Chapter 39
Abuse and Assault

Learning Objectives
- Discuss the incidence of abuse and assault
- Describe the categories of abuse
- Discuss examples of intimate partner abuse
- Describe the characteristics of a person in an abusive relationship

Learning Objectives (Cont'd)
- Describe the cycle of violence
- Outline techniques for the detection of potential violent crime scenes
- Describe priorities for crew safety and crime scene awareness
Learning Objectives (Cont'd)

- Discuss the assessment and management of the abused patient
- Discuss documentation requirements associated with abuse and assault
- Discuss legal aspects associated with abuse and assault situations

Learning Objectives (Cont'd)

- Discuss community resources available to assist victims of abuse and assault
- Discuss examples of child abuse and neglect (maltreatment)
- Identify types of child abuse
- Discuss examples of elder abuse

Learning Objectives (Cont'd)

- Identify types of elder abuse
- Discuss examples of sexual assault
- Discuss the assessment and management of sexual assault patients
- Discuss evidence preservation and evidence collection at the crime scene
Intimate Partner Violence and Abuse

- Crime, know the local reporting requirements
- Domestic violence, interpersonal violence, battering, marital abuse, family violence
- Learned pattern of assaultive, controlling behavior including physical, sexual, and psychological attacks

Intimate Partner Violence and Abuse (Cont'd)

- Economic control
- Abuse has obsessive behaviors
- Escalates over time
- Domestic Abuse Intervention Program wheel model behavior categories
Intimate Partner Violence and Abuse (Cont'd)

• Epidemiology
  ➢ 85-95% of victims are female
  ➢ Abuser characteristics
  ➢ Reasons not reported

Intimate Partner Violence and Abuse (Cont'd)

• Cycle of Abuse (Cont'd)
  ➢ Types
    ▪ Psychological (emotional)
    ▪ Physical
    ▪ Economic
    ▪ Neglect
    ▪ Sexual

Intimate Partner Violence and Abuse (Cont'd)

• Cycle of abuse
  ➢ Tension-building phase
    • Intimidation, arguing, verbal and emotional abuse, isolation tactics
    • Frightens with looks, actions, gestures that imply physical assault may occur
    • Threats
    • Relationship strain high with heightened anger, blaming, arguing
**Intimate Partner Violence and Abuse (Cont’d)**

- **Cycle of abuse**
  - Abuse phase
    - Mind games, humiliation
    - Controls who victim sees, what she does
    - Uses other people to relay messages, spy
    - Abuser threatens self-harm if victim suggests leaving the relationship
    - Physical violence, never first form of abuse used
    - Abuser blames victim for abuse
    - Sexual abuse common

- **Cycle of abuse**
  - Honeymoon phase
    - Abuser is remorseful, promises to never abuse again
    - Denial, apologies

**Why doesn’t victim leave?**

- Characteristics of abusive relationship
  - Unrealistic expectation of relationship
  - Difficulty in expressing anger
  - Clinical depression
  - Repeated attempts to leave relationship
  - Suicidal ideation/attempts
  - Use of excessive alcohol, other substances
Role of EMS Personnel

• Scene safety
  ➢ Size-up essential
  ➢ Potentially violent, notify police
  ➢ Do not enter potentially dangerous environment
  ➢ Weapons, violent people in home
  ➢ Interview possible abuse victim alone
  ➢ Voice suspicion to ER staff
  ➢ Suspect abuse if injuries do not match mechanism of injury

Role of EMS Personnel (Cont’d)

• Detailed physical examination
  ➢ Female assess female, male assess male
  ➢ Most common injuries hidden by clothing

Role of EMS Personnel (Cont’d)

• Signs of injury
  ➢ Indicators of abuse
  ➢ Patterned injuries
Role of EMS Personnel (Cont’d)

- Signs of injury
  - Facial petechiae

- Signs of injury
  - Multiple bruises

- Multiple, nontraumatic, and chronic complaints
  - Most common
  - Signs of abuse
  - Chronic medical conditions
  - Obstetric and gynecological conditions
Role of EMS Personnel (Cont’d)

- Effective communication
  - Convey messages
    - No excuse for abuse
    - Not victim’s fault, only the abuser is responsible
    - No one deserves abuse
    - There for support, believe victim

Role of EMS Personnel (Cont’d)

- Effective communication
  - Treating victim
    - Show respect, provide empowerment by allowing decision making
    - Listen
    - Have same sex EMT interview, perform assessment when possible
    - Provide referral information for shelter
    - Victim more receptive before the honeymoon phase

Role of EMS Personnel (Cont’d)

- Effective communication
  - Asking questions
    - Be direct
    - Interview patient alone, back of ambulance
    - Absolute privacy before asking questions
    - Do not interview in front of children
    - Anyone accompanying patient is a potential abuser
    - If cannot ask, report suspicions to ER staff
Role of EMS Personnel (Cont’d)

● Effective communication
  ➢ Response
    ▪ Assess safety of situation for victim
    ▪ Notify police
    ▪ Do not leave victim alone with suspected abuser
    ▪ Do not confront abuser
    ▪ Do not put yourself at risk
    ▪ Remain calm, respectful, sensitive, nonjudgmental
      with victim and abuser

Role of EMS Personnel (Cont’d)

● Effective communication
  ➢ Response
    ▪ Lesbian, gay patients
    ▪ Non-English-speaking patients
    ▪ Undocumented immigrants
    ▪ Mental health, substance abuse
Role of EMS Personnel (Cont’d)

- Effective communication
  - Response
    - Victims with serious disabilities
    - Older adults
    - Victims who may fear
    - Gather information before transport

Role of EMS Personnel (Cont’d)

- Documentation of injuries
  - Presence of injuries
  - Full description of appearance, size, other characteristics
  - Objective of what seen
  - Use patient’s exact words, include in quotation marks
  - Do not make remarks that cannot be substantiated
  - Write legibly

Role of EMS Personnel (Cont’d)

- Other considerations
  - Preserve physical evidence, paper bag
  - Do not allow patient to bathe, shower, use bathroom
Child Abuse and Neglect

- Greater association with some factors
- Characteristics of abuser

Child Abuse and Neglect (Cont’d)

- Preabuse state
  - Recognizes behavior, attempts made for help before abuse occurs

Child Abuse and Neglect (Cont’d)

- Child maltreatment
  - Neglect
    - Physical
    - Does not provide food, clothing, shelter
    - Abandonment, inadequate supervision, expulsion from home
Child Abuse and Neglect (Cont’d)

Failure to Thrive

Child Abuse and Neglect (Cont’d)

• Child maltreatment
  ➢ Neglect
    ➢ Medical
      ➢ Failure to provide appropriate health care
      ➢ Result, poor overall health, compounded medical problems
    ➢ Educational
      ➢ Not allowed to receive adequate education
      ➢ Not enrolling, not providing home schooling, deny recommended special education
      ➢ Allow skipping school

Child Abuse and Neglect (Cont’d)
Child Abuse and Neglect (Cont’d)

- Child maltreatment
  - Neglect
    - Indicators in child
    - Indicators in caregiver
    - Emotional neglect

Child Abuse and Neglect (Cont’d)

- Psychological abuse
  - Making child feel worthless, unwanted, unloved
  - Child characteristics
  - Caregiver characteristics

Child Abuse and Neglect (Cont’d)

- Physical abuse
  - Intentionally inflicting injury
  - Results from severe punishment
  - Head injuries, fractures, abdominal injury
Child Abuse and Neglect (Cont’d)

Physical Abuse

Child Abuse and Neglect (Cont’d)

- Sexual abuse
  - Inappropriate adolescent, adult sexual behavior with child
  - Touching, exploitation
  - Indicators

Child Abuse and Neglect (Cont’d)

- Child risk factors
  - Premature birth, neonatal separation
  - Congenital defect
  - Developmental disability
  - Physical disability
  - Chronic illness
  - Multiple births
Child Abuse and Neglect (Cont’d)

- Caregiver risk factors
  - Often abused as child
  - Young maternal age
  - History of mental illness, criminal activity
  - Financial stress, unemployment
  - Physical illness of parent/child
  - Marital relationship, stress
  - Low self-esteem, depression
  - Substance abuse

Child Abuse and Neglect (Cont’d)

- History and physical examination
  - Child abuse indicators
  - Head injuries
  - Documentation
  - Mandatory reporting required in all states

Elder Abuse

- Contributing factors
- Types
  - Domestic
  - Institutional
  - Self-neglect
Elder Abuse (Cont’d)

- Maltreatment
  - Financial exploitation
  - Food, medical care deprivation
  - Neglect
  - Intimidation
  - Physical assault
  - Psychological assault
- Reluctant to report

Elder Abuse (Cont’d)

- Assessment
  - Malnutrition, dehydration
  - Unexplained fractures
  - Confinement signs
  - Head injuries
  - Soft tissue integrity for restraint use
  - Living environment
  - Family dynamics
  - Medications

Elder Abuse (Cont’d)

- Role in early intervention
- Documentation
- Scene preservation
- Reporting requirements vary
Sexual Assault

- Sexually explicit conduct, interpersonal violence
- Rape

Sexual Assault (Cont’d)

- Scene safety
- Assess for minor injuries
- Documentation
- Transport

Crew and Patient Safety

- First priority is personal safety
- Violent situation, do not be judgmental
- Collection, preservation of evidence
Legal Considerations

- Follow scope of practice, standard of care
- Confidentiality
- Transport under implied consent rule
- Preserve evidence
- Continuing education

Chapter Summary

- Domestic violence is a tragedy that affects many members of the community daily; it is epidemic in the United States
  - Concerted effort from healthcare professionals, social services, media, and the legal system working together is necessary to end domestic violence
  - Everyone’s problem

Chapter Summary (Cont’d)

- Interpersonal (intimate) violence may affect the life of every person, either personally or peripherally
- One in four women will be in an abusive relationship sometime in her life; it can take many forms: psychological, verbal, physical, and sexual
Chapter Summary (Cont’d)

- Violence can affect a person of any age, sex, ethnicity, socioeconomic level, and educational level
- Elderly and children are the most vulnerable populations for unidentified and unresolved abuse

Chapter Summary (Cont’d)

- Safety is the primary priority at violent crime scenes; every caution must be taken to protect crew members
- Reporting requirements vary from state to state regarding the type of abuse/assault; you must be aware of the reporting requirements in your jurisdiction

Chapter Summary (Cont’d)

- Exact and detailed documentation is essential for all abuse and assault cases
- Every crime scene needs to be preserved for evidence collection, working collaboratively with law enforcement
Questions?