ABUSE, NEGLECT & VIOLENCE AMONG CHILDREN, ELDERLY & DOMESTIC PARTNERS

Frederick Regional Health System
Child Abuse & Neglect

I have the right to protection
The Federal Abuse Prevention & Treatment Act (CAPTA), defines child abuse as:

- Any recent act or failure to act on the part of a parent or caretaker which results in 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

42 U.S.C.A., 516g, amended by the Keeping Children and Families Safe Act of 2003
Neglect:

- The failure to provide for a child’s basic needs:
  - Physical – Food/Shelter, lack of appropriate supervision
  - Medical – Failure to provide necessary medical or mental health treatment
  - Educational – Failure to educate or attend to special needs
  - Emotional – Inattention to child’s emotional needs, not providing psychological care, or permitting child to use alcohol or other drugs
## Recognizing Child Abuse

### Child
- Has unexplained burns, bites, bruises, broken bones, or black eyes
- Frequently absent from school
- Begs or steals money or food
- Sudden change in behavior or school performance
- Is overly compliant, passive, withdrawn, may not cry during painful procedures

### Adult Caregiver
- Offers conflicting, unconvincing, or no explanation for the child’s injury
- Behaves irrationally, in a bizarre manner, or is secretive and isolated
- Constantly blames, belittles, berates, or overtly rejects the child
## Recognizing Child Abuse

<table>
<thead>
<tr>
<th>Child</th>
<th>Adult Caregiver</th>
</tr>
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<tbody>
<tr>
<td>Reports sudden nightmares or bedwetting, changes in appetite, or outbursts of anger or aggression</td>
<td>History of being abused or history of drug/alcohol abuse</td>
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<tr>
<td>Demonstrates bizarre, sophisticated, or unusual sexual knowledge or behavior</td>
<td>Is jealous, controlling or unduly protective of child, limiting contact with other children</td>
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<tr>
<td>Comes to school or other activities early, stays late, and does not want to go home or cries when it is time to go home</td>
<td>Shows little concern or apathy towards the child, seeing them as bad, worthless or burdensome</td>
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<tr>
<td>Unexplained soreness or bruising around genitals, STD’s, or pregnancy</td>
<td>Uncooperative or hostile toward hospital staff</td>
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Cultural Practices Mistaken for Abuse

- **Cupping**
  - Used in Asia, Europe, & the Middle East to “draw out” the poison that is making them ill

- **Coining**
  - Vietnamese practice

- Contact the hospital Diversity Director with any questions related to cultural practices

Slide 7 of 25
Cultural Practices Mistaken for Abuse

- **Burning**
  - Southeast Asian practice: Areas of skin burned to treat cough, pain, etc.

- **Moxibustion**
  - Southeast Asian practice: Burn mugwort, incense, or yarn over affected area

- **Topical Garlic application**
  - Yemenite Jewish practice: Treats infectious diseases

- **Lead treatments**
  - Mexican practice: Treats digestive problems
  - Southeast Asia: Treats rash/fever

Slide 8 of 25
Reporting Suspected Abuse or Neglect

- **Code of Maryland Regulations – Section 07.02.07**
  - Suspected abuse/neglect is reported to local social services or to local law enforcement agencies
  - Is it **MANDATORY** for health practitioners, educators, human service workers, and police to report suspected abuse – orally and in writing
    (Oral report immediately and written within 48 hours of contact with child)

- **The report should include:**
  - Name and Home Address of child and Caregiver
  - Present location of child and age of child
  - Names and ages of other children in the home
  - Nature and extent of injury/neglect/sexual abuse of child (detailed description)
Child Protective Services

- Frederick County
  - (301) 694-2464
  - After hours: (301) 694-2100 (Frederick City Police)
  - Fax: (301) 631-2639

- Hospital social workers can also assist with resources and should be notified if you suspect any child maltreatment
affects those you love
Domestic Violence

- Defined as a **pattern of assault and controlling behavior** perpetrated by one partner against the other.

- This can include **physical, sexual, and psychological attacks** like:
  - Emotional intimidation, verbal abuse, stalking, destruction of pets and property, marital rape and social isolation.

- 1 in 4 women will be a victim of domestic abuse at some point in her life.

- In a survey by the CDC in 2010, it was found that 40% of the victims of severe, physical domestic violence are men.

- Everyday in the US, more than 3 women are murdered by their husband or boyfriends.
  - Cost of intimate partner violence in the US alone exceed $5.8 billion per year.

http://domesticviolencestatistics.org/domestic-violence-statistics/

Slide 12 of 25
Barriers to Disclosure

- Health care Staff:
  - Lack of time to establish a rapport with patient
  - Pre-conceived notions/judgments – staff cannot understand why this person won’t leave their abusive partner
  - Lack of privacy – Victim comes to hospital with abuser at their side. This is to ensure that the truth will not come to surface. Providers need to separate the victim to establish privacy for the victim
Barriers to Disclosure

- **Patients:**
  - **Threats** – Perpetrator may threaten the victim if they disclose incriminating information, or they may use children or pets as a bargaining tool to secure their secret.
  - **Economic status** – The victim may not have resources to leave their home, or may not be willing to go to a shelter with their children.
  - **Learned helplessness** – The battered victim may perceive that there is no way out of their relationship. They may believe that if they stay, they will be killed, or even if they leave, they will be found and killed.
Done through Meditech during Triage or when completing admission information with a direct admit.

- If violence is suspected, speak with patient alone. Ask any family/friends to wait outside room and discuss screening questions with patient.
- The patient may deny abuse, staff needs to accept their response and offer support as a resource if they would need the help. Staff cannot make referrals without the patient’s authorization.
If a Patient Discloses Abuse…

- Determine if the patient is in immediate danger. If so, inform hospital security and local police.
- After immediate danger has been ruled out, the patient will be cleared medically, then a safety plan should be discussed.
- The medical record may be used in court.
  - Be detailed with documentation
  - Polaroid pictures may also be taken as documentation
- Reporting domestic violence is non-mandatory in Maryland, unless a violent crime has occurred.
Domestic Violence Numbers

- FMH SAFE Program: (301) 698-3500
  - For victims of sexual assault

- Heartly House: (301) 662-8800
  - Provides counseling, 24 hour hotline, legal resources, emergency shelter, Abuser intervention program, and many other resources like the Lethality Assessment Program

- National Domestic Violence Hotline: (800) 799-7233
Elder Abuse & Maltreatment

- Refers to any **knowing, intentional, or negligent act** by a caregiver or another person that can or does cause harm to a vulnerable adult (Elderly)

- This can include:
  - Physical – The threat of or actual physical pain
  - Emotional – Inflicting mental pain, anguish, or distress
  - Sexual – Non-consensual sexual contact of any kind
  - Exploitation – Illegal taking or misuse of funds, property or assets
  - Neglect – Refusal or failure to provide basic necessities of life
  - Abandonment – Desertion of a vulnerable elder by the person who has assumed responsibility for them
Warning Signs of Elder Abuse

- Physical signs: Bruises, broken bones, bruising to genital areas, bed sores, poor hygiene, unusual weight loss
- Emotional/Mental signs: Unexplained withdrawal from normal activities, sudden change in alertness, frequent arguments between caregiver and elderly person
- Other sign: Sudden change in financial situation
Elder Abuse — Statistics

- 7.6%-10% reported abuse in the prior year, but the study found that 1 in 14 cases ever comes to the attention of the authorities.

- A 2010 study, found that nearly 50% of patients with dementia had been mistreated.

- In a 2000 study, 95% of the long-term patients stated that they either witnessed or were neglected; 44% abused.
Self-Neglect

- Defined as an elder neglecting their own care, which can lead to illness or injury
- Demonstrated through:
  - Hoarding, not taking medications or seeking medical treatment, poor hygiene, leaving a burning stove unattended, confusion, dehydration, and an inability to attend to housekeeping
- A majority of cases reported to Adult Protective Services are due to declining health, Alzheimer’s disease, dementia, or drug/alcohol dependency
If Elder Abuse Is Suspected…

- Health Practitioners, educators, human service workers, and police are required to report elder abuse or neglect

- Include in the report:
  - Name, home address, age, present location of patient
  - Report in detail the extent of injuries or sexual abuse or neglect of patient
  - Also include any information of known medical, family, or social problems
  - Include anything that may aid in establishing cause of injury
  - Document any visualized hitting, yelling, or other abusive behavior
Resources

- Report Elder Abuse: 1-800-91-PREVENT (1-800-917-7383)
- Visit the Department of Human Resources website at: http://www.dhr.state.md.us/oas/protect.htm
- Frederick County Department of Social Services (DSS)
  100 East All Saints Street, P.O. Box 237, Frederick, MD 21701
  (301) 631-2635 or (301) 694-2102 (after hours)
Take Test

When you are ready to take the test:

1. Return to the FMH internet page where you opened this course material

2. Click the link for the test (the test will appear on screen in Adobe Reader, in PDF format)

3. Print the test, then complete it and return it to your supervisor for grading