# Abuse: Child, Elder, Intimate Partner

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INTRODUCTION

Three types of abuse that may be seen in the healthcare setting are child abuse, elder abuse, and intimate partner violence, also known as domestic violence. The abuse of one person by another can take many forms – physical, emotional, psychological, sexual, and more.

The statistics regarding abuse are disturbing:
- In 2014, more than 700,000 children were abused and/or neglected in the U.S.
- In 2015, more than 2.1 million cases of elder abuse were reported in the U.S.
- On average, nearly 20 people per minute are physically abused by an intimate partner in the U.S.

Many victims end up seeking medical care at hospitals, physician offices, and clinics. Healthcare providers are likely to encounter victims of abuse from time to time, and they can play a critical role in recognizing, reporting, and helping victims of abuse.

PURPOSE/OVERALL GOAL

This module outlines what providers need to know about child abuse, elder abuse, and intimate partner violence. It explains the types of abuse that can be experienced by each, how to recognize the signs, and what providers should do if abuse is suspected.

The goal of this module is to give providers the information they need to effectively identify and report suspected cases of abuse in the patients they may be caring for.

COURSE OBJECTIVES

After completing this module, the learner should be able to:
1. Define types and possible signs of child abuse
2. Define types and possible signs of elder abuse
3. Define types and possible signs of intimate partner violence
4. Describe what providers should do – and what they should not do – if abuse is suspected

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CHILD ABUSE

The federal Child Abuse and Prevention Treatment Act (CAPTA) defines child abuse and neglect as:
- Any recent act or failure to act on the part of a parent, caretaker, or other person who has responsibility for a child which results in the child’s death, serious physical or emotional harm, sexual abuse or exploitation, or
- An act or failure to act which presents an imminent risk of serious harm to the child

A child is:
- Someone who is less than 18 years old, or
- The age defined by the Child Protection Act of the state in which the child resides (except in the case of sexual abuse)

The U.S. Centers for Disease Control and Prevention (CDC) defines two categories of child maltreatment (abuse and neglect):
1. Acts of commission (child abuse):
   - Physical abuse
   - Sexual abuse
   - Emotional abuse
   - Failure to provide, such as physical, emotional, medical, or educational neglect
   - Failure to supervise, such as inadequate supervision and exposure to violent environments
TYPES OF CHILD ABUSE

1. Physical Abuse
Physical abuse is any action that causes physical harm to a child, even if the harm is not intentional, as in over-punishment. It includes:
- Kicking
- Punching
- Hitting
- Biting
- Burning
- Shaking

2. Sexual Abuse
Sexual abuse is inappropriate sexual behavior with a child. It includes:
- Fondling a child’s genitals
- Making the child fondle the adult’s genitals
- Intercourse
- Incest
- Rape
- Sexual exploitation

To be considered child abuse, these acts have to be committed by a person responsible for the care of a child (such as a parent, baby-sitter, or daycare provider), or someone related to the child. If a stranger commits these acts, it would be considered sexual assault.

3. Emotional/Psychological Abuse
Emotional abuse is an act, by parents or caregivers, that could cause behavioral, cognitive (affecting the thinking process), emotional, or mental disorders. Examples of this type of abuse include:
- Bizarre forms of punishment such as locking a child in a dark closet, basement, or attic
- Constant criticism, threats, or rejection
- Withholding love, support, or guidance

Emotional abuse is generally present with most other forms of abuse and is often hard to prove.

4. Abandonment
Abandonment of a child is when:
- A parent’s identity or whereabouts are unknown
- The child has been left alone in circumstances where the child suffers serious harm
- The parent has failed to maintain contact with the child or provide reasonable support for a specified period of time
5. **Neglect**

Neglect is the failure to provide for a child’s basic physical, medical, educational, or emotional needs.

It is important to note that allowances must be made for cultural values, poverty, and other factors that might be part of the reason for neglect. For example, people living in poverty may not be able to afford the medication the child needs.

- Physical neglect includes the failure to provide food, not allowing a runaway to come home, or inadequate supervision so that the child is endangered.
- Medical neglect includes failure to provide or withholding medical treatment or other life-sustaining treatments including water and nutrition, when the treatment would most likely result in correction of a medical condition. This does not include cases where there is no chance of recovery from illness, such as a child with terminal cancer or a newborn with a condition that is incompatible with life.
- Emotional neglect includes not responding to the emotional needs of a child, exposing a child to domestic violence, allowing a child to use drugs and/or alcohol, and the failure to provide the necessary psychological care.
- Educational neglect includes failure to educate a child or attend to special educational needs.

6. **Substance Abuse**

Many states consider substance abuse a form of child abuse and neglect. It may include the following circumstances:

- Prenatal exposure of a child due to the mother’s use of an illegal drug or other substance
- Manufacture of methamphetamine in the presence of a child
- Selling, distributing, or giving illegal drugs or alcohol to a child
- Use of a controlled substance by a caregiver that impairs the caregiver’s ability to adequately care for the child
SIGNS OF CHILD ABUSE

Child abuse is often hard to recognize unless it is very obvious. Knowing the signs of different types of abuse can help you recognize possible cases.

**Signs of physical abuse include:**
- Injuries inconsistent with the explanation of the injury (for example, an infant who is not yet walking or crawling with a broken leg, or injuries on both sides of the body because of a fall, since injuries due to a fall are usually found on one side only)
- Injuries in several stages of healing, such as old bruises and new bruises
- Evidence of old fractures
- Injuries such as rope burns, scalding, and cigarette burns

**Signs of sexual abuse include:**
- Provocative behavior or knowledge of sexual matters inconsistent with child’s age
- Suicidal gestures
- Behavior problems
- Diagnosis of sexually transmitted disease in a child

**Signs of emotional/psychological abuse include:**
- Poor development of basic skills
- Anxiety or insecurity
- Withdrawal
- Destructive behavior
- Aggression or angry outbursts

**Signs of neglect include:**
- Malnutrition
- Failure to keep medical appointments or prescribed treatment
- Child not dressed for the weather
- Child not taking medicine as prescribed

Be mindful that factors such as poverty may appear as neglect.
REPORTING CHILD ABUSE

In all states, it is MANDATORY that healthcare professionals report suspected cases of child abuse.

Your facility may have its own policies about who files the actual report. As a healthcare worker, you should become familiar with your facility’s policies in this regard.

If a child tells you he or she was abused, or if you suspect abuse:
1. Notify the appropriate state agency as per your facility’s policy (your facility will have a hotline number to call), and they will get the details from the child.
2. DO NOT interview the child; studies show that the testimony of children is less accurate when they are asked to repeat it.
3. DO NOT allow the child to leave with the caregiver until the state agency is contacted and you have their permission to allow the child to leave with the parent/caregiver.

Each state has its own statutes defining:
- The procedure for reporting suspected cases of child abuse to Child Protective Services
- Who must file the report
- Other factors such as criminal punishment for abuse
ELDER ABUSE

Elder abuse is:
- The physical, emotional, or financial mistreatment, neglect, or exploitation of a person age 60 or older by another person, or
- The self-neglect of an individual in this age range

According to the National Center on Elder Abuse, each state defines elder abuse according to its unique statutes and regulations, and definitions vary from state to state.

Elder abuse can occur in these settings:
1. Domestic elder abuse. This is abuse of an older person by someone who has a special relationship with the elder, such as an intimate partner, spouse, sibling, child, friend, or caregiver. The abuse occurs in the older person’s home or in the home of the caregiver.
2. Institutional elder abuse. This is abuse of an older person that occurs in a residential facility for older persons such as a nursing home, foster home, group home, or boarding house. In institutions, the persons who are the abusers have been hired to provide care and protection for elders.
TYPES OF ELDER ABUSE

1. Physical Abuse
Physical abuse is intentional physical pain or injury inflicted on an elder by a person who is responsible for his or her care. Examples include:
- Slapping
- Bruising
- Use of unreasonable physical restraint
- Deprivation of food or water
- Over-medicating or under-medicating

Signs of physical abuse include:
- Elder’s report of being hurt
- Injury inconsistent with the story of how it was received
- Injuries in various stages of healing
- Observed actions of caretaker, such as hitting, slapping, or burning
- Caretaker’s refusal to allow anyone to see an elder alone

2. Sexual Abuse
Sexual abuse (a type of physical abuse) is any nonconsensual sexual contact or sexual act with any person incapable of giving consent. This includes, but is not limited to:
- Unwanted touching
- Sexually explicit photographing
- All types of sexual assault or battery, such as rape, sodomy, or coerced nudity

Signs of sexual abuse include:
- Elder’s report of being sexually abused
- Torn, stained or bloody underclothing
- Bruises or other injuries around breasts or genitals
- Unexplained vaginal or rectal bleeding
- Unexplained sexually transmitted disease (STDs) such as gonorrhea or syphilis

3. Emotional or Psychological Abuse
Emotional or psychological abuse is the infliction of mental or emotional suffering (anguish, pain, or distress) through verbal or nonverbal acts by a person who is in a position of trust. Examples include:
- Verbal assault
- Humiliation
- Intimidation or threats
- Isolation from family and/or friends

Signs of psychological abuse include:
- Elder report of psychological abuse
- Elder being very agitated and upset
- Elder being withdrawn and uncommunicative or nonresponsive
- Unusual behavior often attributed to dementia (hitting, biting)
4. **Neglect**
Neglect is the failure of a caretaker to provide adequate food, clothing, shelter, psychological care, physical care, medical care, or supervision to avoid physical harm, mental anguish, or mental illness to the elder. Examples include:
- Failure to assist with personal hygiene or the provision of clothes
- Failure to protect an elder from health and safety hazards

Signs of neglect include:
- Dehydration, malnutrition, untreated bed sores, and poor personal hygiene
- Unattended or untreated health problems
- Unsafe living conditions
- Unsanitary appearance such as dirty clothes
- Elder report of being mistreated

5. **Abandonment**
Abandonment is the desertion by an individual who has assumed responsibility for providing care for an elder or by a person with physical custody of an elder. This includes:
- The desertion of an elder at a clinical facility, shopping mall, or other public location
- Elder report of being abandoned

6. **Financial or Material Exploitation**
Financial or material exploitation is the theft or improper use of an elder’s money or property, without his or her consent, for someone else’s benefit. Examples include:
- Forcing or tricking the elder into selling his or her home
- Forging a signature on pension checks, wills, or financial documents
- Misusing “power of attorney”
- Not allowing the older person to buy needed items such as clothes
- Using the elder’s ATM without permission or taking over bank accounts without permission
- Making changes to the elder’s will without approval
- Providing substandard care despite an elder’s ability to pay
- Unexplained disappearance of funds or valuable possessions
- Elder report of financial exploitation

7. **Self-Neglect**
Self-neglect (also known as self-abuse) is the behavior of an elderly person that threatens his or her own health or safety, such as not providing himself/herself with enough food or water, clothing, shelter, safety, personal hygiene, and/or medication. Self-neglect usually occurs when an elder lives alone.

This excludes any competent older people who make a conscious and voluntary decision to engage in acts that threaten their health or safety and who understand the consequences of those decisions.

Signs of self-neglect include:
- Grossly inadequate housing or homelessness
- Lack of the necessary medical aids
- Hazardous, unsafe, or unclean living conditions
- Dehydration, malnutrition, poor personal hygiene, improperly treated medical conditions
REPORTING ELDER ABUSE

Healthcare professionals in all states are required by law to report any suspected cases of elder abuse.

Your facility may direct the procedure for reporting. All calls are confidential and must be made to your state’s hotline. The investigation will be carried out by the state’s Adult Protective Services.

If abuse is suspected or an elder tells you he or she was abused:

- Document all findings, including any statements the victim and caretaker make
- DO NOT allow the elder to leave without permission from the state Adult Protective Services

Your community should also have an Area Agency on Aging that provides services for the elderly. If a caretaker expresses any concerns or clearly needs help, you can either call or refer the person to this agency.
INTIMATE PARTNER VIOLENCE

Intimate Partner Violence is a pattern of threatening or violent behavior used to establish power and control over an intimate partner. It involves emotional, financial, physical, sexual, or social abuse.

Intimate Partner Violence is also known as:
- Domestic violence
- Domestic abuse
- Intimate partner abuse

Intimate Partner Violence happens in all types of intimate relationships:
- Between married couples
- Between unmarried couples
- Between same-sex couples
- Between couples living together or apart

In a relationship where Intimate Partner Violence exists, one person is forced to change his or her behavior because of abuse or the perceived threat of abuse.

Some facts about Intimate Partner Violence:
- People of different races, income levels, and education are potential abusers or victims.
- One in four women will experience this type of violence in her lifetime.
- Children who witness family violence in their home are more likely to grow up to be Intimate Partner abusers or victims.
- Husband abuse represents about 5% of Intimate Partner Violence cases.
TYPES OF INTIMATE PARTNER VIOLENCE

1. Physical Abuse
Physical abuse is the infliction of pain or physical injury by the victim’s partner. A physical abuser may:
   - Hit, push, kick, slap, hold down, or throw things at the victim
   - Harm a victim’s children, pets, or property
   - Commit battery (a threat of violence accompanied by the ability to carry out the threat)

2. Sexual Abuse
Sexual abuse is violence by the victim’s partner in which sex is used to hurt, degrade, dominate, humiliate, or gain power over the victim. It is an act of aggression.

   The abuse may involve force, coercion, bribes, threats, or corruption, and may include prostitution or money. Abusers may brag or boast to the victim about sexual activities with another person, or compare the victim’s sex actions to those of other persons.

   A victim of sexual abuse may:
   - Be treated as a sex object
   - Be called sexual names
   - Be forced into sexual activities by the abuser
   - Develop an inability to trust, which leads to secrecy and nondisclosure

3. Psychological Abuse
Psychological abuse includes:
   - Intimidation
   - Degradation
   - Coercion
   - False accusations
   - Humiliation
   - Ridicule
   - Threats of physical harm

4. Financial Abuse
Financial abuse of an intimate partner is the misuse or exertion of control over money, access to money, or possessions. It includes stealing and lying about money.

   A financial abuser may:
   - Remove large sums of money from the victim’s bank account
   - Deny the victim the ability to pay bills or buy necessities
   - Deprive the victim of money or access to money
   - Deny the victim job freedom
5. **Emotional Abuse**

Emotional abuse is behavior that causes feelings of unworthiness. An emotional abuser may withhold affection from the victim, or use jealousy, passion, or anger to justify actions.

Victims of emotional abuse may be:
- Put down by their partner
- Told no one else will want them if the partner leaves
- Ignored or isolated

Emotional abuse is cruel and destructive. It is almost always present in situations where other forms of Intimate Partner Violence occur.
THE CYCLE OF INTIMATE PARTNER VIOLENCE

The cycle of abuse is common in many cases of Intimate Partner Violence. It results in the abused person living in fear with the belief that there is no escape.

The three phases of the cycle of Intimate Partner Violence are:
1. Tension-building phase
2. Crisis phase
3. Honeymoon phase

Phase 1: Tension-Building Phase
The tension-building phase is characterized by stress.
- The abuser shows signs of increasing irritation with the victim, often finding fault with everything he or she does.
- The victim becomes fearful and tries to find ways to appease the abuser.

Phase 2: Crisis Phase
The crisis phase is characterized by violence.
- The abuser’s anger reaches a critical point and is released in the form of verbal or physical violence.
- The abuser may shout and scream at the victim, threaten him or her, and damage the victim’s property.
- Physical assaults such as punching, kicking, or slapping hard enough to bruise, break bones, and draw blood may also occur.
- The police or neighbors may be called, or the violence may be unknown to people outside.
- The victim may be made to feel that he or she provoked the escalation from phase 1 to phase 2.

Phase 3: Honeymoon Phase
The honeymoon phase is characterized by a return to calmer behavior.
- The abuser is sorry and promises to get help and never do this again.
- The abuser may offer affection to the victim.
IDENTIFYING INTIMATE PARTNER VIOLENCE

Victims of Intimate Partner Violence often have obvious physical injuries. Others may have vague complaints and deny abuse.

When a patient denies Intimate Partner Violence, the following signs may alert healthcare workers to suspect abuse:

- A pattern of missed appointments
- Delays in seeking treatment
- Frequent medical visits for vague complaints with lack of evidence of physical causes
- Injuries in several stages of healing, such as old bruises, and evidence of old fractures
- Injuries during pregnancy (because pregnancy is a high-risk situation for abuse)
- Injuries inconsistent with the explanation of the injury

Examples of situations in which the explanation of the injuries are inconsistent with the injuries:

- Someone states that the injuries are caused by a fall, and yet the bruises and cuts, on the hands and arms, are consistent with self-defense injuries.
- Someone states that the injuries are caused by a fall, and yet the injuries are found on both sides of the body (usually, in a fall, injuries are on one side only).
REPORTING INTIMATE PARTNER VIOLENCE

If you suspect Intimate Partner Violence:
- Provide privacy and the opportunity for the person to talk. Privacy also means privacy from partner, family members, or acquaintances.
- Assure the person of confidentiality.
- Be nonjudgmental and caring.
- Ask if the partner has ever harmed or threatened to harm the person or his or her children.
- Let the person know that there are options. Reinforce the idea that victims do not cause nor deserve the abuse.
- DO NOT ask the person why he or she does not leave the abuser.
- DO NOT change your course of action because the person does not admit to abuse.

As a healthcare worker, your responsibilities include:
- Screening patients for signs of abuse
- Documenting all findings including the victim’s statements
- Ensuring domestic violence information is available in waiting areas and restrooms
- Knowing the options and inform the person about options
- Making referrals, as indicated

Use the acronym RADAR as a guide:
- R = Routinely screen patients
- A = Ask direct questions so the person can answer “yes” or “no”
- D = Document your findings
- A = Assess the person’s safety
- R = Review options and referrals

Options for victims include:
- Pressing charges to have the abuser arrested
- Obtaining an injunction or restraining order against abuser (the purpose of the restraining order is to prevent the abuser from communication or associating with the victim)
- Going to a safe house or shelter for protection and accommodations
- Going back home
- Getting help when ready

BE CAUTIOUS about giving victims a phone number to call for help. The abuser may find it and respond abusively. Instead:
- Help victims memorize the number.
- Tell them how to find the numbers for help.
- Tell them the names of organizations or websites they can look up when it is safe.

If an abuser seeks help, follow the hospital policy on Intimate Partner Violence and refer him or her to treatment centers for help. There is also help for substance abuse.

Where to get help: www.thehotline.org
CONCLUSION

Healthcare providers are in a powerful position to help victims of abuse. You do not need to be an expert on interpersonal relationships and domestic violence to do this. But you should know the risk factors and signs of abuse, and how to report it.

Healthcare providers can take advantage of their unique roles to assess patients of all ages for mistreatment. Knowing what to do if abuse is suspected is critical.

Your role as a provider can make a difference.

REFERENCES: