

## CASE #9

### FAMILY ABUSE AND NEGLECT: WHEN DOES A HEALTH PROFESSIONAL REPORT?

#### CASE PRESENTATION

##### Complaint

The psychiatric-mental health nurse practitioner requests help to determine her responsibility to report potential child and elder abuse by the boyfriend of the patient who is reluctant to accept notification of authorities.

##### Mental History

Mrs. R is a 30 year old, black single mother who presents to the Emergency Department (ED) with complaints of tightness in the chest and periodic difficulty with breathing. Mrs. R is known to the ED because she has presented in the past with similar complaints. Her ED record indicates that she has been labeled "psychosomatic" because of her history of vague symptoms without physical cause, including complaints of anxiety and insomnia. Her record also indicates that she is "accident prone" as she periodically presents with trauma which she attributes to falls while house cleaning. In the past, ED physicians have prescribed benzodiazapines (minor tranquilizers) for her anxiety and insomnia.

The R family, which consists of Mrs. R, her 8 year old daughter, her frail elderly mother suffering from Parkinson's disease, and her live-in boyfriend, present several times a year to the ED for basic primary care since they have no medical insurance and no primary health care. Mrs. R is employed as a sales clerk. Her boyfriend works at odd jobs and is at home off and on during the day. It is his responsibility to give the elderly mother her day time meal and medications, and watch the daughter after school.

On this visit to the ED, Mrs. R is found to be negative for cardiac or respiratory disease. She is referred to the ED psychiatric-mental health nurse practitioner for evaluation of her psychological state and counseling. Upon meeting with Mrs. R, the nurse notes flat and depressed affect, and an evasive interaction style. Mrs. R verbalizes vague complaints of feeling overwhelmed, but is not specific about either her physical or psychosocial problems.

The nurse decides to explore for family violence, and says: "From your history, Mrs. R, I notice many problems that women commonly have when they are in a relationship with someone who is abusive. Could this be a problem in your home"?

Mrs. R begins to cry, and between sobs recounts a 5 year history of battery from the boyfriend who becomes abusive when drinking, which is several times a month. Mrs. R says she feels powerless to leave him, even though she suspects he may have taken sexual advantage of her daughter, because she depends on him in so many ways. She begs the nurse not to file a report with Child Services Division (CSD) because she thinks CSD will only make the situation worse and might even remove her daughter from the home; also, she is afraid of what the boyfriend might do in retaliation if he is accused. She promises the nurse that she and her mother make sure since "the incident" that the boyfriend is never alone with the daughter.

Is the nurse obligated to report one or more of the three situations: one adult known to be physically abused, one child suspected to have been sexually abused, and one elder possibly neglected, all resulting from one perpetrator known to be violent when abusing alcohol? What factors should be weighed in deciding the best action for protecting each member of this family? Are there conditions which make it defensible not to report?