At UTMB, all patients are assessed for signs and symptoms of abuse, neglect, and exploitation during their initial admission or visit and during reassessments.

### Assessment Criteria for Abuse, Neglect or Exploitation

#### Children

**Suspect Physical Abuse When You See:**
- Bruises, cuts, black eyes or burns without adequate explanations
- Frequent complaints of pain without obvious injury
- Burns or bruises in unusual patterns that may indicate the use of an instrument or human bite; cigarette burns on any part of the body
- Lack of a reaction to pain
- Aggressive, disruptive, and destructive behavior
- Passive, withdrawn, and emotionless behavior
- Fear of going home or seeing parents
- Injuries that appear after a child has not been seen for several days
- Unreasonable clothing that may hide injuries to arms or legs

**Suspect Neglect When You See:**
- Obvious mal nourishment
- Lack of personal cleanliness
- Torn or dirty clothing
- Stealing or begging for food
- Child unattended for long periods of time
- Need for glasses, dental care, or other medical attention
- Frequent tardiness or absence from school

**Suspect Sexual Abuse When You See:**
- Physical signs of sexually transmitted diseases
- Evidence of injury to the genital area
- Pregnancy in a young girl
- Difficulty walking or sitting
- Extreme fear of being along with adults of a certain sex
- Sexual comments, behaviors or play
- Knowledge of sexual relations beyond what is expected for a child’s age
- Sexual victimization of other children

**Suspect Emotional Abuse When You See:**
- Over compliance
- Low self-esteem
- Severe depression, anxiety, or aggression
- Difficulty making friends or doing things with other children
- Lagging in physical, emotional, and intellectual development
- Caregiver who belittles the child, withholds love, and seems unconcerned about the child’s problems

#### Disabled Adults and the Elderly

**Physical Signs:**
- Injury that has not been cared for properly.
- Injury that is inconsistent with explanation for its cause
- Pain from touching
- Cuts, puncture wounds, burns, bruises, welts
- Dehydration or malnutrition without illness-related cause
- Poor coloration
- Sunken eyes or cheeks
- Inappropriate administration of medication
- Soiled clothing or bed
- Frequent use of hospital or health care/doctor shopping
- Lack of necessities such as food, water, or utilities
- Lack of personal effects, pleasant living environment, personal items
- Forced isolation

**Behavioral Signs:**
- Fear
- Anxiety
- Isolation, withdrawal
- Depression
- Non-responsiveness, resignation, ambivalence
- Contradictory statements, implausible stories
- Hesitation to talk openly
- Confusion or disorientation

**Signs by Caregiver:**
- Prevents elder from speaking to or seeing visitors
- Anger, indifference, aggressive behavior toward elder
- History of substance abuse, mental illness, criminal behavior, or family violence
- Lack of affection toward elder
- Flirtation or coyness as possible indicator of inappropriate sexual relationship
- Conflicting accounts of incidents
- Withholds affection
- Talks of elder as a burden

**Signs of Disabled Adult / Elder Financial Exploitation:**
- [http://www.dfps.state.tx.us/everyonesbusiness/Facts.asp#Indicators](http://www.dfps.state.tx.us/everyonesbusiness/Facts.asp#Indicators)

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**REPORTING:** If you suspect that your pediatric (unmarried, <18), geriatric (≥65) or adult disabled patient has been the victim of abuse, assault or neglect, you must notify the Texas Department of Family and Protective Services. See policy 9.3.9 Reporting Suspected Abuse and Neglect of Children, the Elderly and/or Disabled Persons for details on reporting. (NOTE: For competent adults between 18 and 65, the authorities may be notified only at the patient’s request or with their consent.)

You must also notify the faculty provider. Do not continue to interview the patient on your own. It is best to involve the provider and/ or social worker who have received special training on conducting a thorough assessment of this type in order to avoid problems with false memories if this should become a legal case.

References: [http://www.dfps.state.tx.us/everyonesbusiness/Facts.asp#Indicators](http://www.dfps.state.tx.us/everyonesbusiness/Facts.asp#Indicators)
[http://www.dfps.state.tx.us/Child_Care/About_Child_Protective_Services/recognize_abuse.asp#physical](http://www.dfps.state.tx.us/Child_Care/About_Child_Protective_Services/recognize_abuse.asp#physical)

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