POLICY NO: Adm – 415

Effective:
11/99

Revisions:
1/70, 2/78, 3/79, 2/82, 6/88, 7/89, 7/92, 6/95,
11/95, 4/96, 9/96, 4/98, 1/00, 8/03, 01/04, 11/04, 2/07, 8/10

ABUSE:
CHILD/ADULT/AND ADULT-ELDER-AT-RISK
AND SEXUAL ABUSE-ASSAULT

I. POLICY
Health care professionals are responsible for the identification, assessment, documentation, referral and reporting, as appropriate, of victims of physical, emotional, sexual and financial abuse/neglect that are seen in the course of professional duties.

II. PURPOSE
The purpose of this policy is to facilitate the health care professional in:

A. Assessment of child and adult victims of abuse/neglect in order to:
   - Create a supportive environment in which the patient can discuss the abuse
   - Enable provider to gather information about health problems associated with abuse
   - Assess the immediate and long-term health and safety needs for the patient in order to develop and implement an effective response

B. Appropriate intervention
C. Consistent documentation
D. Referral
E. Reporting when warranted.

This policy and procedure refers to distinct classifications of abuse/neglect:

- Child abuse/neglect (age 0-17)
- Adult (age 18 and over)
- Adult – Elder At Risk (age 18 and over) – vulnerable
- Sexual abuse/assault (all ages)

III. Child Abuse/Neglect
A. Policy
   1. The state of Wisconsin requires individuals who work in certain professions to report child abuse and neglect. With some exceptions, any of the following Individual who has reasonable cause to suspect that a child seen by the person in the course of professional duties has been abused or neglected or has been threatened with abuse or neglect and that abuse or neglect of the child will occur must report as described below [See Wis. Stat. Sec. 48.981(2)(a)].

   2. Every new instance of new child abuse or neglect must be reported.

   3. Reporters are protected from discharge for reporting child abuse.
B. Mandated Reporters - Wis. Stat. 48.98(2)(a) 1 lists the following:

- Physician
- Coroner
- Medical examiner
- Nurse
- Dentist
- Chiropractor
- Optometrist
- Occupational therapist
- Dietician
- Audiologist
- Acupuncturist
- Physical therapist & PT assistant
- Alcohol or other drug abuse counselor
- Medical or mental health professional
- Social worker
- Mediator under s. 767.11
- First responder

- Public assistance worker, including a financial and employment planner, as defined in s.49.141(1)(d)
- Member of the treatment staff employed by or working under contract with a county department under s.46.26, 51.42, or 51.437
- Marriage and family therapist
- Professional counselor
- Day care provider
- Speech-language pathologist
- Emergency medical technician
- Court appointed special advocate
- Police or law enforcement officer
- Child care worker in a day care center, group home as described in s. 48.625(1m), or residential care center for children and youth
- School teacher, school administrator, school counselor
- Clergy

C. Reportable Child Abuse - Wis. Stat. Sec. 48.02(1)

1. Physical abuse inflicted on a child by non-accidental means, serious physical harm inflicted on an unborn child, and the risk of serious physical harm to a child when born, caused by the habitual lack of self-control of the expectant mother in the use of alcoholic beverages, controlled substances, or controlled substance analogs, exhibited to a severe degree.

2. Sexual abuse defined as:
   - Sexual intercourse or sexual contact under s. 940.225, 948.02, or 948.025 (sexual assault of a child, and repeated acts of sexual assault on the same child)
   - Sexual exploitation of a child
   - Causing a child to view or listen to sexual activity
   - Permitting, allowing, or encouraging a child to engage in prostitution
   - Exposing genitals in a public area

3. Emotional damage for which the child's parent, guardian, or legal custodian has neglected, refused, or been unable for reasons other than poverty to obtain the necessary treatment or to take steps to relieve the symptoms.

4. Neglect is the "failure, refusal or inability on the part of a parent, guardian, legal custodian, or other person exercising temporary or permanent control over a child, for reasons other than poverty, to provide necessary care, food, clothing, medical or dental care or shelter so as to seriously endanger the physical health of the child" [Wis. Stat. Sec. 48.981(1)(d)]

Notably, acts that would constitute the crime of sexual intercourse with a child age 16 or over are not reportable abuse, but acts that would constitute sexual assault under Wis. Stat. sec. 940.225 are reportable child abuse. Wis. Stat. sec. 940.225 describes the acts of sexual contact or intercourse with another person without consent, with a person incapable of giving consent, or between people in certain relationships, such as inmate-guard.
D. Exceptions to Reporting Requirements – Sexual Abuse of children: (Refer to Section VI Sexual Abuse)

E. Procedure

1. Assessment
   (Refer to Appendix A: Assessment criteria for possible abuse)
   a. Children in any clinical setting are assessed when indications of abuse are present.
   b. Children 15-17 years of age who present to an emergency department and/or inpatient settings in the Mid Market are asked in private about past and present abuse. This assessment is documented in the pediatric database and/or emergency record.
   c. All patients are assessed on an ongoing basis when indications of current abuse are present.
   d. The purpose of the assessment is to identify critical indicators of possible abuse; not to force disclosure, name the perpetrator or investigate events.

2. Collaboration
   a. Health care providers should collaborate with other members of the health care team such as social workers, Sexual Assault Treatment Center (414 219-5555) regarding further assessment, i.e., safety needs & impact on health, the appropriateness of interventions, validation, information, safety planning, referrals and reporting.
   b. Collaboration does not exempt individual health care providers from their legal requirements related to reporting.

3. Documentation
   a. Physical examination findings - Injury, (i.e.) size, color and location.
   b. Photographs if available
   c. Inconsistencies/consistencies between injuries and account of how injuries occurred.
   d. Laboratory and other diagnostic findings
   e. Statements (direct quotes) by child/family regarding incident(s) or threats of abuse. (include name of person(s) identified by patient/family suspected of abuse.)
   f. Objective behaviors of child/family consistent with possible abuse/neglect.
   g. Avoid pejorative or judgmental documentation (i.e., “patient states” rather than “patient alleges”)
   h. Name of person/agency to whom verbal report was made
   i. Collaborative plan related to safety needs and referrals

4. Reporting (Refer to B and C above)
   a. Cases of suspected child abuse/neglect must be reported to the child protective services in the county where the child lives.
   b. Reporting of child abuse/neglect must occur as soon as possible after assessment.
c. Contact the police if there is imminent danger to the child.

d. If there is imminent on-site danger, contact Loss Prevention/Security Services at your site or local police.

e. Reporting exceptions (refer to Section VI-Sexual Abuse).

IV. Adult Abuse – Domestic Violence

A. Definition

Domestic abuse is a pattern of coercive tactics that are used to gain and maintain power and control in an ongoing, familiar relationship. Generally, several forms of abuse, such as psychological, emotional, physical, sexual and/or economic, are used in combination. Some victims are controlled through intimidation, threats, emotional and psychological abuse and isolation - no physical abuse is necessary. Anyone can become a victim of domestic violence. Abuse occurs in all racial, ethnic, economic, religious age groups and across the lifespan. Victims are disproportionately female, although men can also be harmed. Abusers who use power and control to get gain and maintain power and control include spouses, partners, adult children or other family members and some caregivers. Intimate partners may be of the same sex or opposite sex.

B. Procedure

1. Assessment
   (Refer to Appendix A: Assessment criteria for possible abuse)

a. Adult patients who are admitted to Inpatient settings in the Mid Market are assessed in private for past and present emotional and physical abuse and this is documented in the collaborative database. Examples of assessment questions include: "Have you ever been threatened, controlled or made to feel afraid of someone? Are you currently in a situation where you are being hurt, threatened, or made to feel afraid?"

   "Would you like to talk to someone?"

b. Adult patients who are seen in the emergency department setting in the Mid Market are assessed in private for past and present emotional and physical abuse and this is documented in the respective emergency record.

c. Adult patients in clinical settings other than inpatient and emergency departments in the Mid Market are assessed in private when indications of abuse are present.

d. Adult patients are assessed on an ongoing basis when indications of current abuse are present.

e. Sexual abuse is not part of routine screening; rather it is assessed after additional health provider education and when indicators of sexual abuse are present. (Refer to Appendix A)

2. Collaboration

a. Health care providers should collaborate with other members of the health care team such as social workers and Aurora Abuse Response
Services (414 219-5146) regarding further assessment (i.e.) safety needs & impact on health and the appropriateness of interventions such as validation, education, safety planning, referrals and reporting

b. Collaboration does not exempt individual health care providers from their legal requirements related to reporting when warranted.

3. Documentation.
   a. Physical examination findings - Injury, (i.e.) size, color and location
   b. Photographs if available
   c. Inconsistencies/consistencies between injuries and account of how injuries occurred
   d. Laboratory and other diagnostic findings
   e. Statements (direct quotes) by patient/family regarding incident(s) or threats of abuse. (Include name of person(s) identified by patient/family suspected of abuse.)
   f. Objective behaviors of patient/family consistent with possible abuse/neglect.
   g. Avoid pejorative or judgmental documentation (i.e., write “patient declines services” rather than “patient refuses services,” “patient states” rather than “patient alleges”)
   h. Name of person/agency to whom verbal report was made
   i. Collaborative plan related to safety needs and referrals

4. Reporting
   a. Wisconsin law has no general mandatory reporting of domestic violence of adults and research confirms that reporting situations without a patient’s consent has potential to further endanger victims. Some select injuries do however require reporting.

   b. Given the importance of respecting patients’ rights, the potential danger to a victim of domestic violence if a report is made, and the intent of the state statute (Wis. Stat. sec 146.995), the Wisconsin Medical Society Board of Directors developed a policy (2008) on domestic violence.

      • The policy states: “. . .it is vital that physicians pay great respect to a patient’s right not to disclose domestic abuse or to refuse intervention when the patient believes such action is not in his or her best interest.”

      • The patient’s decision should be documented in the medical record. In all cases, the health care professional should discuss with the adult victim of abuse the option of utilizing police services.

   c. Required reporting of Adult Abuse under §146.995(2)(a)
      1. A patient suffering from a gunshot wound (does not apply if the injury appears to have occurred at least 30 days prior to treatment); or
      2. A patient suffering from any other wound if they have reasonable cause to believe it occurred as result of a crime; or
      3. A patient suffering from second or third degree burns to at least 5% of the body or burn to patient’s upper respiratory tract, if reasonable cause to believe it occurred as result of a crime.
4. Swelling to larynx if due to inhalation of superheated air. 

**Note:** The requirement does not apply if the patient is accompanied by law enforcement personnel, or was previously reported under this section.

d. When warranted, report adult abuse - See §146.995(2)(b)

A report must be made to the local police department or county sheriff's office reported to the police in the municipality where the crime occurred as soon as reasonably possible.

V. Elder-Adult At Risk (Vulnerable)

A. Definitions:

1. **Individual at risk**: either an adult at risk or an elder adult at risk.

2. **Adult at risk**: any adult who has a physical or mental condition that substantially impairs his or her ability to care for his or her needs who has experienced, is currently experiencing, or is at risk of experiencing abuse, neglect, self-neglect, or financial exploitation. See §55.01(1e)

3. **Elder adult at risk**: a person age 60 or older that has experienced, is currently experiencing, or is at risk of experiencing abuse, neglect, self-neglect, or financial exploitation. See §46.90(1)(br)

B. Reportable abuse - See §46.90(4)(ad) & §55.01

1. Abuse – §§ 46.90(1)(a) & 55.01(1) include the following:
   - Physical abuse
   - Emotional Abuse
   - Sexual Abuse
   - Treatment without consent
   - Unreasonable confinement or restraint

2. Financial Exploitation

3. Neglect

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1 “Intentional or reckless infliction of bodily harm”. See §46.90(1)(fg) & §55.01(1)
2 “…language or behavior that serves no legitimate purpose and is intended to be intimidating, humiliating, threatening, frightening, or otherwise harassing, and that does or reasonably could intimidate, humiliate, threaten, frighten, or otherwise harass the individual to whom the conduct or language is directed.” See §46.90(1)(cm) & §55.01(1)
3 “Violation of §§940.225(1), (2), (3) or (3m) (criminal sexual assault laws).” See §46.90(1)(gd) & §55.01(1)
4 “…the administration of medication to an individual who has not provided informed consent, or the performance of psychosurgery, electroconvulsive therapy, or experimental research on an individual who has not provided informed consent, with the knowledge that no lawful authority exists for the administration or performance.” See §46.90(1)(h) & §55.01(1)
5 “…includes the intentional and unreasonable confinement of an individual in a locked room, involuntary separation of an individual from his or her living area, use on an individual of physical restraining devices, or the provision of unnecessary or excessive medication to an individual, but does not include the use of these methods or devices in entities regulated by the department if the methods or devices are employed in conformance with state and federal standards governing confinement and restraint.” See §46.90(1)(i) & §55.01(1)
6 “…means any of the following: 1. Obtaining an individual's money or property by deceiving or enticing the individual, or by forcing, compelling, or coercing the individual to give, sell at less than fair market value, or in other ways convey money or property against his or her will without his or her informed consent; 2. Theft, as prohibited in s. 943.20; 3. The substantial failure or neglect of a fiscal agent to fulfill his or her responsibilities; 4. Unauthorized use of an individual's personal identifying information or documents, as prohibited in s. 943.201; 5. Unauthorized use of an entity's identifying information or documents, as prohibited in s. 943.203; 6. Forgery, as prohibited in s. 943.38; 7. Financial transaction card crimes, as prohibited in s. 943.41.” See §46.90(1)(ed) & §55.01(2s)
7 "Neglect" means the failure of a caregiver, as evidenced by an act, omission, or course of conduct, to endeavor to secure or maintain adequate care, services, or supervision for an individual, including food, clothing, shelter, or physical or mental health care, and creating significant risk or danger to the individual's physical or mental health. "Neglect" does not include a decision that is made to not seek medical care for an individual, if that decision is consistent with the individual's
4. Self-neglect

C. Reporting

1. Voluntary Reporting
In Wisconsin, “any person may report possible abuse, financial exploitation or neglect, if aware of facts or circumstances that would lead a reasonable person to suspect abuse, financial exploitation, neglect or self-neglect of an adult at risk….has occurred…” Wis. Stat. § 46.90(4)(a)1 and 55.043(1m)(br) – being careful to take into consideration what is in the best interest of the individual at risk (See Section 4b below)

2. Mandatory Reporting
The Caregiver reporting system imposes a reporting requirement on regulated entities to report misconduct by caregivers. (Section 146.40 (4r) Wis Stats) - misappropriation of property of a client; or of neglect or abuse of a client by any person employed by, or under contract with the entity if the person is under the control of the entity

3. Wisconsin Law contains “Limited Required Reporting.” See §§ 46.90(4)(ab) and (ad) & 55.043(1m)(a) related to an Individual-at-risk, or elder-adult-at-risk and adult-at-risk. You must report if the individual is seen in the course of your professional duties and one of the following conditions exists:

   a. the individual at risk has requested that you make the report

   b. there is reasonable cause to believe that the individual-at-risk is at imminent risk of serious bodily harm, death, sexual assault, or significant property loss and is unable to make informed judgment about whether to report the risk

   c. This second condition requires a concern about future, serious risk; it is not applicable to situations that involve past incidents only.

   d. other individuals-at-risk are at risk of serious bodily harm, death, sexual assault, or significant property loss inflicted by the suspected perpetrator.

4. Wisconsin Law contains these exceptions: See §46.90(4)(ae) & 55.043(1m)(be)

   a. Professionals are not required to report if you believe that filing a report would not be in the best interest of the individual-at-risk and you have documented the reasons for your belief in the case file of the suspected victim.

   b. Professionals are not required to report if a health care provider provides treatment by spiritual means through prayer for healing in lieu of medical care in accordance with his or her religious tradition and his or her communications with patients are required by his or her religious denomination to be held confidential.

F. When warranted, report to the following agency

previously executed declaration or do-not-resuscitate order under ch. 154, a power of attorney for health care under ch. 155, or as otherwise authorized by law. See §46.90(1)(f) & §55.01(4r).

8 "Self-neglect" means a significant danger to an individual's physical or mental health because the individual is responsible for his or her own care but fails to obtain adequate care, including food, shelter, clothing, or medical or dental care. See §46.90(1)(g) & §55.01(6u)
1. Reporting adult-elder-at-risk
   a. Abuse of an adult-at-risk who is younger than 60 years will be reported to Adult Protective Services in the county where the patient lives (414-289-6660 Milwaukee county)
   b. Abuse of an elder-at-risk (60 years or older) will be reported to the Department on Aging-Elderlink (414-289-6874 Milwaukee County) in the county where the patient lives

2. Reporting caregiver misconduct or complaints re: licensed facility activities (Refer to Metro P&P #502)

VI. SEXUAL ABUSE

A. Definition

Under Wisconsin law 940.225, sexual assault is defined as sexual contact or sexual intercourse with another person without that person's consent. Sexual contact includes any intentional touching, directly or through clothing of intimate body parts for the purpose of sexually degrading or humiliating the victim, or sexually arousing or gratifying the assailant. Sexual intercourse includes oral, anal, or vaginal intercourse or other intrusion, with or without ejaculation.

B. Procedure

1. Assessment for sexual abuse or other sexual assault
   (Refer to Appendix A: Assessment criteria for possible abuse)
   a. If assault occurred within the past 92 hours and patient (adult and child) does not require emergency intervention for injuries, provide patient option of being seen as soon as possible at the Aurora Sexual Assault Treatment Center (SATC), (414-219-5555) for assessment, treatment, evidence collection (with patient's permission), information, counseling and referral.
   b. If assault occurred more than 92 hours ago, an adult patient can be offered information about SATC and seen at his/her convenience.
   c. If sexual abuse/assault is part of patient's history, and this presents some current problems, offer adult patient the SATC phone number (414-219-5555) to contact for information and referral.

2. Collaboration
   a. Health care providers should collaborate with other members of the health care team such as social worker and Sexual Assault Treatment Center (414-219-5555) regarding further assessment, i.e., safety needs & impact on health and the appropriateness of interventions, such as validation, information, safety planning, referrals and reporting
   b. Collaboration does not exempt individual health care providers from their legal requirements related to reporting.

3. Documentation.
   a. Physical examination findings - Injury, (i.e., size, color, and location.
   b. Photographs if available
   c. Inconsistencies/consistencies between injuries and account of how injuries occurred
   d. Laboratory and other diagnostic findings
e. Statements (direct quotes) by patient/family regarding incident(s) or threats of abuse (include name of person(s) identified by patient/family suspected of abuse.)

f. Objective behaviors of patient/family consistent with possible abuse/neglect

g. Avoid pejorative or judgmental documentation (i.e., write “patient declines services” rather than “patient refuses services” and “patient states” rather than “patient alleges”)

h. Name of person/agency to whom verbal report was made

i. Collaborative plan related to safety needs and referrals

4. Reporting

a. **Adult**: The health care provider is not legally required to report sexual abuse of a competent adult, but with patient permission may contact the local police department where the sexual abuse occurred.

b. **Adult – Elder At-Risk**: report sexual abuse of individual at risk who has a physical or mental condition that substantially impairs his or her ability to care for his or her needs who has experienced, is currently experiencing, or is at risk of experiencing abuse, neglect, self-neglect, or financial exploitation (Refer to Section V-C regarding limited required reporting and exceptions to reporting)

c. **Child** (<18 years) Report to Child Protective Services in the county where the child lives. Refer to next section regarding exceptions to reporting of minors)

5. **Exceptions to Reporting** Requirements with minors: Wis. Stat. sec. 48.981(2m)

a. Children of any age seeking family planning services

   The state of Wisconsin carved out an exception to reporting requirements to allow children to obtain confidential health care services with the exception of suspected sexual abuse (Refer to section b below)

   Health care services means family planning services as defined by law, pregnancy testing, obstetrical health care or screening, and diagnosis or treatment for a sexually transmitted infection.

   For purposes of this exception, health care providers include physicians, physician assistants, and registered or licensed nurses. The exception applies when one of these persons provides a health care service to a child or when a mandatory reporter obtains information about a child who is receiving or has received health care services from one of these persons.

b. However, this exception is not absolute. A report is required in spite of the exception whenever the health care provider suspects sexual abuse as in any of the following:

   - The sexual intercourse or sexual contact occurred is likely to occur with a caregiver.
   - The child suffered or suffers from a mental illness or mental deficiency that rendered or renders the child temporarily or permanently incapable of understanding or evaluating the consequences of his or her actions.
   - The child, because of age, immaturity, was or is incapable of understanding the nature or consequences of sexual intercourse or sexual contact.
- The child was unconscious at the time of the act or for any other reason was physically unable to communicate unwillingness to engage in sexual intercourse or sexual contact.
- Another participant in the sexual contact or sexual intercourse was or is exploiting the child.
- There is any reasonable doubt that the child's participation in the sexual contact or intercourse was voluntary.

c. Non-abusive sexual activity involving 16 and 17 year olds
Sexual intercourse or sexual contact with a child 16 or older does not need to be reported as abuse unless the sexual activity was nonconsensual, forced, or coerced, or if there is any reason to think that the 16 or 17 year old could not give consent (WI Coalition Against Sexual Assault).

*THIS POLICY SUPERCEDES PREVIOUS SITE POLICIES*
Appendix A:

Assessing Possible Abuse/Neglect of child/adult/elder-at-risk and sexual abuse/assault includes, but is not limited to:

Injury
- Injury/fracture/burn that doesn't fit the history of the injury
- Injury with a pattern of an object (i.e. hand, belt, cord)
- Bilateral or multiple injuries
- Human bites
- Any injury to breast, genitalia, anus, buttocks
- Injuries at various stages of healing

Medical
- Chronic pain
- Vague complaints
- Fatigue
- GI symptoms
- Sexually transmitted infections
- Unexplained chronic gynecologic problems (i.e., vaginitis, pelvic pain)
- Unexplained vaginal discharge or chronic pain with urination/defecation
- Failure to thrive

Pregnancy
- Any injury during pregnancy, especially to breast, abdomen, genitalia
- Late or inadequate prenatal care
- Poor maternal weight gain
- Past pregnancy complications
- Pre-term labor/low birth weight baby

Mental Health
- Depression
- Anxiety/panic attack
- Eating disorder
- Suicidal ideation/attempts
- Alcohol/drug use

Controlling/Coercive Behavior of Partner/ Caregiver
- Fear of partner, defers to partner to answer questions
- Partner attempts to minimize time patient is alone with provider
- Partner does not allow patient to take meds, keep appointment, contact family, etc.

Changes in Patterns of Health Care Use
- Access health care outside of own community
- Change in use of emergency care versus primary care
- Sudden increase or decrease in frequency of visits
- Delay in seeking care for obvious injuries/health issues
- Cancelled appointments by partner

Neglect/Self Neglect
- Poor hygiene
- Inappropriately dressed for the weather
- Failure to thrive, malnutrition
- Not following prescribed treatment for medical/dental care