

## HEALTH SERVICES QUALITY ASSURANCE IMPLEMENTATION GUIDE

### EXERCISE 6

**SUBJECT:** FAMILY VIOLENCE IN THE COAST GUARD

**PURPOSE:** The purpose of this exercise is to assist clinics in developing a working plan to detect and report suspected family violence.

**BACKGROUND:** In 1979, because of the identification of increased administrative and medical costs associated with family violence, the General Accounting Office recommended that the military services establish Family Advocacy Programs to address family violence. In 1982, by direction of the Commandant, the Coast Guard established a Family Advocacy Program staff within Commandant (G-P). Our part in this program, as health care providers, is to report suspected violence. It becomes the Family Advocacy Program staff's responsibility to evaluate suspected violence, take administrative action, file reports with proper agencies, and to seek appropriate treatment.

**DISCUSSION:** Victims of family violence frequently seek care for their injuries. Therefore, our providers are sometimes the first to be able to detect and report family violence. Once possible family violence has been detected, it must be reported to appropriate agencies. In cases where family violence should have been detected, lack of a report is inexcusable.

**ACTION:**

1. All clinics will develop a protocol to ensure that all suspected family violence is properly reported. Enclosure (1) represents a sample protocol, which may be used in whole or part for this purpose. Clinics should tailor the protocol to conform with applicable state and local laws, and to their specific needs and available command and community support groups.
2. All clinics will conduct an annual in-service training exercise for improving awareness of family violence among health services personnel. Enclosure (2) and (3) are intended to assist clinics in conducting in-service training and may be used in whole or part for this purpose.

Encl: (1) Sample protocol for identifying and reporting suspected family violence by health services personnel  
(2) Sample lesson plan for improving family violence awareness among health services personnel  
(3) A listing of indicators of child abuse, neglect, and sexual abuse

PROTOCOL FOR IDENTIFYING AND REPORTING  
SUSPECTED FAMILY VIOLENCE

1. All Health Services personnel are required to report suspected cases of child (under the age of 18) abuse or neglect. See enclosure (3) for indicators of child abuse.
2. All Health Services personnel are required to report cases of claimed (by the victim or witness) spouse abuse.
3. Cases of suspected spouse abuse (the injured spouse denies abuse) must be treated with discretion. If the spouse does not want to press civil charges, there is no course of action unless a witness presses charges.
4. If family violence is suspected, thoroughly document all injuries in the health record including emotional or behavioral manifestations. Remain nonjudgmental at all times. Avoid confrontation with the parent, guardian, or spouse whenever possible and seek assistance from the senior medical authority as needed. If police intervention is required contact the Officer of the Day.
5. If a report is required, it shall be transmitted to the Commanding Officer (or the Officer of the Day) via the chain of command within the health services division and/or the unit Family Advocacy Representative. The staff of the Family Advocacy Program is responsible for reporting the suspected abuse to the appropriate state Child Protection Service.
6. If child abuse is apparent and severe, and the clinician has reason to believe the child is in imminent danger, the Officer of the Day must be notified immediately so that he can maintain the child's safety until the state Child Protection Service can take custody of the child. At no time shall the child be left unattended.
7. If an abused spouse requests help: Obtain the individual's name, age, address, and phone number. Determine the nature of the abuse and immediately report the request as suspected family violence.
8. Key personnel to contact:

|                      |                       |
|----------------------|-----------------------|
| _____<br>NAME, TITLE | _____<br>PHONE NUMBER |

## TRAINING OUTLINE

### A. IMPACT OF FAMILY VIOLENCE

1. PATIENT WELL BEING
2. ADMINISTRATIVE COSTS
3. MEDICAL COSTS
4. HUMAN RESOURCES COST

### B. REPORTING REQUIREMENTS (SEE COMDTINST 1750.7 (SERIES) AND PASS OUT PROTOCOL AND INDICATOR HANDOUT)

1. REQUIRED FOR SUSPECTED CHILD ABUSE (UNDER 18)
  - a. PUBLIC LAW 100-294 REQUIRES THAT ALL HEALTH CARE PROVIDERS REPORT SUSPECTED CHILD ABUSE.
  - b. COAST GUARD HEALTH CARE PROVIDERS ARE REQUIRED BY COAST GUARD POLICY TO REPORT SUSPECTED CHILD ABUSE TO THE FAMILY ADVOCACY PROGRAM STAFF WHO WILL REPORT IT TO THE STATE CHILD PROTECTIO SERVICE.
2. IT IS COAST GUARD POLICY THAT SPOUSE ABUSE REPORTED BY THE VICTIM OR A WITNESS BE REPORTED TO THE FAMILY ADVOCACY PROGRAM STAFF.
3. SUSPECTED SPOUSE ABUSE WILL BE REPORTED WITH DISCRETION. DOES THE SPOUS EMPHATICALLY DENY ABUSE OR DOES THE SPOUSE SIMPLY NOT WISH TO PRESS CHARGES?)

### C. INIDCATORS OF FAMILY VIOLENCE, IN PARTICULAR CHILD ABUSE (REVIEW INDICATOR HANDOUT)

1. (OBJECTIVE INDICATORS) PHYSICAL ABUSE/NEGLECT AND SEXUAL ABUSE (NOTE: A CHILD PRESENTED FOR HEALTH CARE SHOULD NOT BE ROUTINELY UNCLOTHED TO SEARCH FOR INJURIES. WHEN REQUIRED, UNDRRESSING A CHILD MUST BE DONE WITH PROPER MODESTY AND TO THE EXTENT REQUIRED TO PERFORM ADEQUATE EXAMINATION.)
  - a. THOROUGHLY DOCUMENT INJURIES.
  - b. REMAIN NONJUDGMENTAL.
2. (SUBJECTIVE INDICATOR) EMOTIONAL ABUSE AND BEHAVVIORAL INDICATORS ARE DIFFICULT TO ASSESS BECAUSE OF LACK OF SCIENTIFIC STUDIES AND LACK OF PHYSICAL EVIDENCE.

### D. PERSONNEL TO CONTACT (REVIEW PROTOCOL HANDOUT)

## LESSON PLAN

### FAMILY VIOLENCE AWARENESS FOR HEALTH SERVICES PERSONNEL

TIME: 30 MINUTES

#### REFERENCES:

1. COMMANDANT INSTRUCTION 1750.7 (series)
2. CHILD ABUSE/NEGLECT/SEXUAL ABUSE (CANSA) A Guide for Prevention, Detection, Treatment and Follow-up in Bureau of Health Care Delivery and Assistance Programs and Projects.

#### HANDOUTS:

1. Protocol for identifying and reporting suspected family violence.
2. Indicators of Child Abuse, Neglect, and Sexual Abuse

#### OBJECTIVES:

1. To make health services personnel aware of the impact of family violence.
2. To notify health services personnel of the reporting requirements of suspected family violence, the Family Advocacy Program, and COMDTINST 1750.7 (series).
3. To familiarize health services personnel with the indicators of family violence.
4. To familiarize health services personnel with the clinic's protocol for identifying and reporting suspected family violence.

ENCLOSURE (2)

## INDICATORS OF CHILD ABUSE, NEGLECT, AND SEXUAL ABUSE (CANSA)

### PHYSICAL ABUSE

#### CHILD INDICATORS

Bruises, welts, lacerations, or abrasions:  
-on several different surface areas  
-on surface areas unlikely to be injured through the child's clumsiness, e.g., on face, lips, mouth, gums, torso, back, buttocks, thighs  
-in various stages of healing  
-reflecting shape of article used to inflict the blow, e.g., electric cord, belt buckle  
-corresponding to human teeth marks

#### Burns:

-cigar, cigarette burns, especially on soles, palms, back, or buttocks  
-immersion burns (sock-like, glove-like, doughnut-shaped on buttocks or genitalia)  
-patterned like electric burner, iron, etc.  
-rope burns on arms, legs, neck, or torso

#### Fractures:

-to skull, nose, facial structure  
-in various stages of healing  
-multiple or spiral fractures  
-of finger(s)

#### Head Injuries:

-hemorrhaging beneath the scalp, caused by pulling hair  
-subdural hematomas  
-retinal hemorrhages or detachment

#### CAREGIVER FACTORS

Is reluctant to give information or gives unduly vague explanation of injury

Reacts inappropriately considering the extent of the injury

Shows excessive delay in seeking medical attention; e.g., a child with a bleeding eye may not receive medical care for a week or more

Provides a history of the injury which is:

-incompatible with the pattern or the degree of injury  
-impossible or bizarre; e.g. 4 month-old not yet able to sit is reported to have climbed on shelf and fallen  
-contradictory, e.g. one parent gives a different history to different personnel, or two parents separately provide differing accounts

Demonstrates unusually rough behavior with child or grossly unrealistic expectations of child

INDICATORS OF CHILD ABUSE, NEGLECT, AND SEXUAL ABUSE (CANSA)

PHYSICAL ABUSE (CONT'D)

CHILD INDICATORS

NOTE: In very young children, head or eye injuries may result from shaking or even playful tossing in the air by adult caregivers.

Injuries suggesting the use of weapons

HISTORY

-of repeated ingestions  
-of multiple hospital visits for trauma

Child is brought to medical attention because of minor complaint and significant trauma is found

PHYSICAL NEGLECT

CHILD INDICATORS

Non—organic failure to thrive

Hunger, poor hygiene, inappropriate dress

Constant fatigue or listlessness

Unattended dental or physical problems

Abandonment

CAREGIVER FACTORS

Indifference; lack of involvement with child including lack of supervision

Evidence of depression

Assertion that something is physically wrong with the child

Persistently leaves child at day care center knowing child is ill

SEXUAL ABUSE

CHILD INDICATORS

Torn, stained, or bloody underclothing

Pain, itching, or swelling in the genital area

Frequent urinary tract infection without physical basis

Bruises or bleeding in external genitalia, vaginal or anal areas, penis, (sexually transmitted disease in various sites, including mouth)

Hymen stretched at a very young age

Any sexually transmitted disease in children less than 12 years old

Pregnancy in girls less than 13 years old

Bruising in hard/soft palate

CAREGIVER FACTORS

In most reported cases the offender is a male who is a family member or someone known to the child

Denial is prominent in relation to both the event and its impact upon the child

Prolonged absence of one parent

Intergenerational pattern of incest

Parent may be extremely protective of child, refuses to allow child normal social contact, accuses child of sexual promiscuity

## EMOTIONAL ABUSE

Mental injury (or emotional maltreatment) may be present in each of the other forms of abuse; therefore it is difficult to pinpoint caretaker behaviors or child responses, which are unique to emotional maltreatment. To date, there are few scientific studies in this area.

However, the dynamic principle underlying most emotional abuse appears to be a disregard or a lack of awareness of the child's needs, wishes, characteristics. Frequently, parents are so absorbed in immediate difficulties that they cannot attend to the child's emotional requirements; and are only able to perform at a minimal level in furnishing food, clothing, and shelter.

In severe cases the adult attempts to control the child by maintaining unduly high standards. Deviations are not tolerated. They may include belittling, public shaming, sarcasm. When emotional maltreatment is extreme, the health care provider is well advised to take detailed notes. In case of court action, careful documentation is important.

## BEHAVIORAL INDICATORS OF CANSA

Unfortunately, the reactions of a child to mistreatment are usually not specific to any one type of abuse. Behavioral symptoms vary according to the child's developmental stage, the severity and frequency of abuse, the child's relationship with the abuser and the availability of or lack of other supports. Regression is common in the face of any form of abuse. One child may become passive and withdrawn as a response to being beaten while another child becomes hostile and aggressive. The following behavioral symptoms are generic in the sense that they may appear in association with any of the various forms of maltreatment:

- Wariness of adult contact
- Fear of parents
- Fear of going home
- Extremes of behavior, for example, aggressiveness or passivity
- Withdrawal
- Regression to less mature ways of coping
- Marked hostility
- Tendency to bully other children
- Frequent scapegoating by others
- Extended stays at school (early arrival and late departures)
- Alcohol or drug abuse
- Delinquency
- Nervous symptom (e.g., tics, nail-biting)
- Anxiety attacks
- Nightmares
- Poor peer relationships
- Self-destructiveness
- Prostitution
- Running away

On the other hand, certain behaviors are fairly clear signs of a specific kind of maltreatment: for example, neglected children who are habitually hungry may beg or steal food; sexually abused children may manifest bizarre or sophisticated sexual behavior or knowledge, or be unwilling to change for gym or to participate in physical education. Sexually abused children may also express affection in ways that are inappropriate for their age.