

VICTIMS OF ABUSE

Department of Hospital Education
University of Mississippi Medical
Center

OBJECTIVES

At the completion of this module staff will be able to:

- Describe indicators of child abuse and/or neglect.
- Discuss policies and procedures which relate to child abuse and/or neglect.
- Define vulnerable adult, abuse, neglect and exploitation.
- Describe indicators of adult abuse and/or neglect.
- Discuss the policies and procedures related to vulnerable adult abuse and exploitation of patients and residents of care facilities.
- Discuss the procedure for victims of alleged sexual assault.
- Describe the procedure for victims of domestic violence.
- List indicators of domestic violence.

TYPES OF ABUSE/NEGLECT

- **Physical Abuse** – acts of violence that may result in pain, injury, impairment or disease (pushing, striking, force feeding, incorrect positioning).
- **Physical Neglect** – failure to provide item or services needed for optimal health (meals, fluids, physical therapy or hygiene)
- **Sexual Abuse** - Nonconsensual sexual contact of any kind (nonconsensual genital, anal, or oral penetration of a victim).

TYPES OF ABUSE/NEGLECT

Continued

- **Psychological abuse-** conduct that causes emotional or mental distress (verbally berating, harassing, intimidating, threatening, social isolation)
- **Psychological neglect** – failure to provide social stimulation and/or interaction
- **Domestic abuse** – the victim is an adolescent or adult (the abuser tries to control their victim with threats and/or violence)

TYPES OF ABUSE/NEGLECT

Continued

- **Elder abuse or neglect** – any form of mistreatment that results to harm of an older person (includes physical abuse or neglect, sexual abuse, psychological abuse or neglect, financial abuse or neglect).
- **Child abuse or neglect** - neglect occurs when a child's needs are not met by a parent, guardian, or caretaker. Abuse may be physical (minor injuries up to death), emotional (humiliation, shame or rejection) or sexual (involvement in any sexual activities).

Abuse and Exploitation of patients :

- **Vulnerable Person** – All patients, regardless of age, in a care facility.
- **Abuse** – Willful infliction of physical pain, injury or mental anguish (i.e. verbal abuse, belittling, improper joking “you always call me when I am going on break” even when said in a joking manner), unreasonable confinement of or deprivation by a caretaker of services which are necessary to maintain the mental and physical health of patients.
- **Exploitation** – Illegal or improper use of a patient’s resources for profit or advantage.

Reporting of Abuse or Exploitation of Patients

1. Immediately contact the department manager or administrative house supervisor who will coordinate procedures and provide assistance as indicated.
2. Report immediately. A full investigation must be completed and turned over to the State Department of Health within 24 hours of accusation of alleged abuse.
3. Any person who **knowing fails to make the report** as required by our policy upon conviction will be guilty of a misdemeanor and shall be punished by both a fine or by imprisonment in the county jail, or both receive a fine and imprisonment.

ASSESSMENT OF VICTIMS

- Assess all patients for abuse:
 - Physical, Domestic, sexual---
- Rule Out:
 - * Potential for death by suicide or homicide
 - * Substance abuse or alcohol
 - * Psychological disorder
 - * Child Abuse
 - * Trauma/Injury/Illness

Risk Factors-Perpetrators

- **Stress factors**
 - Economic strife
 - Poor housing
 - Unemployment
- **Parenting factors**
 - Lack of preparation
 - Poor role models
 - Unrealistic expectations of child
 - Use of corporal punishment
- **Psychological factors**
 - Impulse disorder
 - Mental illness, depression
 - Drug/alcohol abuse
 - Low IQ
- **Social factors**
 - Social Isolation
 - Distant or absent extended family

Historical Markers of Abuse

- No explanation or “magical injury”
- Inconsistencies in history
- The child protects abuser or denies being abused out of fear
- Mechanism of injury not compatible with child’s developmental ability
- Blame placed on child or sibling; “clumsy,” accident-prone child

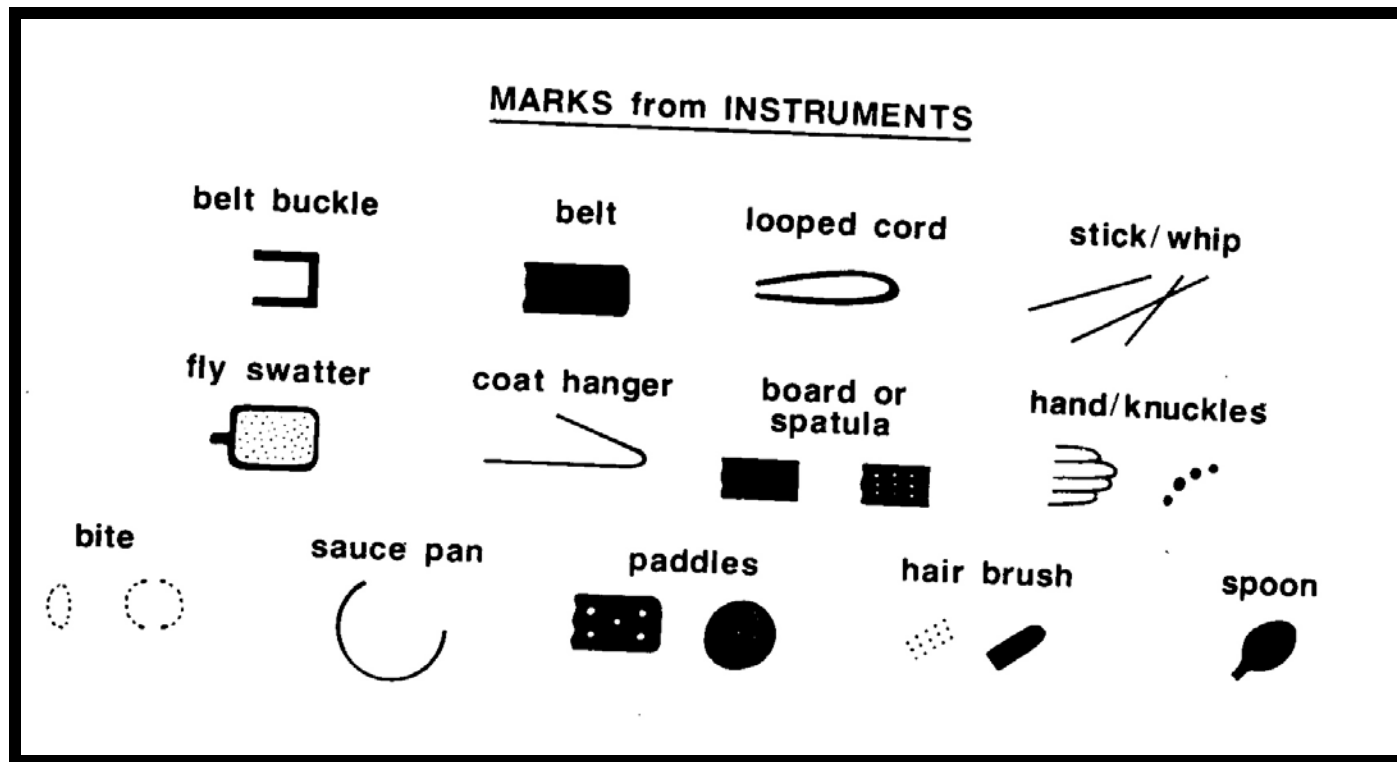
Historical Markers of Abuse Continued

- Delay in seeking medical care for significant injury
- Multiple physician visits for “accidental” injuries beyond that expected for average child
- Poor general care; evidence of neglect

Bruises in Abuse

- Document normal clotting studies
- Document injuries with photographs or diagrams when possible
- Exact dating of bruises difficult; in general
 - Reddish and purple bruises are 1- 3 days old
 - Yellow-brown bruises are 1-2 weeks of age
 - Most bruises fade by 2-4 weeks

Abuse Marks from Use of Objects



Belt Marks



Switch Marks



Looped Cords



Bites

- Animal bites usually associated with puncture wounds
- Human bites are more likely to have bruising and have elliptical shape
- DNA sampling for saliva and pictures of dental circle pattern useful for identification of perpetrator

Burn Abuse

- Scald burns- use of hot liquids
- Contact burns - any type of burn that uses a heated object to mark a victim
- Flame burns - use of a flammable liquid to intentionally injure a person (i.e. lighter fluid, gasoline, any substance that contains alcohol that can be ignited)

Abusive Scald Burns

- Circumferential “stocking-glove” pattern involving extremities
- Symmetric involvement of extremities
- Involvement of perineum or buttocks without splash injury highly suggestive
- Severity or depth of injury suggestive of force

Immersion Burn



Abusive Contact Burns

- Cigarette burns are most common
- Intentional cigarette burns are deep, round and in atypical locations
- Cigarette burns on dorsum of hand highly suspicious



Cigarette Burn



Shaken Infant Syndrome

- Occurs in young children up to 2 years of age
- Most prevalent in children under 1 year
- Greater than 50% of cases occur in infants < 6 months
- Peak age of incidence is 3 months

Shaken Infant Syndrome

Presenting Symptoms and Signs

- Irritability
- Lethargy
- Poor feeding
- Vomiting
- Bulging fontanel
- Seizures
- Enlarging head circumference
- Apnea
- Coma
- Death

Safe Baby Act

- Infant must be less than 72 hours to be dropped off
- No questions asked
- The following are examples of a safe place:
 - *Emergency Department, clinic, police station, fire station

The Role of the Healthcare Provider in Child Abuse

1. Identify the abused child
2. Provide immediate treatment for injuries
3. Report the case to appropriate authorities (mandated by law)
4. Prevent further injury to the child

Mississippi Centralized Intake

- 1-800-222-8000

- Or

- www.msabusehotline.mdhs.ms.gov

(contact information for reporting suspected or known child abuse)

DOMESTIC VIOLENCE

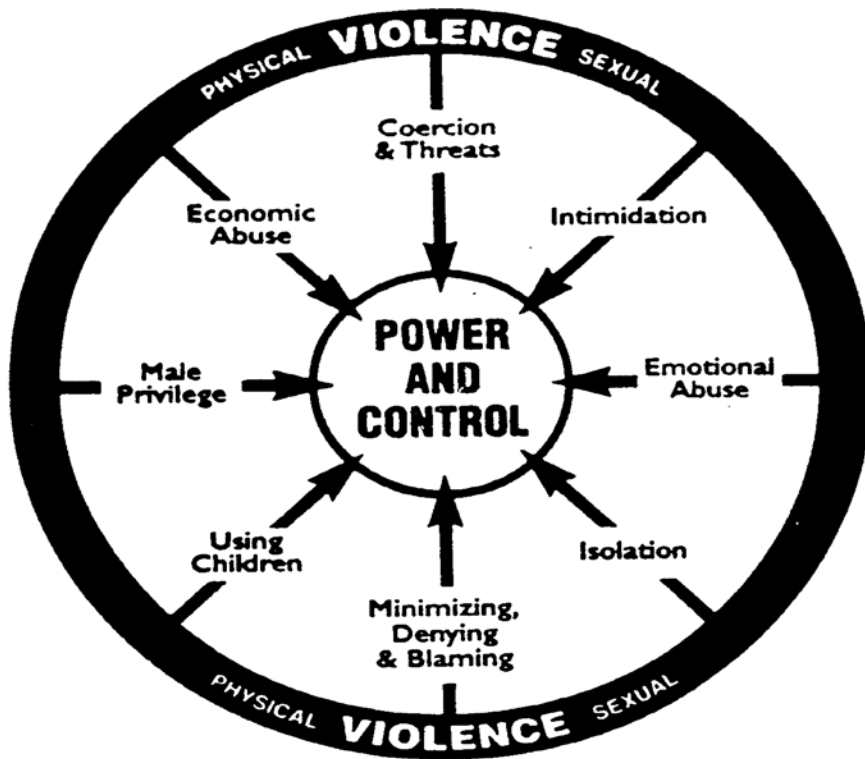


University of Mississippi
Health Care

DOMESTIC VIOLENCE

- Abuse is a pattern of behavior that seeks to establish power and control over another person through fear and intimidation.
- It often includes the threat of violence.
- Abuse is a socially learned behavior. 80% of abusers were abused themselves or witnessed abuse in their homes as children.
- Battering is a criminal offense.

Power and Control Wheel



To intervene successfully on behalf of a victim of abuse, the nurse practitioner must always remember that domestic violence is not caused by the victim's behavior—it is caused by the abuser's overwhelming need to control.

Characteristics of an Abuser

- Emotionally dependant on their victim
- Limited tolerance for frustration & stress combined with an explosive temper.
- Continually makes unsubstantiated accusations & experiences intense jealousy.
- Has no sense of violating one's personal boundaries.
- Accepts no blame or responsibility for their actions.

Characteristics of an Abuser Continued

- Has grown up in a violent home.
- Control their victims by threatening homicide or suicide if they attempt to separate or leave.
- Move to fast too soon in a relationship.
- Sometimes abuse drugs /alcohol
- Abuse or mistreat animals.

Domestic Violence

Legal Definition

- Attempting to cause or intentionally, knowingly or recklessly causing bodily injury with or without a deadly weapon.
- Placing, by physical menace or threat, another in fear of imminent serious bodily injury
- Criminal sexual conduct committed against a minor

Physical Violence

Simple Assault

- Simple assault means causing or attempting to cause bodily injury to another person, either on purpose or recklessly.
- Under the law, if someone in your family hits you, slaps you, chokes you, kicks you or otherwise attacks your body, they are guilty of simple assault.
- Even without touching you, if you fear from their actions that they are going to do serious bodily harm, they can be arrested and charged with simple assault.

Aggravated Assault

- Perpetrator intentionally or recklessly causes or attempts to cause serious bodily harm.
- Or if they use or attempt to use a deadly weapon.(gun, knife, glass, mop handle, etc.)

Sexual Assault “Rape”

- Any time physical violence or threat of physical violence is used to force you to submit to an act of sexual intercourse that you don't want.
- If you are given alcohol or drugs in such a large quantity that you are not capable of consenting to sex.
- Jury can give a sentence of life in prison.
- Judge can give any number of years up to life.

Mississippi SANE program “Sexual Assault Nurse Examiner”

- Adult and adolescent patients
- Pediatric patients
- Approximately 300 adult/adolescent sexual assault nurse examiners
- Approximately 70 pediatric sexual assault nurse examiners

Possible physical effects of sexual assault

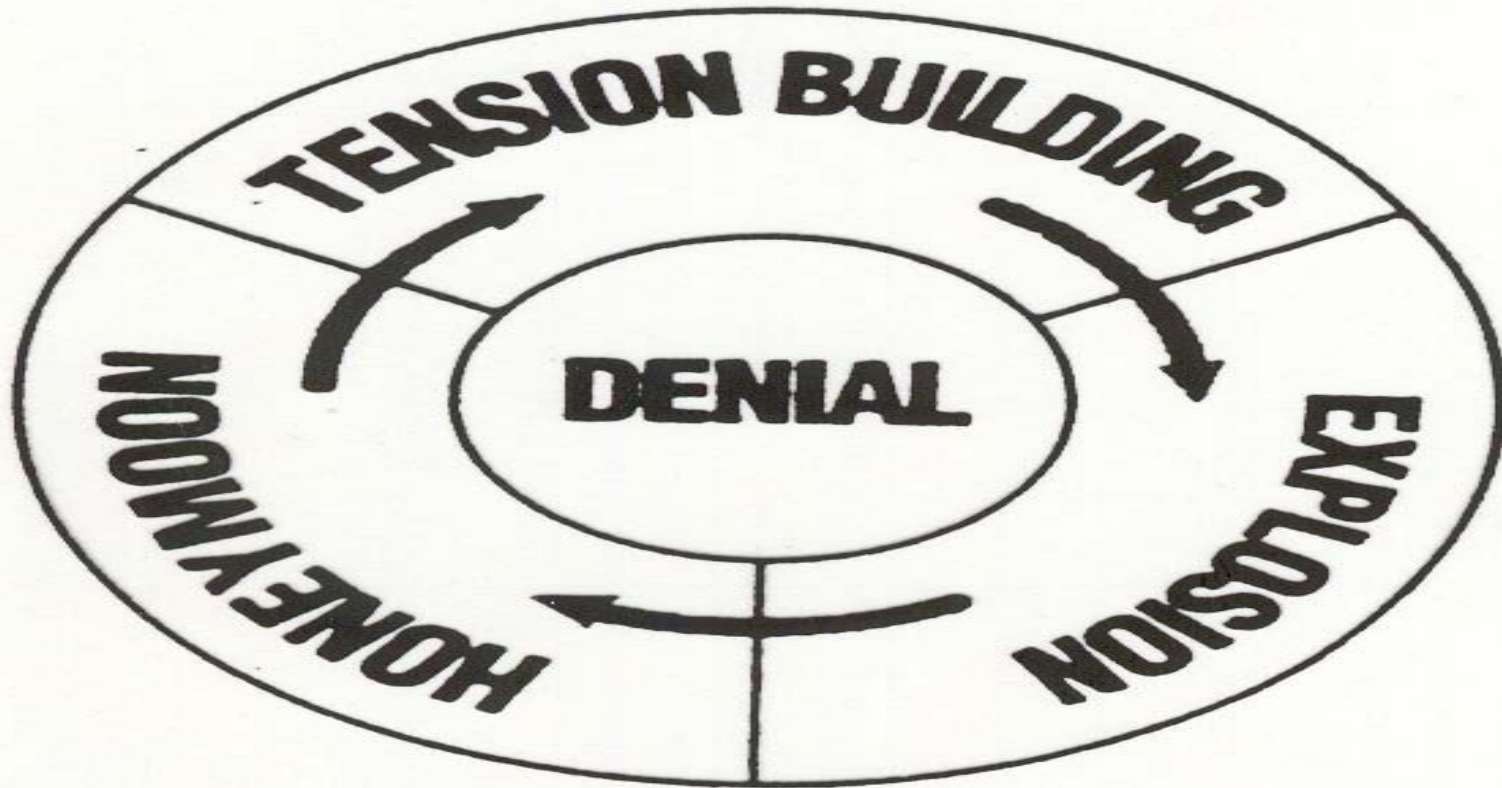
- Injuries to the vaginal and anal areas, lacerations, soreness, bruising, torn muscles, fatigue, & vomiting.
- Someone that is battered and raped may suffer broken bones, black eyes, bloody noses and knife wounds.
- Gynecological effects may include vaginal stretching, aborted fetuses, bladder infections, STDs and infertility.



Possible emotional effects

- Short-term: Anxiety, shock, intense fear, depression & suicidal thoughts
- Long-term: Sleeping or eating disorder, depression, intimacy problems, negative self-image, and sexual dysfunction

THE CYCLE OF VIOLENCE



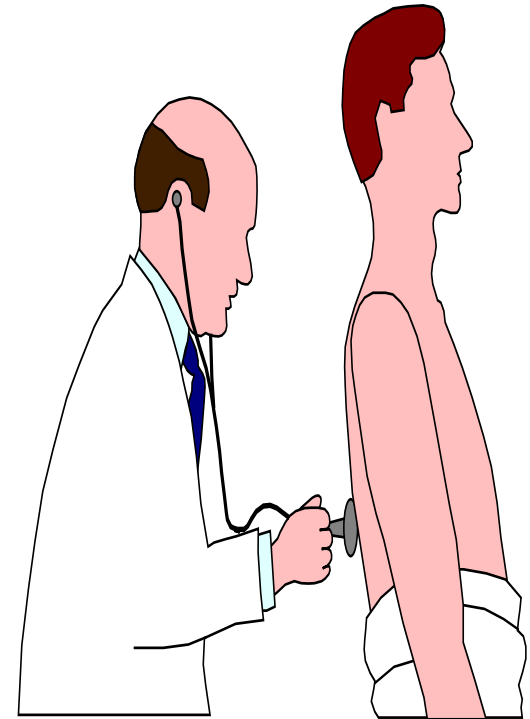
Many victims are in denial that they are living in the cycle of violence. The abuser convinces them that they are the source of the problem not the abuser.

Possible emotional effects

- Short-term: Anxiety, shock, intense fear, depression & suicidal thoughts
- Long-term: Sleeping or eating disorder, depression, intimacy problems, negative self-image, and sexual dysfunction

Interview

- Suspicious-- ASK!
- Be Non-judgmental
- Let patient talk
- The victim may become emotional
- Provide Safety and privacy
- Explain their medical/legal rights



Components of a forensic exam

- Written consent
- Assault history
- Pertinent medical information
- General physical exam for trauma
- Assessment of involved orifices for trauma
- Sperm and seminal fluid specimens from involved orifices
- Foreign biological matter collection
- Fingernail scrapings or clippings

Components of a Forensic Exam

- Pubic hair combing for foreign hairs and other materials
- Blood for typing and DNA screening
- Urine specimen (when rape drug used)
- Collection of torn or stained clothing
- STD prevention
- Additional blood or urine specimens for drug and alcohol analysis
- Documentation: written, photographic

Domestic Violence Hotline

- **1-800-799-SAFE**
- **1-800-898-3234**

Who is a Vulnerable Adult?

- Persons who are unable because of age or any other infirmity to protect themselves from harm. (disabled because of age, in a wheelchair, or bedridden).
- Any hitting, slapping, biting, choking, etc. -- anything that causes pain.
- Punishable by up to 30 years in prison.

UMC Procedure for reporting adult abuse elder, neglect, vulnerable adult

- Attending physician or house officer that has reasonable cause to suspect abuse, neglect
- MD contacts social worker
- Nurses notify nursing supervisor
- Attending physician or house officer shall report exploitation of patients orally within 24 hours and in writing within 72 hours of discovery to the Mississippi State Department of Health and the Medicaid Fraud Control Unit of the Attorney General's office.

Reporting

- Attending physician or house officer informs the “caretaker” of the medical findings and the medical care plan.
- The social worker will assist the “caretaker” and vulnerable adult in understanding the reporting process and advise them that they may contact the State Department of Human Services.
- Attending physician or house office shall prepare a written report on Abuse/Neglect form (UMC form#329) for the State Department of Human Services). The completed form is given to social worker for distribution.

References

1. Hospital Administrative Policies:

- Child Abuse, Neglect, Report of Suspected (HADM/C-7)
- Adult Abuse Elder, Neglect Indicators, Report of Suspected Vulnerable(HADM/A-14)
- Alleged Abuse and exploitation of Patients, Occurrences on UHHS campus (HADM/A-13)
- Relinquishment of Babies to the Emergency Department (HADN/A-7)

2. HealthStream Courses:

- Identifying and Assessing Victims of Abuse and Neglect
- Identifying and Assessing Victims of Child Abuse and Neglect
- Identifying and Assessing Victims of Domestic Abuse
- Identifying and Assessing Victims of Elder Abuse and Neglect