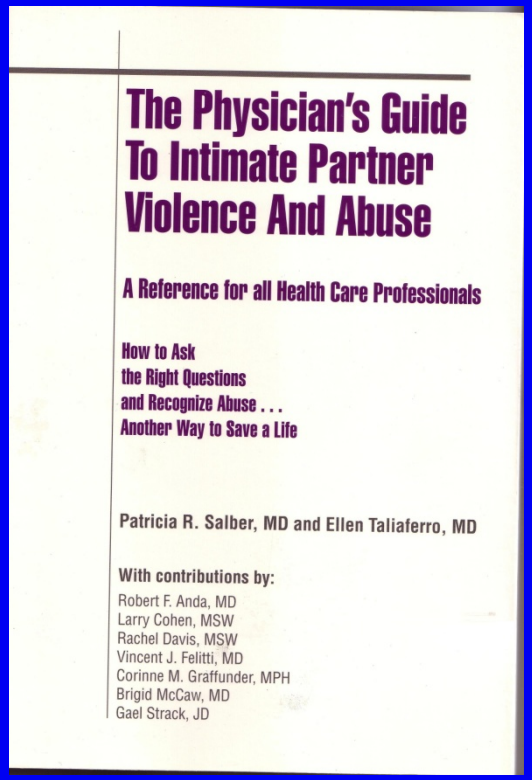
Purpose: **To screen and provide appropriate referrals for patients who are victims of domestic violence.**

Policy: **All Emergency Department patients will be screened for domestic violence, provided with a safe place to obtain healthcare and offered referral information and community options.**

Intimate Partner Violence

Intimate Partner Violence

- The history of the incident is not consistent with the kind of injury
- There is a time delay between injuries and presentation.



Intimate Partner Violence

- A 23-year-old woman comes to your office for evaluation of injuries that she says she sustained after falling down a flight of stairs. Her only injury is a black eye.

- A 50-year-old housewife says she accidentally slipped in the bathtub. She has bruises on both upper arms more suggestive of having been forcibly grabbed.

Screening

- Routinely screen at every visit
- Screen for current abuse and if time allows, screen for history of abuse
- Screen privately (one on one) or with non related trained interpreter
- Ask: What happened?
  - When did it happen?
  - Where did it happen?
  - Who did this?
- Respect patient decision to disclose or not
- Discuss any required reporting
- Include screening questions on intake form

Summary of National Consensus Guidelines for Screening for Intimate Partner Violence and abuse in the ED

Assessment

- Assessment immediate safety
- Assessment health impact of abuse
- Assessment pattern of abuse
- Assessment for danger and potential lethality
- If the danger assessment findings are positive, Assessment potential for suicide and homicide

Summary of National Consensus Guidelines for Screening for Intimate Partner Violence and abuse in the ED

Intervention

- Listen carefully and provide support
  - "I'm concerned for your health and safety"
  - "You are not alone"
  - "Help is available"
  - "It is not your fault"
  - "You don't deserve it"
  - "What happened to you can affect your health"
- Provide information and materials
  - "What can I do for you? "
- Provide a safety plan
- Offer services, including an advocate, social worker, police, shelter, etc.

Summary of National Consensus Guidelines for Screening for Intimate Partner Violence and abuse in the ED

Documentation

- Legible, full signature, maintain confidentiality of records
- Abuse history:

  Subjective information: patient states….

  Objective information: detailed description of patients appearance, behavioral indicators, injuries, and health complaints
- Use of rape kits where appropriate
- Results of physical examination
- Use of body maps
- Photographs (with patients consent)
- Radiologic, laboratory findings, collection of forensic evidence: clothes, debris, etc.
- Any materials and referrals offered
- Results of health and safety assessments

Referral and Follow-up

- Refer to primary care physician, mental health provider, social worker, or intimate partner abuse advocate
- Obtain permission to notify provider
- Know current phone numbers for:
    - Abuse and assault prevention programs
    - Legal services
    - Children's programs
    - Mental health services
    - Law enforcement
    - Substance abuse programs
    - Transportation
    - Local clergy or other community organizations

Crisis Intervention

- Emergency Departments have crisis intervention teams available 24 hours seven days a week.
- They are psychologist trained to manage acute crisis situations of abuse
- They have all the referral institutions connections, safely houses and hospitals who take care of these patients
- They work together with emergency medicine physicians

Signs Suggestive of Intimate Partner Violence

Findings	Comments
Injuries characteristic of violence	Fingernail scratches, broken fingernails, bite marks, dental injuries, cigarette burns, bruises suggesting strangulation or restraint, and rope burns or ligature marks may be seen
Injuries suggesting a defensive posture	Forearm bruises or fractures may be sustained when individuals try to fend off blows to the face or chest
Injuries during pregnancy	Up to 45% of women report abuse or assault during pregnancy Preterm labor, placental abruption, direct fetal injury, stillbirth can occur

Signs Suggestive of Intimate Partner Violence

Findings	Comments
Central pattern of injury	Injuries to the head. Neck, face, and thorax, and abdominal injuries on pregnant woman may suggest violence
Extent or type of injury inconsistent with the patent's explanation	Multiple injuries may be seen at different anatomic sites inconsistent with the described mechanism of injury The most common explanation of injury is a "fall" Embarrassment, evasiveness, or lack of concern with the injuries may be noted
Multiple injuries in various stages of healing	These may be reported as "accidents" or "clumsiness"

Signs Suggestive of Intimate Partner Violence

Findings	Comments
Delay between the time of injury and the presentation for treatment	Victims may wait several days before seeking medical care for injuries Victims may seek care for minor or resolving injuries
Visits for vague or minor complaints without evidence of physiologic abnormality	This pattern may include frequent ED visits for a variety of injuries or illnesses, including chronic pelvic pain and other chronic pain syndromes
Suicide attempts	Women who attempt or commit suicide often have a history of intimate partner violence

Intimate Partner Violence

- The cost of intimate partner violence **exceeds $5.8 billion each year**, $4.1 billion of which is for direct medical and mental health services.
- Victims of intimate partner violence *lost almost 8 million days of paid work* because of the violence perpetrated against them by current or former husbands, boyfriends and dates. This loss is the equivalent of more than *32,000 full-time jobs* and almost *5.6 million days of household productivity* as a result of violence.
- There are 16,800 homicides and $2.2 million (medically treated) injuries due to intimate partner violence annually, which costs $37 billion.

Intimate Partner Violence

Duty to warn

- In 1976, the court ruled in Tarasoff v. Regents of University of California that a psychiatrist had a duty to warn about dangerous patients.

- Poddar killed his girlfriend Tarasoff, after he informed his psychiatric counselor that he will. They didn't believe him when she came back from vacation he killed her.

Intimate Partner Violence

- The American Medical Association adopted a policy in 2000 opposing mandatory reporting for domestic violence for health professionals.

No national mandatory reporting laws
Some states have mandatory reporting laws

- American College of Emergency Physicians adopted a policy in 1997 opposing mandatory reporting to criminal justice system but encourages reporting social services

Intimate Partner Violence

Mandatory Reporters are professionals by law who must report abuse of a vulnerable indiviual.

- Child Abuse
- Elderly Abuse
- Disable or incompetent

- Law Enforcement
- Social Workers
- Professional school Personnel
- Employees of a social service, welfare, metal health, home care, hospice, home health, adult day care, and adult day health agency.
- Owners or employees of nursing homes, boarding homes, or adult family homes.
- Emergency medicine physician.

Intimate Partner Violence

- **One in every four women** will experience domestic violence in her lifetime.
- An estimated 1.3 million women are victims of physical assault by an intimate partner each year.
- 85% of domestic violence victims are women.
- Historically, females have been most often victimized by someone they knew.
- Females who are ***20-24 years of age*** are at the greatest risk of nonfatal intimate partner violence.
- Most cases of domestic violence are never reported to the police.

NATIONAL COALITION AGAINST DOMESTIC VIOLENCE
NCADV
Every Home A Safe Home

Child Abuse and Neglect

In 2008, one out of every 601.4 children were victims of physical abuse, with parents of victims accounting for almost 80.1% of abusers.

Child Abuse and Neglect

Child Maltreatment

- DEFINED AS HARM TO A CHILD BECAUSE OF ABNORMAL CHILD-REARING
- PRACTICES; ULTIMATELY CHILD BATTTERED SYNDROM
- More than 1 million cases reported in the United States annually

    Child Maltreatment includes:

    Physical Abuse

    Sexual Abuse

    Emotional Abuse

    Parental substance Abuse

    Neglect ; Physical, nutritional, emotional

    Munchausen syndrome by proxy

Child Abuse and Neglect

Child Abuse and Neglect policy

MERRIMACK VALLEY HOSPITAL

Section: Case Management
Subject: Child Abuse and Neglect
Policy #: C-2/CM-08

Effective Date: 9/95
Revision Date: 12/04; 03/07; 12/08
Revision Date: 3/10
Revision #: 4

Approved By: Yvette Chabot-Bailey, Director of Case Management

Scope: Case Management, Nursing, Medicine, Emergency Department

Purpose: All children presenting to the Merrimack Valley Hospital will be screened for signs of abuse or neglect. In cases of suspected child abuse or neglect, health care providers will evaluate, intervene, report and refer to proper agencies.

Policy: It is the responsibility of the mandated reporter to identify the suspected abuse or neglect cases and to assess the immediate health needs of the child. The health care provider is responsible for reporting the alleged abuse or neglect to the appropriate state agency so that a plan of care which ensures the child's safety and assistance for the family can be provided.

Child Abuse and Neglect

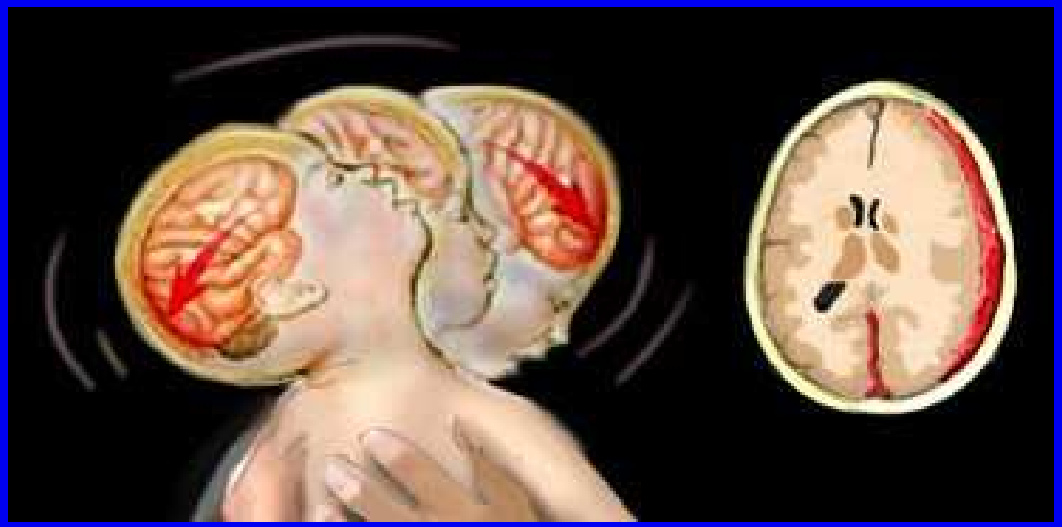
Physical abuse accounts for 17.8%
of documented child abuse cases each year

Child Abuse and Neglect

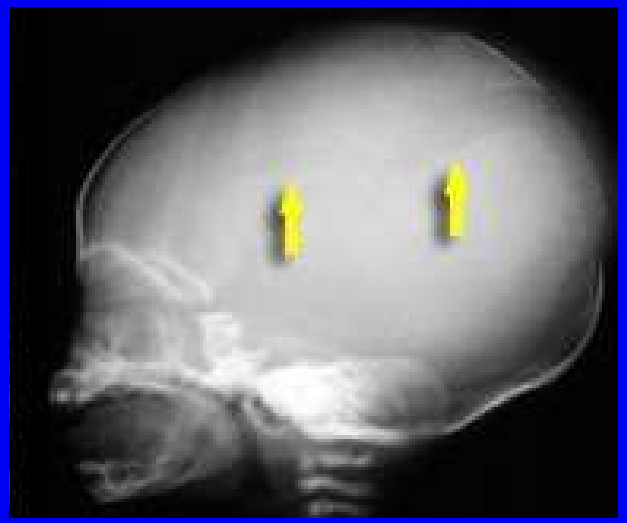
- Case: Ambulance presents at two years old child to my emergency room according to the father with a history of aspiration on peanuts with difficulty breathing.
- On physical examine the child had depressed respirations but found to be unconscious
- The patient was intubated and CT of the head showed multiple skull fractures
- On further questioning the father admitted that he was upset with the child crying and through him against the table.
- Three days later I was in court testifying

Child Abuse and Neglect

Suspected CNS injury to accidental injury



Child Abuse and Neglect



RIGHT: skull fracture crossing suture in abused child

Child Abuse and Neglect

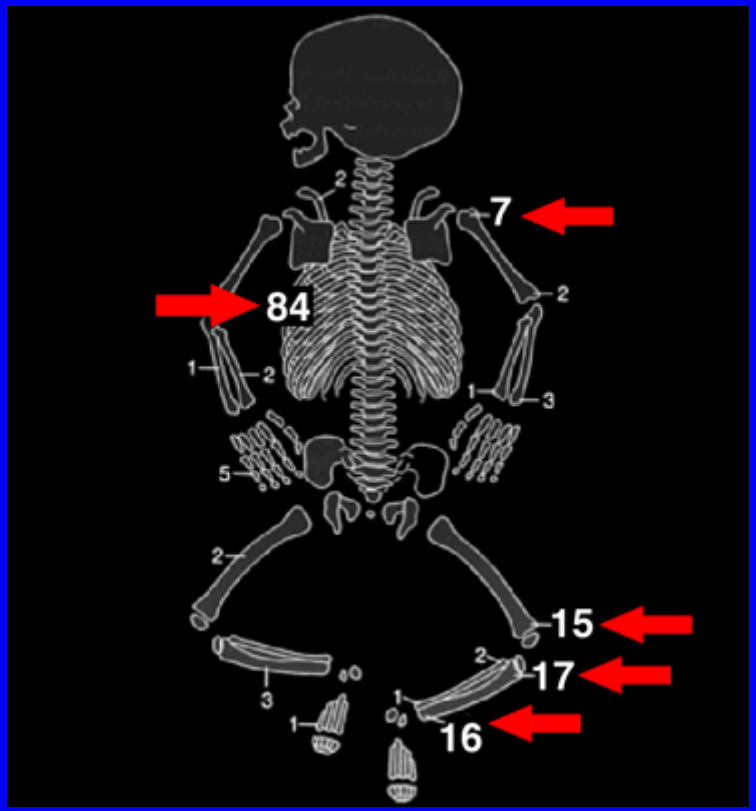
Shaken infant syndrome

Child Abuse and Neglect

Suspicious fractures

Child Abuse and Neglect

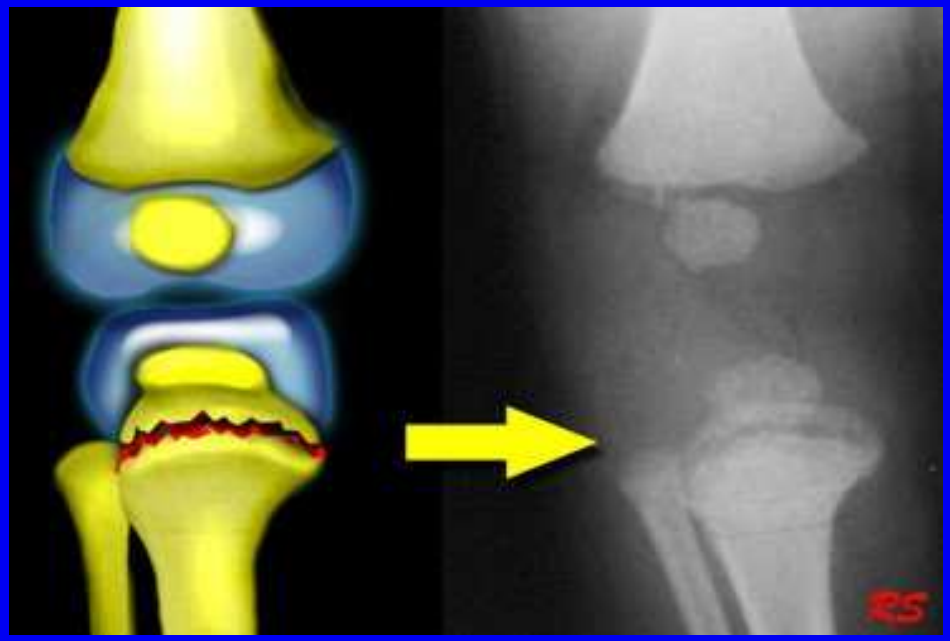
Suspicious fractures



Localisation of fractures in 31 children who died as a result of child abuse

Child Abuse and Neglect

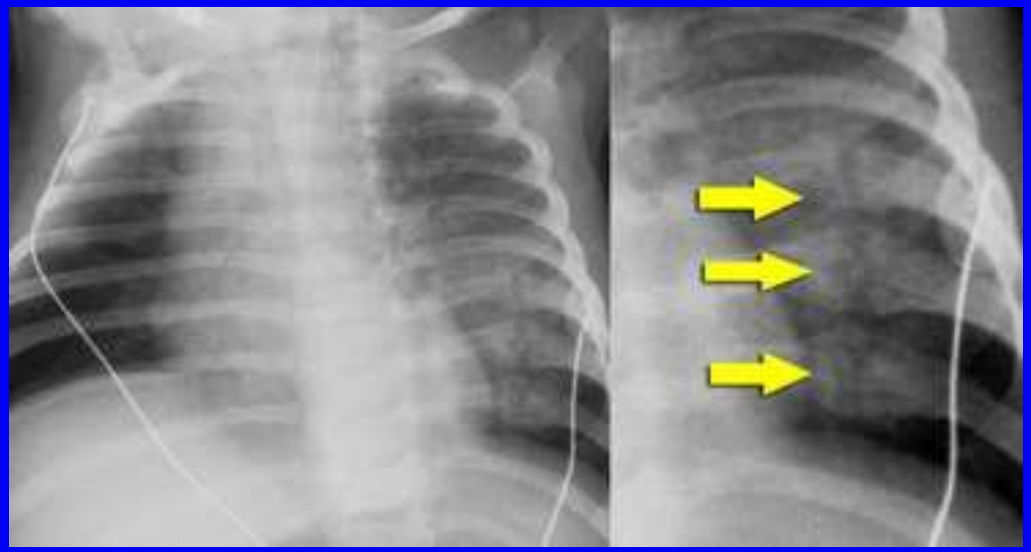
Suspicious fractures



Bucket handle fracture in proximal tibia.
The metaphyseal fracture fragment is seen as a disk or bucket handle.

Child Abuse and Neglect

Suspicious fractures



Old posterior rib fractures very indicative of non accidental trauma.

Child Abuse and Neglect

A fourth of all girls and a sixth of boys
are sexually abused by an adult
before the age of 17

Child Abuse and Neglect

2.34 children out of 100,000 die from injuries relating to their abuse, with 80.8% of deaths occurring in children under four years old

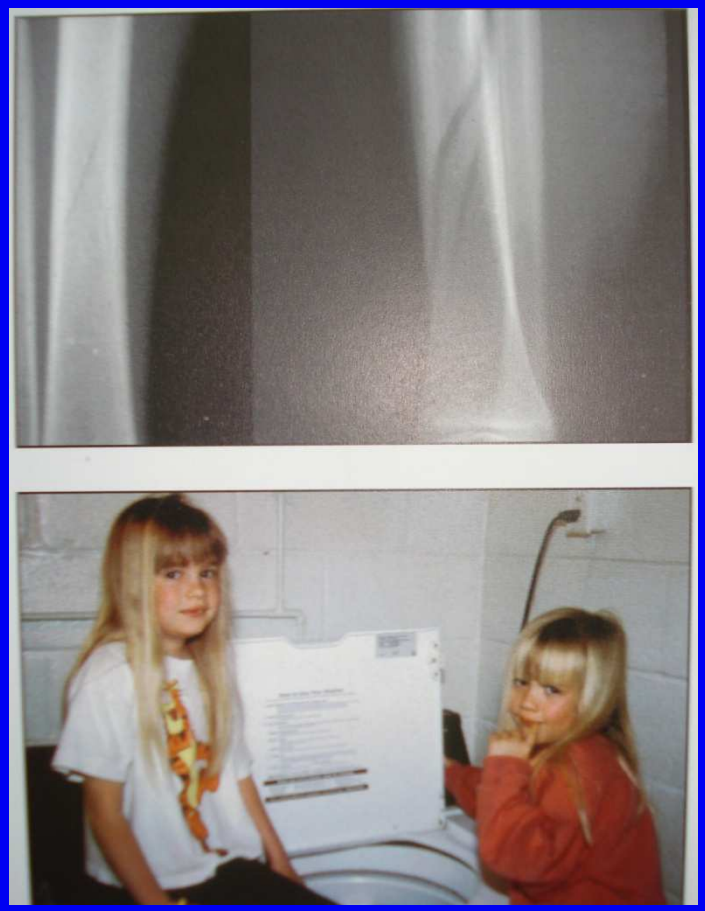
Child Abuse and Neglect

The neglected poor

Neglect is by far the most common form of child abuse, accounting for more than 78% of all cases.

Child Abuse and Neglect

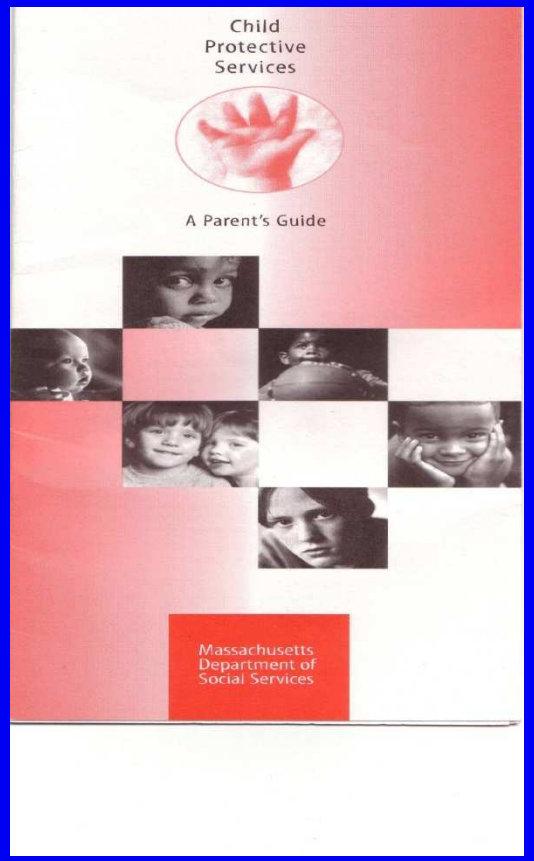
Affluent Neglect



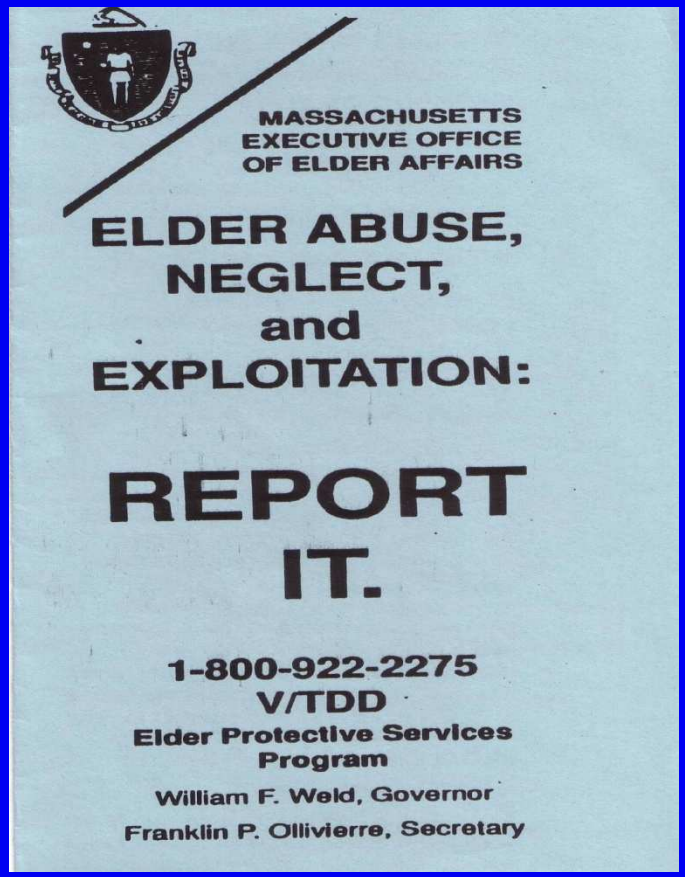
Commuted Spiral fracture of the tibia

Child Abuse and Neglect

Child Abuse and Neglect is mandatory reporting in all states



Elderly Abuse and neglect



Elderly Abuse

Age of victims. The median age of elder abuse victims was 77.9 years, according to 1996 data that excluded self-neglecting elders. The median age of self-neglecting elders was 77.4 for the same year.

Elderly Abuse

Policy of Elderly Abuse

MERRIMACK VALLEY HOSPITAL

Section:	**Case Management**	**Effective Date: 9/95**
Subject:	**Identifying & Reporting Suspected Elder Abuse/Neglect**	**Revision Date: 1/03; 12/04; 3/07** **Revision Date: 3/10**
Policy #:	**E-3/CM-07**	**Revision #: 5**

Approved By: Yvette Chabot-Bailey, Director of Case Management

Scope: Case Management, Medicine, Nursing, Rehab, Emergency Department

Purpose: All elderly patients presenting to the Merrimack Valley Hospital will be screened for signs of abuse, neglect or exploitation. In cases of suspected abuse, neglect or exploitation, health care providers will evaluate, intervene, report and refer to proper agencies.

Policy: It is the responsibility of the ~~mandated r~~reporter to identify elders who are suspected of being victims of abuse, neglect or exploitation, assess the immediate health needs of the elder, and make the physician aware of these observations. The health care provider is responsible for reporting the alleged abuse, neglect or exploitation to the appropriate authorities so that an appropriate intervention can be provided.

Clues during the Medical Interview That May Suggest Elder Abuse

- The patient appears fearful of his or her companion.
- There are conflicting accounts of an injury or illness from the patient and caretaker.
- The caretaker displays an attitude of indifference or anger toward the patient.
- The caretaker is overly concerned with the costs of treatment needed by the patient.
- The caretaker denies the patient the chance to interact privately with the physician.
- The caretaker appears overly concerned and attentive.

Screening Questions for Elder Abuse

- Has anyone ever touched you without your consent?
- Has anyone ever made you do things you didn't want to do?
- Has anyone taken anything that was yours without asking?
- Has anyone ever hurt you?
- Has anyone ever scolded or threatened you?
- Have you ever signed any documents you didn't understand?
- Are you afraid of anyone at home?
- Are you alone a lot?
- Has anyone ever failed to help you take care of yourself when you needed help?

Elderly Abuse

Race/ethnicity of victims. In 1996, 66.4 percent of the victims of domestic elder abuse were white, while 18.7 percent were black. Hispanic elders accounted for 10.4 percent of the domestic elder abuse victims in the same year. The proportions of Native Americans and Asian American/Pacific Islander were each less than 1 percent.

Categories of Elder Abuse

Category of Abuse	Examples
Physical Abuse	Pushing, slapping, burning, striking with objects, improper use of restraint (physical or chemical)
Caregiver neglect	Deprivation of food, clothing, hygiene, **medical care, shelter, or supervision** **NURSING HOME ABUSE**
Sexual Abuse	Unwanted touching, indecent exposure, unwanted innuendo, rape
Financial or Material exploitation	Use of Social Security checks or pensions by caregivers for personal gain; forcible transfer of property or other assets, including changing elderly person's will

Categories of Elder Abuse

Category of Abuse	Examples
Emotional or psychological abuse	Verbal threats (such as threats of violence, institutionalization or deprivation), humiliation, intimidation, harassment, social neglect, and isolation
Abandonment	Desertion of an elder in the home or a hospital, nursing facility, shopping mall, or other public location
Self-neglect	Failure or unwillingness to provide adequate food, clothing, shelter. Medical care, hygiene, or social stimulation to self in individuals with diminished capacity to perform essential self-care tasks

Rape

Tarquinius Sextus and Lucretia
Titian c. 1488/1490

Rape

Rape Scene
Utagawa Hiroshige 1797 – 1858

Rape

- Napoleon Bonaparte: declared that " everywhere the rapist is monster" and ordered that "anyone guilty of rape will be shot"

- Today Democratic Republic of the Congo: weapon of war; cheap, simple weapon, more easily obtainable than bullets or bombs
- There are 200.000 surviving rape victims today in DRC

Rape

- Statistics: under and over reporting
- According the AMA; sexual violence and rape is considered the most under reported violent crime
- UN Statistics: 2009 Rate Cases/100.000

  Sweden 53.2 highest in Europe
  USA 28.6
  Hungary 4.9
  Japan 1.2
- From 2000-2005 59% of rape cases where not reported to law enforcement. Only 26% are committed by strangers
- Most are raped by friends, acquaintances or relatives

Rape

- **One in 6 women and 1 in 33 men** have experienced an attempted or completed rape.
- Nearly 7.8 million women have been raped by an intimate partner at some point in their lives.
- Sexual assault or forced sex occurs in approximately 40-45% of battering relationships.
- 1 in 12 women and 1 in 45 men have been stalked in their lifetime.
- 81% of women stalked by a current or former intimate partner are also physically assaulted by that partner; 31% are also sexually assaulted by that partner.

NATIONAL COALITION AGAINST DOMESTIC VIOLENCE
NCADV
Every Home A Safe Home

Rape

Psychological Counseling

At beginning
At the end

Rape

Examining Room

Special room

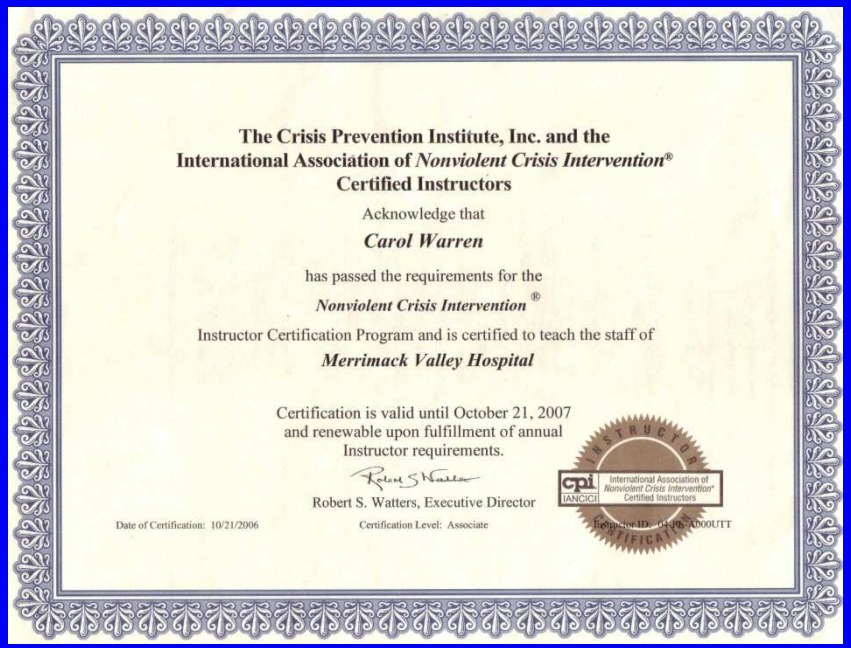
Rape

SANE Program (Sexual Assault Nurse Examiner)

Special trained nurse

Rape

Nurse must be Certified



The Crisis Prevention Institute, Inc. and the
International Association of *Nonviolent Crisis Intervention*®
Certified Instructors

Acknowledge that

Carol Warren

has passed the requirements for the

Nonviolent Crisis Intervention ®

Instructor Certification Program and is certified to teach the staff of

Merrimack Valley Hospital

Certification is valid until October 21, 2007
and renewable upon fulfillment of annual
Instructor requirements.

Robert S. Watters, Executive Director

Date of Certification: 10/21/2006

Certification Level: Associate

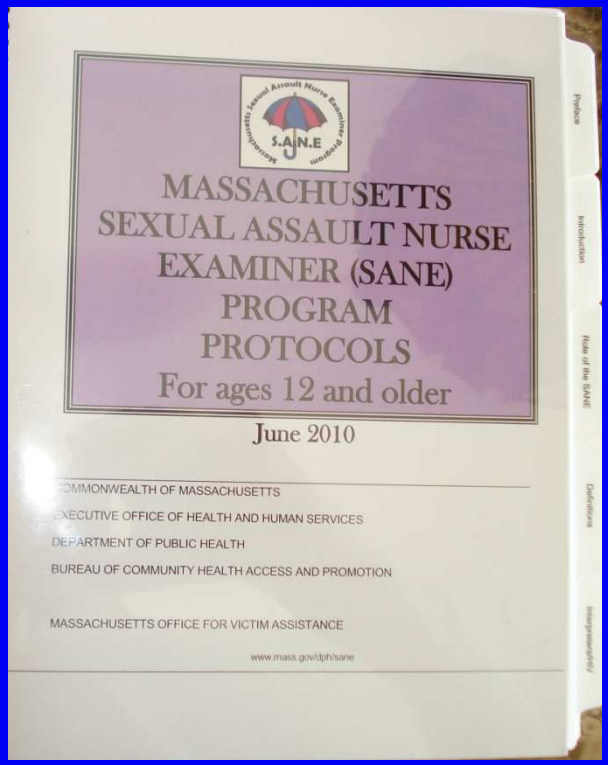
cpi IANCICI International Association of Nonviolent Crisis Intervention® Certified Instructors

INSTRUCTOR CERTIFICATE

Rape

The States have standardized
Protocols for evaluation of rape

Patient has a choice to be medically
Evaluated Or press charges against
the individual or do nothing

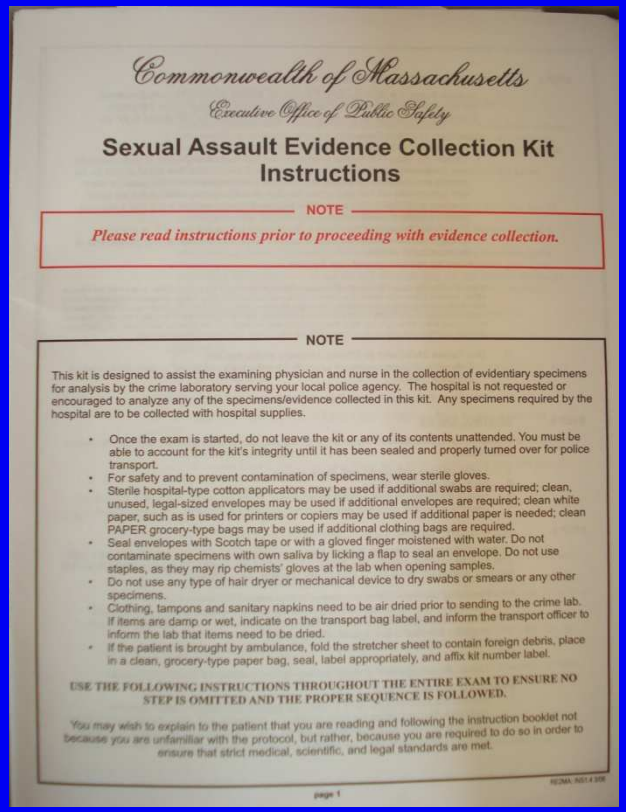


Rape

Patient is not obligated
To report sexual assault

Health care providers are

Patient does not have to press
Charges against the person



Commonwealth of Massachusetts

Executive Office of Public Safety

Sexual Assault Evidence Collection Kit Instructions

NOTE

Please read instructions prior to proceeding with evidence collection.

NOTE

This kit is designed to assist the examining physician and nurse in the collection of evidentiary specimens for analysis by the crime laboratory serving your local police agency. The hospital is not requested or encouraged to analyze any of the specimens/evidence collected in this kit. Any specimens required by the hospital are to be collected with hospital supplies.

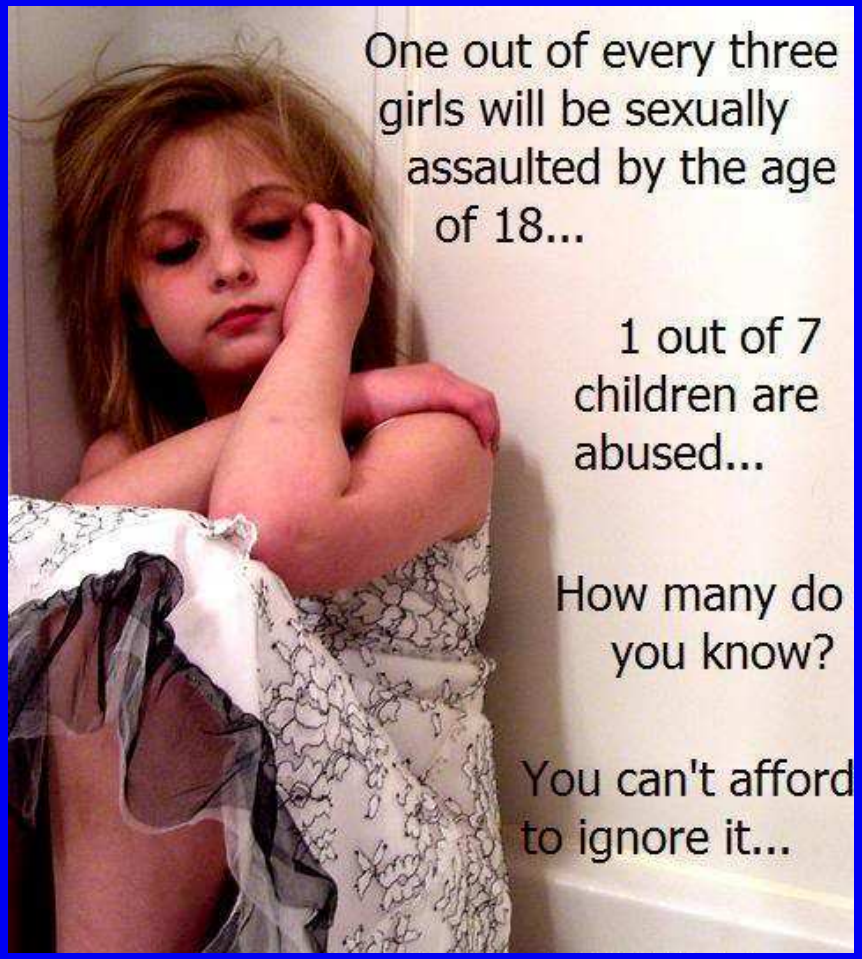
- Once the exam is started, do not leave the kit or any of its contents unattended. You must be able to account for the kit's integrity until it has been sealed and properly turned over for police transport.
- For safety and to prevent contamination of specimens, wear sterile gloves.
- Sterile hospital-type cotton applicators may be used if additional swabs are required; clean, unused, legal-sized envelopes may be used if additional envelopes are required; clean white paper, such as is used for printers or copiers may be used if additional paper is needed; clean PAPER grocery-type bags may be used if additional clothing bags are required.
- Seal envelopes with Scotch tape or with a gloved finger moistened with water. Do not contaminate specimens with own saliva by licking a flap to seal an envelope. Do not use staples, as they may rip chemists' gloves at the lab when opening samples.
- Do not use any type of hair dryer or mechanical device to dry swabs or smears or any other specimens.
- Clothing, tampons and sanitary napkins need to be air dried prior to sending to the crime lab. If items are damp or wet, indicate on the transport bag label, and inform the transport officer to inform the lab that items need to be dried.
- If the patient is brought by ambulance, fold the stretcher sheet to contain foreign debris, place in a clean, grocery-type paper bag, seal, label appropriately, and affix kit number label.

USE THE FOLLOWING INSTRUCTIONS THROUGHOUT THE ENTIRE EXAM TO ENSURE NO STEP IS OMITTED AND THE PROPER SEQUENCE IS FOLLOWED.

You may wish to explain to the patient that you are reading and following the instruction booklet not because you are unfamiliar with the protocol, but rather, because you are required to do so in order to ensure that strict medical, scientific, and legal standards are met.

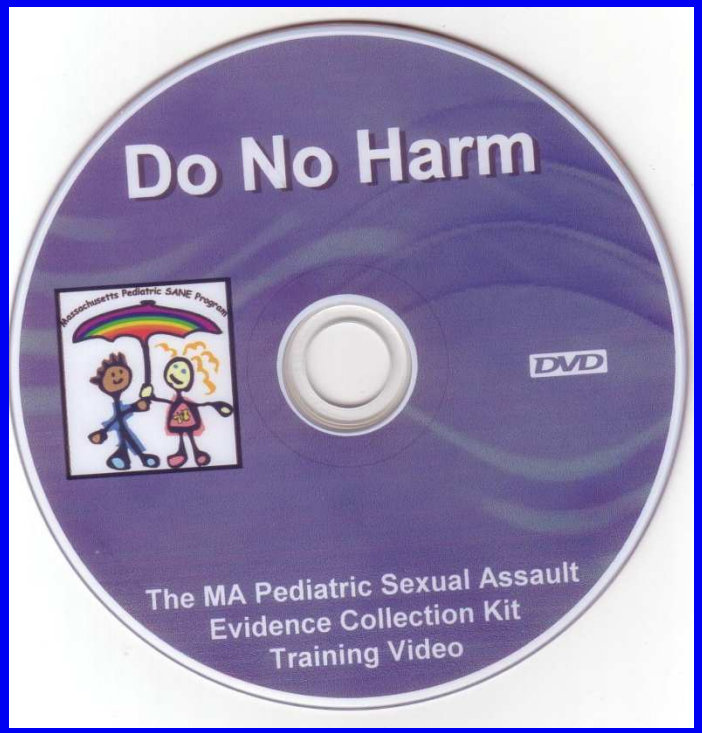
page 1

Child Sexual Abuse



Child Sexual Abuse

Emergency Physicians and Nurses Must View



Sexual Abuse

Emergency Department Sexual Assault Management

MERRIMACK VALLEY HOSPITAL

Section:	**Emergency Department Sec. S**	**Effective Date: 5/91**
Subject:	**Sexual Assault, Management, Treatment, and Reporting**	**Revision Date: 3/03, 12/05, 3/07**
Approved By:	**Department of Emergency Medicine**	**8/08, 9/09, 1/10**

Scope: **Emergency Department RN**

Purpose: **To facilitate and expedite the evaluation, treatment, and disposition for a patient presenting after a sexual assault.**

Policy: **The Emergency Department RN will complete the initial, primary, and ongoing assessments, facilitate evidence collection, implement treatments with understanding, support, and a non-judgmental attitude.**

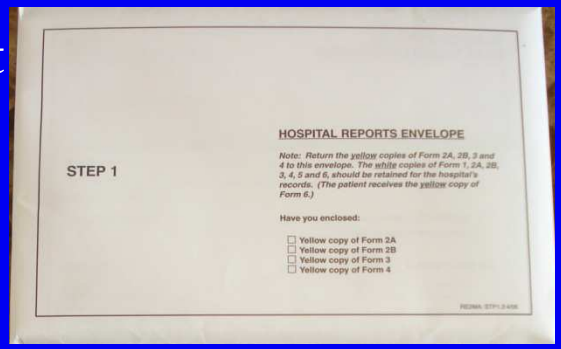
Rape

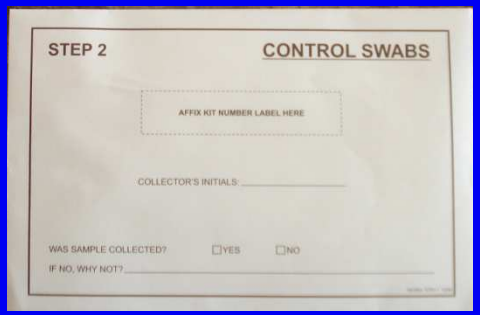
SANE Program (Sexual Assault Nurse Examiner)

Will guide both SANE and non- Sane providers in providing gold standard practices for patients 12 years and older who present to ED within 120 hours of sexual assault

Multidisciplinary approach

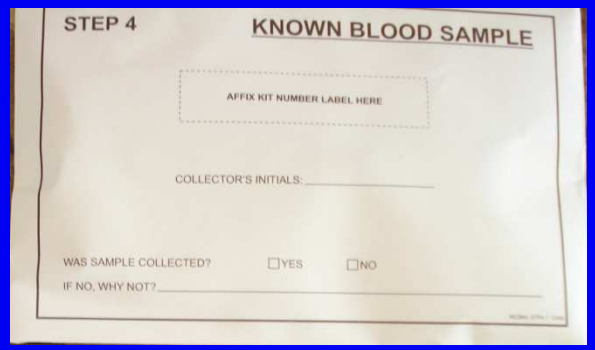
- coordinated
- compassionate
- comprehensive





Rape

SANE Program

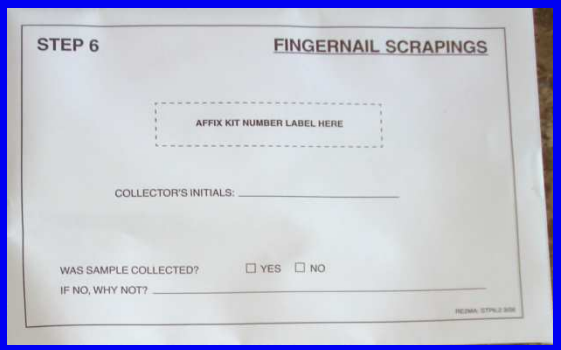

STEP 4 KNOWN BLOOD SAMPLE

AFFIX KIT NUMBER LABEL HERE

COLLECTOR'S INITIALS: _____

WAS SAMPLE COLLECTED? ☐YES ☐NO

IF NO, WHY NOT? _____

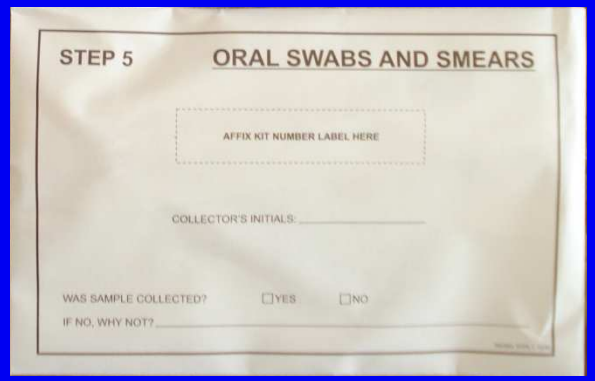

STEP 6 FINGERNAIL SCRAPINGS

AFFIX KIT NUMBER LABEL HERE

COLLECTOR'S INITIALS: _____

WAS SAMPLE COLLECTED? ☐ YES ☐ NO

IF NO, WHY NOT? _____

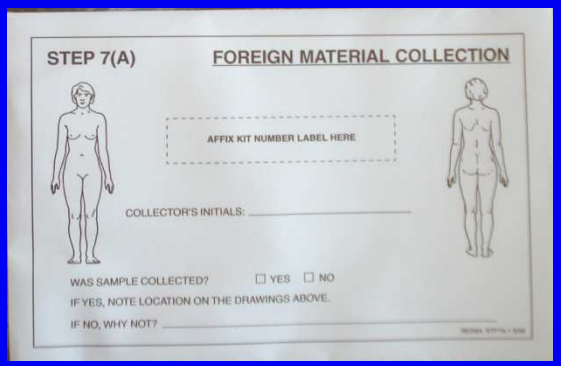

STEP 5 ORAL SWABS AND SMEARS

AFFIX KIT NUMBER LABEL HERE

COLLECTOR'S INITIALS: _____

WAS SAMPLE COLLECTED? ☐YES ☐NO

IF NO, WHY NOT? _____


STEP 7(A) FOREIGN MATERIAL COLLECTION

AFFIX KIT NUMBER LABEL HERE

COLLECTOR'S INITIALS: _____

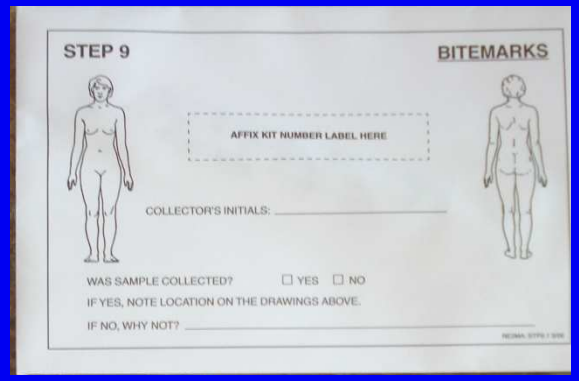
WAS SAMPLE COLLECTED? ☐ YES ☐ NO

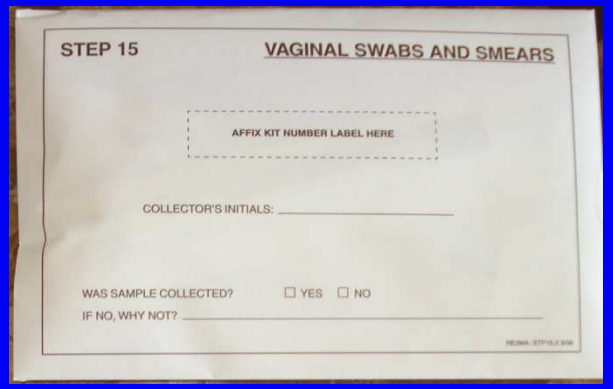
IF YES, NOTE LOCATION ON THE DRAWINGS ABOVE.

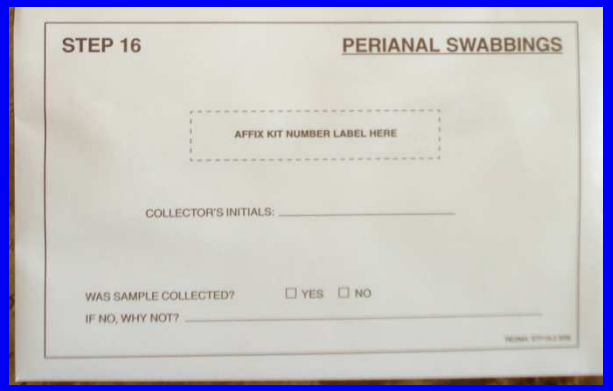
IF NO, WHY NOT? _____

Rape

SANE Program (Sexual Assault Nurse Examiner)

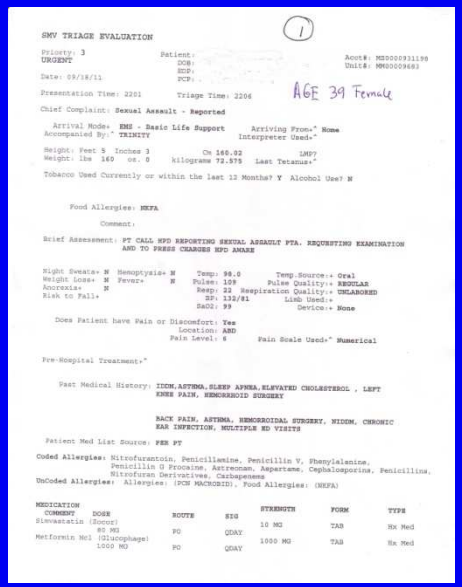






Rape

Rape case in our ER



SMV TRIAGE EVALUATION

Priority: 3 URGENT

Patient:
DOB:
EDP:
PCP:

Acct#: MS0000931198
Unit#: MM0000968

Date: 09/18/11

Presentation Time: 2201 Triage Time: 2206

AGE 39 Female

Chief Complaint: Sexual Assault - Reported

Arrival Mode: EMS - Basic Life Support Arriving From-" Home
Accompanied By:" TRINITY Interpreter Used-"

Height: Feet 5 Inches 3 Cm 160.02 LMP?
Weight: lbs 140 oz. 0 kilograms 72.575 Last Tetanus-"

Tobacco Used Currently or within the last 12 Months? Y Alcohol Use? N

Food Allergies: NKFA

Comment:

Brief Assessment: PT CALL HPD REPORTING SEXUAL ASSAULT PTA. REQUESTING EXAMINATION AND TO PRESS CHARGES HPD AWARE

Night Sweats+ N Hemoptysis+ N Temp: 98.0 Temp.Source-: Oral
Weight Loss+ N Fever+ N Pulse: 109 Pulse Quality-: REGULAR
Anorexia+ N Resp: 22 Respiration Quality-: UNLABORED
Risk to Fall+ BP: 132/81 LLNB Used-:
SaO2: 99 Device-: None

Does Patient have Pain or Discomfort: Yes
Location: ABD
Pain Level: 6 Pain Scale Used-" Numerical

Pre-Hospital Treatment-"

Past Medical History: IDDM,ASTHMA,SLEEP APNEA,ELEVATED CHOLESTEROL , LEFT KNEE PAIN, HEMORRHOID SURGERY

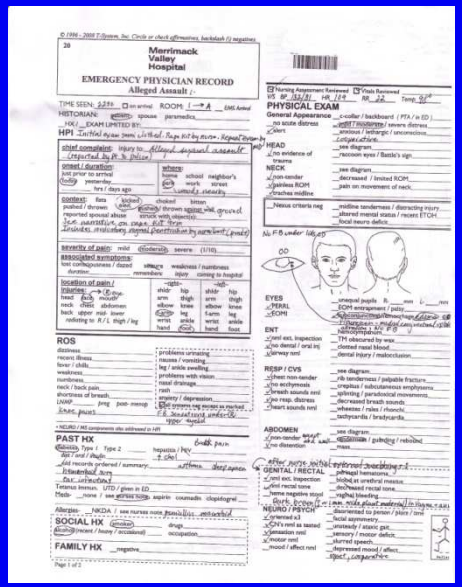
BACK PAIN, ASTHMA, HEMORRHOIDAL SURGERY, NIDDM, CHRONIC KAS INFECTION, MULTIPLE ED VISITS

Patient Med List Source: PER PT

Coded Allergies: Nitrofurantoin, Penicillamine, Penicillin V, Phenylalanine, Penicillin G Procaine, Aztreonam, Aspartame, Cephaloporins, Penicillins, Nitrofuran Derivatives, Carbapenems

UnCoded Allergies: Allergies: (PCN MACKORID), Food Allergies: (NKFA)

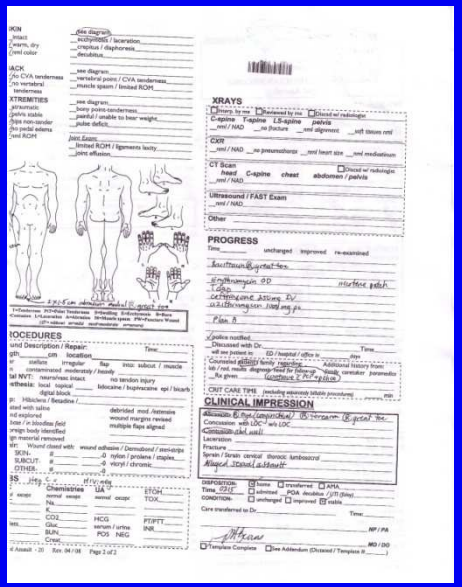
MEDICATION COMMENT	DOSE	ROUTE	SIG	STRENGTH	FORM	TYPE
Simvastatin (Zocor)	80 MG	PO	QDAY	10 MG	TAB	Rx Med
Metformin Hcl (Glucophage)	1000 MG	PO	QDAY	1000 MG	TAB	Rx Med



Merrimack Valley Hospital

EMERGENCY PHYSICIAN RECORD

Alleged Assault :



XRAYS

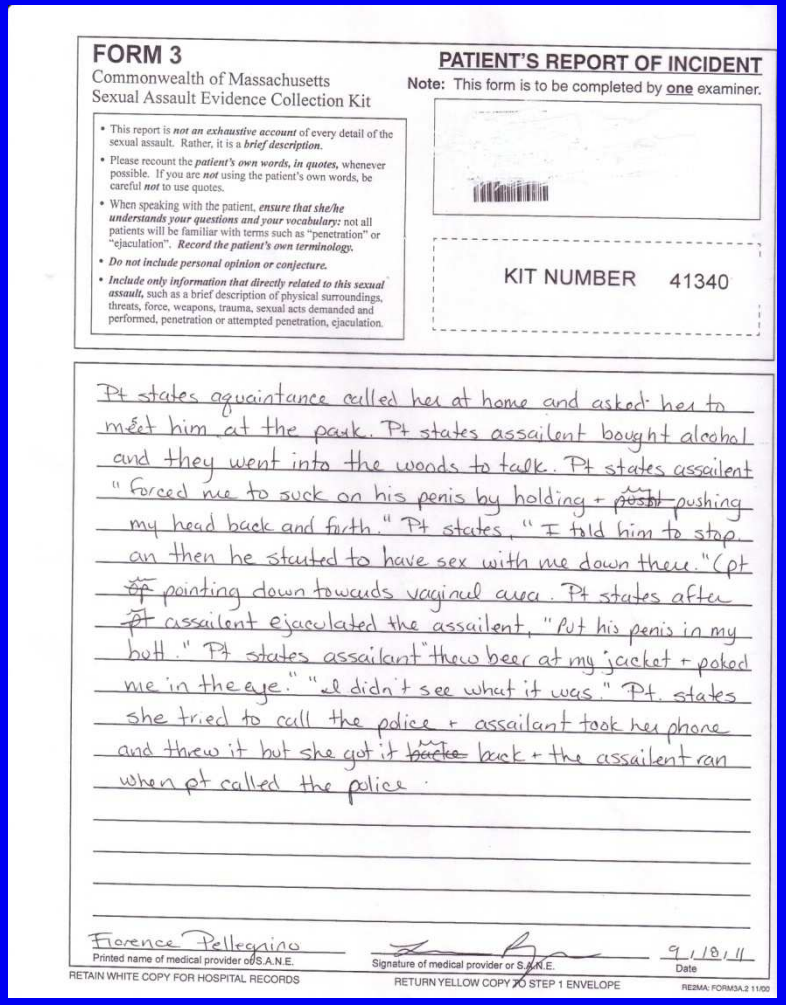
PROGRESS

CLINICAL IMPRESSION

Brief Assessment: PT CALL HPD REPORTING SEXUAL ASSAULT PTA. REQUESTING EXAMINATION AND TO PRESS CHARGES HPD AWARE

Rape

Rape case in our ER



FORM 3
Commonwealth of Massachusetts
Sexual Assault Evidence Collection Kit

PATIENT'S REPORT OF INCIDENT
Note: This form is to be completed by **one** examiner.

- This report is ***not an exhaustive account*** of every detail of the sexual assault. Rather, it is a ***brief description.***
- Please recount the ***patient's own words, in quotes,*** whenever possible. If you are ***not*** using the patient's own words, be careful ***not*** to use quotes.
- When speaking with the patient, ***ensure that she/he understands your questions and your vocabulary:*** not all patients will be familiar with terms such as "penetration" or "ejaculation". ***Record the patient's own terminology.***
- ***Do not include personal opinion or conjecture.***
- ***Include only information that directly related to this sexual assault,*** such as a brief description of physical surroundings, threats, force, weapons, trauma, sexual acts demanded and performed, penetration or attempted penetration, ejaculation.

KIT NUMBER 41340

Pt states aquaintance called her at home and asked her to meet him at the park. Pt states assailent bought alcohol and they went into the woods to talk. Pt states assailent "forced me to suck on his penis by holding + ~~pushed~~ pushing my head back and forth." Pt states, "I told him to stop an then he started to have sex with me down there." (pt ~~pt~~ pointing down towards vaginal area. Pt states after ~~pt~~ assailent ejaculated the assailent, "put his penis in my butt." Pt states assailant "threw beer at my jacket + poked me in the eye." "I didn't see what it was." Pt. states she tried to call the police + assailant took her phone and threw it but she got it ~~backe~~ back + the assailent ran when pt called the police.

Florence Pellegrino
Printed name of medical provider or S.A.N.E.

Signature of medical provider or S.A.N.E.

9/18/11
Date

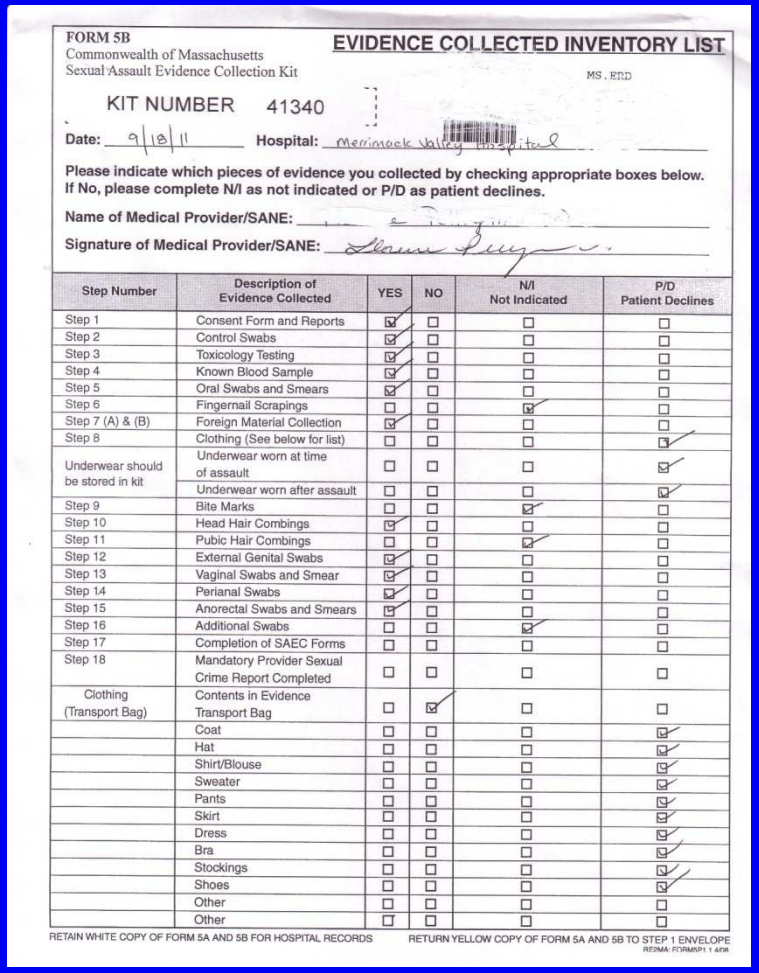
RETAIN WHITE COPY FOR HOSPITAL RECORDS

RETURN YELLOW COPY TO STEP 1 ENVELOPE

RE2MA: FORM3A.2 11/00

Rape

Rape case in our ER



FORM 5B
Commonwealth of Massachusetts
Sexual Assault Evidence Collection Kit

EVIDENCE COLLECTED INVENTORY LIST

MS . ETD

KIT NUMBER 41340

Date: 9/18/11 Hospital: Merrimack Valley Hospital

Please indicate which pieces of evidence you collected by checking appropriate boxes below. If No, please complete N/I as not indicated or P/D as patient declines.

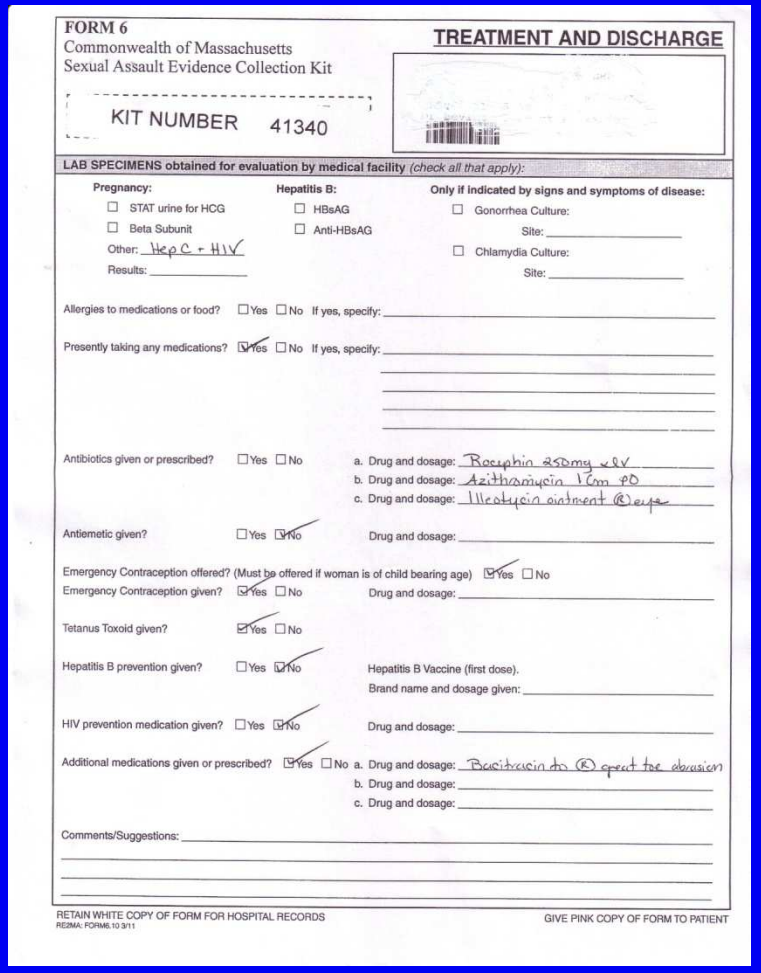
Name of Medical Provider/SANE: [illegible]

Signature of Medical Provider/SANE: [illegible]

Step Number	Description of Evidence Collected	YES	NO	N/I Not Indicated	P/D Patient Declines
Step 1	Consent Form and Reports	☑	☐	☐	☐
Step 2	Control Swabs	☑	☐	☐	☐
Step 3	Toxicology Testing	☑	☐	☐	☐
Step 4	Known Blood Sample	☑	☐	☐	☐
Step 5	Oral Swabs and Smears	☑	☐	☐	☐
Step 6	Fingernail Scrapings	☐	☐	☑	☐
Step 7 (A) & (B)	Foreign Material Collection	☑	☐	☐	☐
Step 8	Clothing (See below for list)	☐	☐	☐	☑
Underwear should be stored in kit	Underwear worn at time of assault	☐	☐	☐	☑
	Underwear worn after assault	☐	☐	☐	☑
Step 9	Bite Marks	☐	☐	☑	☐
Step 10	Head Hair Combings	☑	☐	☐	☐
Step 11	Pubic Hair Combings	☐	☐	☑	☐
Step 12	External Genital Swabs	☑	☐	☐	☐
Step 13	Vaginal Swabs and Smear	☑	☐	☐	☐
Step 14	Perianal Swabs	☑	☐	☐	☐
Step 15	Anorectal Swabs and Smears	☑	☐	☐	☐
Step 16	Additional Swabs	☐	☐	☑	☐
Step 17	Completion of SAEC Forms	☐	☐	☐	☐
Step 18	Mandatory Provider Sexual Crime Report Completed	☐	☐	☐	☐
Clothing (Transport Bag)	Contents in Evidence Transport Bag	☐	☑	☐	☐
	Coat	☐	☐	☐	☑
	Hat	☐	☐	☐	☑
	Shirt/Blouse	☐	☐	☐	☑
	Sweater	☐	☐	☐	☑
	Pants	☐	☐	☐	☑
	Skirt	☐	☐	☐	☑
	Dress	☐	☐	☐	☑
	Bra	☐	☐	☐	☑
	Stockings	☐	☐	☐	☑
	Shoes	☐	☐	☐	☑
	Other	☐	☐	☐	☐
	Other	☐	☐	☐	☐

RETAIN WHITE COPY OF FORM 5A AND 5B FOR HOSPITAL RECORDS — RETURN YELLOW COPY OF FORM 5A AND 5B TO STEP 1 ENVELOPE

RE2MA: FORM5P1.1 4/08



FORM 6
Commonwealth of Massachusetts
Sexual Assault Evidence Collection Kit

TREATMENT AND DISCHARGE

KIT NUMBER 41340

LAB SPECIMENS obtained for evaluation by medical facility *(check all that apply):*

Pregnancy:
☐ STAT urine for HCG
☐ Beta Subunit
Other: Hep C + HIV
Results: _____

Hepatitis B:
☐ HBsAG
☐ Anti-HBsAG

Only if indicated by signs and symptoms of disease:
☐ Gonorrhea Culture: Site: _____
☐ Chlamydia Culture: Site: _____

Allergies to medications or food? ☐ Yes ☐ No If yes, specify: _____

Presently taking any medications? ☑ Yes ☐ No If yes, specify: _____

Antibiotics given or prescribed? ☐ Yes ☐ No
a. Drug and dosage: Rocephin 250mg x1 IV
b. Drug and dosage: Azithromycin 1gm PO
c. Drug and dosage: Ilcatycin ointment ® eye

Antiemetic given? ☐ Yes ☑ No Drug and dosage: _____

Emergency Contraception offered? (Must be offered if woman is of child bearing age) ☑ Yes ☐ No

Emergency Contraception given? ☑ Yes ☐ No Drug and dosage: _____

Tetanus Toxoid given? ☑ Yes ☐ No

Hepatitis B prevention given? ☐ Yes ☑ No Hepatitis B Vaccine (first dose). Brand name and dosage given: _____

HIV prevention medication given? ☐ Yes ☑ No Drug and dosage: _____

Additional medications given or prescribed? ☑ Yes ☐ No
a. Drug and dosage: Bacitracin 1x ® apply toe abrasion
b. Drug and dosage: _____
c. Drug and dosage: _____

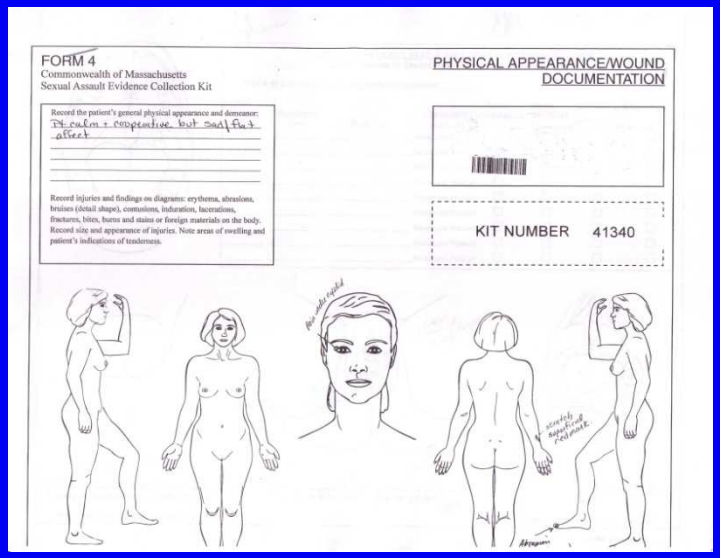
Comments/Suggestions: _____

RETAIN WHITE COPY OF FORM FOR HOSPITAL RECORDS — GIVE PINK COPY OF FORM TO PATIENT

RE2MA: FORM6.10 3/11

Rape

Rape case in our ER



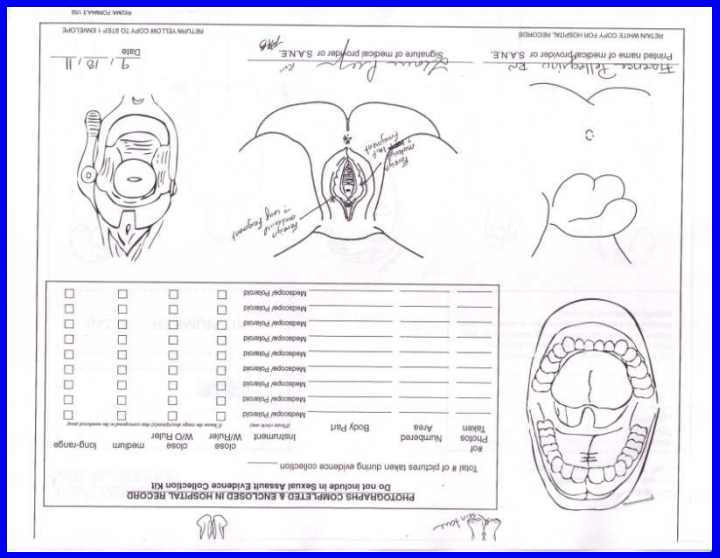
FORM 4
Commonwealth of Massachusetts
Sexual Assault Evidence Collection Kit

PHYSICAL APPEARANCE/WOUND DOCUMENTATION

Record the patient's general physical appearance and demeanor:
pt calm + cooperative but sad/flat affect

Record injuries and findings on diagrams: erythema, abrasions, bruises (detail shape), contusions, induration, lacerations, fractures, bites, burns and stains or foreign materials on the body. Record size and appearance of injuries. Note areas of swelling and patient's indications of tenderness.

KIT NUMBER 41340



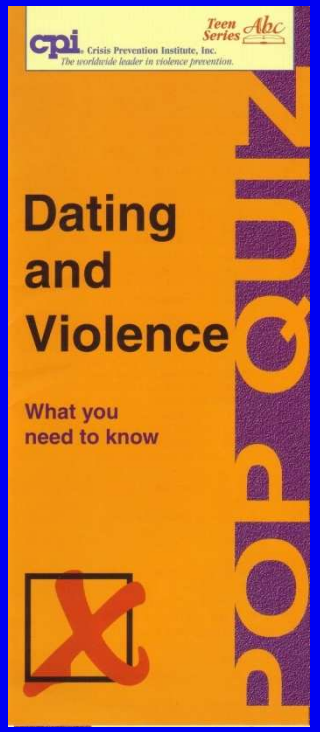
PHOTOGRAPHS COMPLETED & ENCLOSED IN HOSPITAL RECORD
Do not include in Sexual Assault Evidence Collection Kit

Total # of pictures taken during evidence collection _____

# of Photos Taken	Numbered Area	Body Part	Instrument	close W/Ruler	close W/O Ruler	medium	long-range

Date Rape

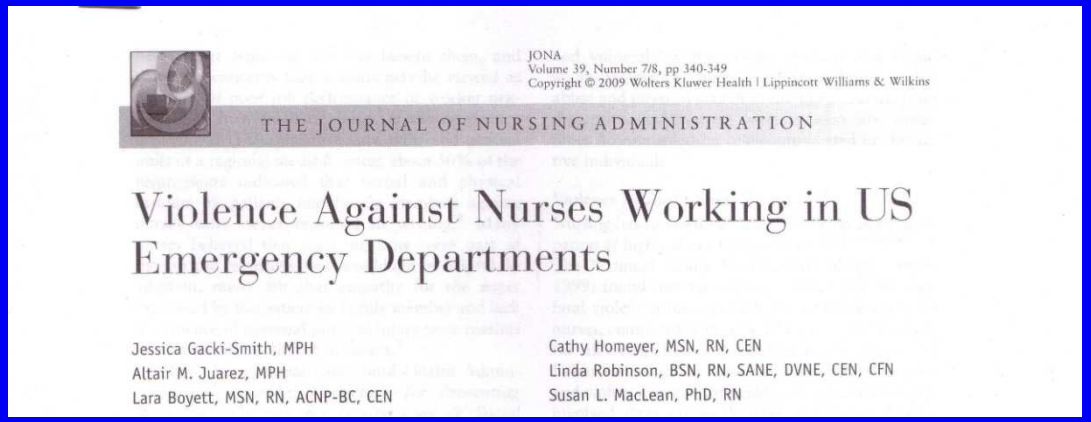

THE KENNEDY
SMITH TRIAL


cpi
Crisis Prevention Institute, Inc.
The worldwide leader in violence prevention.
Teen Series ABC
Dating and Violence
What you need to know
POP QUIZ

Patient Abuse to ED Staff

Patient Abuse in the ED

Violence and Abuse of ED Nurses



JONA
Volume 39, Number 7/8, pp 340-349

THE JOURNAL OF NURSING ADMINISTRATION

Violence Against Nurses Working in US Emergency Departments

Jessica Gacki-Smith, MPH
Altair M. Juarez, MPH
Lara Boyett, MSN, RN, ACNP-BC, CEN
Cathy Homeyer, MSN, RN, CEN
Linda Robinson, BSN, RN, SANE, DVNE, CEN, CFN
Susan L. MacLean, PhD, RN

Patient Abuse in the ED

Violence and Abuse of ED Nurses

Table 3. FPVE and Non-FPVE Nurses' View of Factors Related to ED Violence

Factor	Perceived as Precipitator of ED Violence, % (n)			
	Total Sample	FPVE Group	Non-FPVE Group	*P*
Patients/visitors under influence of alcohol	90.2 (3,126)	94.7 (768)	90.0 (2,023)	<.001
Drug-seeking behavior	90.2 (3,124)	94.0 (762)	89.4 (2,010)	<.001
Patients/visitors under influence of illicit drugs	88.4 (3,063)	94.3 (765)	87.7 (1,972)	<.001
Care of psychiatric patients in ED	88.2 (3,055)	91.9 (745)	86.7 (1,950)	<.001
Crowding/high patient volume	87.0 (3,015)	91.1 (739)	86.5 (1,945)	.001
Prolonged wait times	83.5 (2,892)	86.3 (700)	84.0 (1,890)	NS
Misconception by patients/visitors of staff behavior	66.1 (2,289)	69.7 (565)	65.9 (1,481)	.048
Patients/visitors' perception that staff is uncaring	65.6 (2,272)	71.8 (582)	64.6 (1,452)	<.001
Holding/boarding patients	59.1 (2,048)	68.3 (554)	56.3 (1,267)	<.001
Shortage of ED RNs	58.6 (2,031)	66.2 (537)	55.8 (1,256)	<.001
No/poorly enforced visitor policy	56.2 (1,949)	69.1 (560)	52.9 (1,189)	<.001
Care of patients with dementia/Alzheimer disease in ED	54.6 (1,893)	59.1 (479)	53.8 (1,209)	.009

Abbreviations: ED, emergency department; FPVE, frequent physical violence experience; NS, not statistically significant.

Patient Abuse to ED Staff

Methods of talking to violent patient

- Avoid eye contact with patient
- Do not block exits and leave door to room open
- Maintain distance from potentially violent patient
- Adopt passive non confrontational posture
- Allow patient to ventilate
- Do not make provocative remarks
- If patient aggressive, tell we do not allow such a behavior

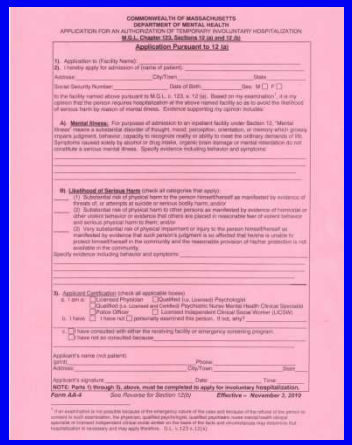
Patient Abuse of the ED Staff

Avoiding violence

Potential Violence

- Chemical Restraint
  - Neuroleptic haloperidol, benzo. lorazepam
- Physical Restraint
  - 4 point restraints

Legal Issues



COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF MENTAL HEALTH
APPLICATION FOR AN AUTHORIZATION OF TEMPORARY INVOLUNTARY HOSPITALIZATION
M.G.L. Chapter 123, Sections 12 (a) and 12 (b)
Application Pursuant to 12 (a)

Police officers
Health Professionals

ED Staff Abuse of Patients

Patients rights

- Neglect to the needs of the patient
- Lack of curtsey
- Lack of attentiveness
- Lack of pain control
- Patients are consumers not just patients

Medicare withholding

Core Measures 70% Patient satisfaction 30%

Domestic Violence and Rape

HORROR in the NIGHT

What began as a home invasion in Cheshire, Conn., ends in the gruesome murders of Jennifer Lynn Hawke-Petit and her two daughters

"What all of them went through, especially little Michaela, it completely broke me up. What happened to that family is beyond description"
—neighbor BOB HYSLOCK

"He's recovering slowly, physically. Emotionally, it's going to be a long, long time if ever"
—WILLIAM PETIT SR., at his son

Thank you for your attention