Chapter 50
Abuse and Neglect

Learning Objectives

• Define battering.
• Describe the characteristics of abusive relationships.
• Outline findings that indicate a battered patient.
• Describe prehospital considerations when responding to and caring for battered patients.
Learning Objectives

• Identify types of elder abuse.
• Discuss legal considerations related to all forms of abuse.
• Describe characteristics of abused children and their abusers.

Learning Objectives

• Outline the physical examination of the abused child.
• Describe the characteristics of sexual assault.
• Outline prehospital patient care considerations for the patient who has been sexually assaulted.

Battering

• Refers to repeated physical violence and assault
  – Often includes establishment of control and fear in relationship through violence and other forms of abuse
  – Batterer may use acts of violence and series of behaviors to coerce and control other person
    • Intimidation
    • Threats
    • Psychological abuse
    • Isolation
Battering

• Can include many types of abuse and neglect
  – Physical abuse
    • Hitting, slapping, shoving, grabbing, pinching, biting, hair-pulling, etc.
    • Includes denying partner medical care or forcing alcohol and/or drug use

Battering

• Can include many types of abuse and neglect
  – Sexual abuse
    • Coercing or attempting to coerce any sexual contact or behavior without consent
    • Marital rape
    • Attacks on sexual parts of body
    • Forcing sex after physical violence has occurred
    • Treating one in sexually demeaning manner
Battering

• Can include many types of abuse and neglect
  – Emotional abuse
    • Undermining individual’s sense of self-worth and/or self-esteem
    • Constant criticism
    • Diminishing one’s abilities
    • Name-calling
    • Damaging one’s relationship with his or her children

Battering

• Can include many types of abuse and neglect
  – Economic abuse
    • Making or attempting to make individual financially dependent by maintaining total control over financial resources
    • Withholding one’s access to money
    • Forbidding one’s attendance at school or employment

Battering

• Violence associated with battering may not happen often
  – Can be hidden and constant terrorizing factor in some relationships
  – Over time, beatings usually become more severe and more frequent
  – Often occur without provocation
  – If children are present in marriage or relationship, often violence eventually turns toward them
  – Persons involved in abusive relationships often fail to see other options and feel powerless to change
Battering

• Domestic violence is also known as intimate partner violence (IPV)
  – Occurs between opposite- and same-sex partners
  – Follows cycle of three phases
    • Phase 1 involves arguing and verbal abuse
    • Phase 2 progresses to physical and sexual abuse
    • Phase 3 consists of denial and apologies (“honeymoon phase”)

Battering

• Paramedic best achieves intervention in phase 2 or 3
• Cycle repeats itself without intervention and usually increases in frequency and severity
• Understanding cycle of violence will help assess situation and care for victim
Battered Women

• An estimated 1.3 million woman are battered by their husband, boyfriend, or intimate partner each year
  – Less than 10 percent of women report battering incidents for reasons that include
    • Personal fear or fear for her children
    • Belief that offender’s behavior will change (abusers often appear charming and loving after battering incident)
    • Lack of financial and/or emotional support
    • Belief that she is cause of violent behavior
    • Belief that battering is “part of the marriage” and must be endured to keep family together

Battered Women

• Women of all cultures, races, occupations, income levels, and ages are battered by their past and present husbands, boyfriends, and intimate partners
  – Domestic violence is leading cause of injury to injury to women 15 to 44 years of age in U.S.
  – Women who leave their batterers are at 75 percent greater risk of being killed by batterer than those who stay in abusive relationship
    • 25 times more likely to be seriously injured by their batterer when they leave than when they stay
Battered Men

• In about 95 percent of domestic assaults, batterer is a man
  – Women are not only battering victims
  – More than 150,000 men in U.S. each year are victims of physical violence by spouse or intimate partner

Battered Men

• Men report physical violence by a spouse or partner less often than women
  – May be result of humiliation, guilt, and/or fear to admit loss of control
  – Society may seem to be less empathetic toward battered men than battered women
  – Communities generally have fewer resources for support
Characteristics of Persons in Abusive Relationships

- Certain personality traits of abuse and abusers
  - Intense need for love and affection
  - Low self-esteem
  - Alcohol or other drug dependence
  - Difficulty in finances, job security, and possible legal issues
  - Background of physical, emotional, or sexual abuse; abusers are often survivors of abuse

- Belief that abuse is demonstrating discipline
- Fear of being “out of control”
- Uncontrolled temper, extreme jealousy, and insecurity
- Inability to set and enforce personal boundaries
- Unrealistic expectations of a relationship

- Difficulty in expressing anger
- Loyalty to abuser that takes precedence over emotional or physical safety
- Repeated attempts to leave relationship
- Clinical depression
- Suicidal ideation or attempts
Identification of Battered Patient

- Paramedic may have difficulty identifying battered patient
  - Often description of injuries may be incorrect, inaccurate, protective of attacker
  - Unintentional injuries often involve extremities and periphery of body
  - Injuries from domestic violence often involve contusions and lacerations of face, head, neck, breast, and abdomen

Identification of Battered Patient

- Bruises and lacerations may appear to be “old”
  - Because many victims of abuse do not seek medical help for their injuries
- Other clues of domestic violence
  - Excessive delays between injury and seeking treatment
  - Repeated requests for EMS assistance
  - Injuries during pregnancy
  - Substance abuse
  - Frequent suicide gestures

Scene Safety

- Ensure scene and personal safety in domestic violence events
  - If dispatch reveals that scene involves domestic violence, summon law enforcement personnel
  - EMS crew should not enter scene until secured
Scene Safety

• If domestic violence was not suspected until after arriving at scene, victim should be removed from area as soon as possible
• Violence often directed at EMS personnel
  – Especially if abuser feels paramedic is giving too much empathy to victim

Scene Safety

• Do not question victim about possible violence in presence of abuser
• No display of sympathy should be shown until victim is in ambulance or has been separated from suspected batterer

Care of the Victim

• All injuries should be managed according to standard protocols
  – Direct special attention to emotional needs of victim
  – Abuser often is unwilling to allow victim to give history or allow victim to be alone with EMS personnel
  – Question patient privately about incident when possible
If you suspect abuse, what can you say to invite the victim to talk about it?

Care of the Victim

- History of events that led to physical injury should be obtained by using direct questions
  - Often patient will avoid eye contact and be hesitant or evasive about details of injury
  - Some may offer clues by saying, "Things haven’t been going well lately," or "There have been problems at home"
  - Paramedic should convey to patient his or her suspicions of battering
  - Patient may be relieved to know that someone else is aware of abuse

Care of the Victim

- During patient interview, important to be nonjudgmental and to avoid comments such as "How awful" or "Why don’t you leave?"
  - Listen carefully to victim and offer emotional support
  - Patient should be encouraged to gain control of his or her life and to consider best interests and needs of any children who may be involved in abusive relationship
Care of the Victim

- Access to community resources should be provided to victim
  - Battered spouse programs
  - Victim-witness assistance programs
  - Other support agencies for abused victims and their families

Care of the Victim

- Discuss safety measures with victim who elects not to be transported for evaluation
  - May include
    - Helping patient identify quick way out of dangerous situation
    - Giving victim approved written list or small card (can be hidden easily from abuser) of community resources, shelters, and hotline numbers

How would you feel if you responded to a call in which a woman has been injured by a batterer but chooses not to leave?
Care of the Victim

- Some patients who have suffered abuse eventually leave abusive relationship
  - Often made possible by health care providers and support agency personnel who
    - Treat victim in sensitive and sympathetic manner
    - Confirm victim is not at fault and does not deserve to be abused
    - Ensure victim’s safety
    - Become “agents of change” in helping provide support needed for victim to leave abusive environment

Legal Considerations

- Physical assault
  - Intentional act by one person that creates apprehension in another of imminent harmful or offensive contact
  - Crime that may be misdemeanor or felony, depending on
    - State law
    - Amount of injury inflicted
    - Devices attacker uses during assault

Legal Considerations

- Physical assault
  - Often attacker is arrested but released from custody within hours on his or her own recognizance
  - If early release from custody is likely, patient must be made aware and encouraged to take personal safety precautions
Legal Considerations

• Most states do not have mandatory reporting requirements for acts of domestic violence
  – Paramedics should be aware of requirements in their state
  – EMS personnel are bound professionally to advise medical direction of their suspicions and observations about acts of violence

Legal Considerations

• Any act of physical abuse against spouse, partner, elder, or child is a crime
  – Scene must be treated as crime scene
  – Be careful not to disturb scene or destroy possible evidence
  – Documentation should include
    • Precise account of injuries
    • Reported mechanisms of injuries
    • Description of behavior of victim and alleged abuser

Legal Considerations

• Using body diagrams in patient care report may be helpful
  – Paramedic should record victim’s own words in narrative when possible and record names of police officers and witnesses at scene
  – Details are important in cases of litigation
Elder Abuse

• Abuse, neglect, exploitation of elderly
• Prevalent medical and social problem in U.S.
• Difficult to estimate how many older Americans are abused, neglected, or exploited
  – Studies suggest there may be as many as 5 million victims every year

Elder Abuse

• Factors that contribute to elder abuse
  – Increased life expectancy
  – Physical and mental impairment
  – Decreased productivity
  – Increased dependence
  – Limited resources for care of the elderly
  – Economic factors
  – Stress of the middle-age caregiver responsible for two generations

Do you think that the problem of elder abuse will increase or decrease during your career in EMS? Why?
Types of Elder Abuse

- According to National Center on Elder Abuse, elder abuse may be classified as
  - Physical abuse
  - Sexual abuse
  - Emotional/psychological abuse
  - Neglect
  - Abandonment

Types of Elder Abuse

- According to National Center on Elder Abuse, elder abuse may be classified as
  - Financial or material exploitation
  - Self-neglect
    - Behaviors of older adult that intentionally threaten personal health or safety
  - Elder abuse also is classified by where it occurs
    - Domestic settings
    - Institutions
Domestic Settings

• Average victim of elder abuse in domestic settings is about 78 years of age
  – Usually has multiple, chronic health conditions that make him or her dependent on others for care
  – Widows over 75 years of age carry greatest risk of elder abuse

Domestic Settings

• Neglect is most common form of elder abuse in domestic settings
  – Unexplained trauma is most common finding
  – Evidence suggests that elder abuse is associated more with personality of abuser than with burden of caring for sick, dependent person

Domestic Settings

• Four major theories of causes of domestic elder abuse
  – Elder abuse occurs in settings where caregiver is under great amount of stress
    • Stress is result of personal problems and/or a lack of knowledge about how to provide care to older adult
  – Mental and/or physical impairments common in many older adults make them more likely to be abused
Domestic Settings

- Four major theories of causes of domestic elder abuse
  - “Cycle of violence” often occurs in elder abuse
    - Begins with ongoing tension
    - Tension escalates in crisis in which abuse occurs
    - Abuse generally followed by period of calm, reconciliation, denial
    - Cycle repeats
  - Abusers of older adults often have more personal problems than nonabusers
    - Example: may have job insecurity and/or financial troubles

Domestic Settings

- Older adults often are repeatedly abused by family members
  - Abusers most often are children of abused
  - Because of familial relationship, many older adults do not report abuse
  - Many also do not seek medical care for injuries

Institutional Settings

- About 5 percent of U.S. population 65 years of age and older live in nursing homes, elder care facilities, assisted living, and board-and-care homes
  - Almost 50 percent of American who are 95 years of age and older reside in nursing homes
  - Based on Census Bureau projections, by 2030, estimated that 70 percent of patients 85 years of age and older will require some form of residential care
Institutional Settings

• At risk from other residents and paid caregivers, staff, and professionals
  – Intentional harm
  – Physical violence
  – Verbal aggression
  – Neglect

• Clues that may indicate institutional abuse
  – Burns caused by cigarettes, caustics, or acids
  – Caregiver who cannot explain victim’s condition adequately
  – Dehydration, malnutrition, or pressure sores
  – Emotional abuse
  – Loss of weight
  – Neglect
  – Open wounds, cuts, bruises, welts, or discoloration
  – Physical abuse

• Clues that may indicate institutional abuse
  – Unsanny and unclean conditions (dirt, soiled bed, or fecal or urine odor)
  – Unusual behavior by victim (sucking, biting, rocking)
  – Victim who is begging for food
  – Victim who is emotionally upset or agitated
  – Victim who is extremely withdrawn and noncommunicative
  – Victim with poor personal hygiene
  – Victim with sudden change in behavior
Legal Considerations

• All 50 states have elder abuse statutes
  – Reporting of suspected elder abuse is mandatory under law in most states
  – If paramedic suspects any form of elder abuse, carefully document all findings
  – Advise medical direction
  – Procedures established by local protocol should be followed

Child Abuse

• In 2007, child protective service agencies investigated 3+ million reports alleging maltreatment of children
  – 794,000 children were victims of substantiated or indicated abuse or neglect
  – Estimated 1,760 children died from child abuse
  – Various forms of child abuse can result in physical or emotional impairment
    • Physical injury
    • Sexual exploitation
    • Infliction of emotional pain
    • Neglect

Child Abuse

• Neglect is most common form of child abuse
  – Many children suffer more than one type of abuse
  – Neglect is failure to provide physical care
    • Medical care
    • Nutrition
    • Shelter
    • Clothing
  – Failure to provide emotional care
Child Abuse

- Neglect is most common form of child abuse
  - Most substantiated reports of child abuse or neglect come from professional sources
    - Educators
    - Social services
    - Law enforcement
    - Medical personnel
  - Persons in family of victim report only 18 percent of child abuse cases

Characteristics of Abusers

- Characteristics not related to
  - Social class
  - Income
  - Level of education
- Most child abusers are child’s parents (77 percent)
  - 11 percent are other relatives of victim
  - Most abusers are under 40 years of age
  - 2/3 are female (usually child’s mother)

Characteristics of Abusers

- Persons who are in other caregiving relationships to victim account for only 2 percent of perpetrators
  - Childcare providers
  - Foster parents
  - Facility staff
Characteristics of Abusers

• About 10 percent of all abusers are noncaregivers or unknown
• Neglect often is attributed to female perpetrators
• Sexual abuse most often is attributed to males

How does it make you feel when you hear a story about child abuse on the news? Think about how you will manage those feelings when you are on the scene with such a child.

Characteristics of Abusers

• Family history of rigorous discipline accounts for cyclical nature of child abuse
  – Because many abusers were severely punished and beaten as children by their parents, often prefer to use other forms of discipline for their children
  – Stresses of child rearing eventually culminate in some parents regressing to earliest patterns of discipline they experienced as child
  – Abusive adult sometimes is aware of cyclical nature
Characteristics of Abusers

• Adult may even try to seek help to prevent abusive behavior toward his or her children
  – During pre-abuse state, following pattern often occurs
    • Adult makes several calls for help within 24-hour period to 911 or support agencies
    • Adult frequently calls EMS for inconsequential symptoms
    • Adult begins to exhibit behavior of being unable to handle impending crisis

Characteristics of Abusers

• Pre-abuse state is important in identifying potential for abuse
  – Pattern is often repetitive and results in frequent calls for EMS to patient’s home
  – Paramedic should remember this behavior indicates adult’s awareness that child abuse is likely to occur
  – Means adult is actively seeking help to prevent abuse

Characteristics of Abusers

• Abused children often display behavior that provides important clues about abuse and neglect
  – Behavior may be age-related
  – Carefully observe
    • Child under 6 years who is excessively passive
    • Child over 6 years who is excessively aggressive
Characteristics of Abusers

• Abused children often display behavior that provides important clues about abuse and neglect
  – Further characteristics
    • Does not mind (at any age) if his or her parents leave room
    • Cries hopelessly during treatment or cries very little
    • Does not look at parents for reassurance
    • Is wary of physical contact
    • Is extremely apprehensive
    • Appears constantly on the alert for danger
    • Constantly seeks favors, food, or comfort items (e.g., blankets and toys)

Physical Examination

• Injuries during childhood are common
  – Most are unintentional and not result of abuse
  – Distinguishing between intentional and unintentional can be challenging
    • Most important clues can be obtained by observing child and his or her relationship with parent or caregiver and by matching history of event to injury
    • If child volunteers history of event without hesitation and matches history parent provides (and history is suitable for injury), child abuse is unlikely

Legal Considerations

• When possible, perform examination of child who is suspected victim of abuse with another colleague
  – Will help verify taking of notes is objective
  – Exam also will help ensure that assumptions and personal perceptions do not taint findings
  – Report must be succinct and legible
Legal Considerations

• Document all relevant findings and observations
  – Child abuse is reportable crime under law in all 50 states
  – Follow local protocol in reporting suspected child abuse
  – In addition, discuss any suspicions of child abuse or neglect with medical direction

Common Types of Injuries

• Common types of injuries associated with child abuse
  – Soft tissue injuries
    • Most common injury seen in cases of child abuse
    • Often found in early abuse
    • May present in various forms such as multiple bruises and ecchymosis, especially if bruises are extensive and are a mixture of old and new bruises
    • Defense wounds may be found on multiple body planes
    • Often are patterned injuries that result from identifiable object
    • Scalds are common form of abuse in young and old

• Fractures
  • Second most common injury in cases of child abuse
  • Often caused by twisting and jerking forces and may be of different ages (fresh and healed), indicating repeated injury
  • Rib fractures and multiple fractures are common findings
Common Types of Injuries

• Common types of injuries associated with child abuse
  – Head injuries
    • Most common cause of death in cases of child abuse
    • Children who survive head injury often have permanent disability
    • Often visible progression of injury that begins at child’s trunk and extremities and moves toward head
    • Associated injuries include scalp wounds, skull fractures, subdural or subgaleal hematomata, and repeated concussions

• Abdominal injuries
  • Less common, often are serious
  • Blunt trauma to abdomen may lead to rupture of liver as well as injuries to intestines and mesentery
Children Who Die from Abuse and Neglect

- Fatal injuries from maltreatment result from many different acts
  - Severe head trauma
  - Shaken baby syndrome
  - Trauma to the abdomen and thorax
  - Scalding
  - Drowning
  - Suffocation
  - Poisoning
Children Who Die from Abuse and Neglect

• Types of neglect that can result in death
  — Supervision neglect
    • Involves critical moment in which parent or caregiver is absent and child is killed by suddenly arising danger
  — Chronic neglect
    • Death caused by slowly building problems
  — Deaths that result from child physical abuse involve fatal parental assaults on infants and children

Children Who Die from Abuse and Neglect

• Triggered by events such as
  — Inconsolable crying
  — Feeding difficulties
  — Failed toilet training
  — Parent’s exaggerated perceptions of acts of “disobedience”
  — Parents may have unrealistic expectations for child’s behavior for child’s age group
Children Who Die from Abuse and Neglect

- Increased risk of being killed is living in home where spouse or partner abuse occurs
  - Acts of domestic violence often are transferred to children living in household
  - Studies have shown that frequently following characteristics identify abusive parent who kills a child
    - Is young male in his mid-20s
    - Lives near or below poverty level
    - Has not finished high school
    - Is depressed and unable to cope with stress
    - Has experienced violence firsthand

How can you calm yourself after caring for a child killed by abuse before writing a patient care report that likely will be called to court?

Sexual Assault

- Sexual assault is serious crime
  - Number of sexual assaults has fallen by more than 60 percent in recent years
  - 248,300 victims age 12+ years reported sexual assault in 2007
  - Every 2 minutes, someone in U.S. is sexually assaulted
  - 60 percent of all assaults are not reported to law enforcement
  - Sexual assault can result in mental or physical injury and death
Legal Aspects of Sexual Assault

• Each state has different interpretations of sexual assault
  – Generally refers to any genital, anal, oral, or manual penetration of victim’s body by way of force and without victim’s consent
  – Lack of consent includes inability to give consent
    • May be as result of impaired mental function caused by alcohol and other drugs (Rohypnol, GHB, Ketamine), sleep, or unconsciousness

• If victim reports sexual assault, accept victim’s story as accurate
  – Encourage victim to seek medical care
  – Ideally, patient should be transported to a hospital with specialized personnel (sexual assault nurse examiner [SANE]) so that evidence of assault can be collected
  – Patient should be accompanied by local support advocacy group representative, if available

• In many cases, sexual assault is felony crime that must be proved by evidence
  – Legal considerations for providing care to patient who has been sexually assaulted
    • Take steps to preserve evidence
    • Discourage patient from urinating or defecating, douching, or bathing
    • Do not remove evidence from any part of body that was subjected to sexual contact unless necessary to provide urgent medical care
    • Notify law enforcement personnel as soon as possible, if victim consents
Legal Aspects of Sexual Assault

- In many cases, sexual assault is felony crime that must be proved by evidence
  - Legal considerations for providing care to patient who has been sexually assaulted
    - Be aware that there will be “chain of evidence” with specific requirements of proof
    - Follow local and state requirements in reporting these cases
    - Consult with medical direction and follow established protocols

Characteristics of Sexual Assault

- Anyone can be victim of sexual assault at any age
  - Victim often knows the assailant
  - Sometimes victim feels shame and personal responsibility for attack
  - Methods assailant uses to gain control over male and female victims
    - Entrapment
    - Intimidation
    - Physical force
  - Assailant commonly uses threats of harm and weapon to gain submission

Characteristics of Sexual Assault

- Male victims are more likely to suffer significant physical trauma from sexual assault
  - Common injuries that result from sexual assault
    - Abrasions and bruises on upper limb, head, neck
    - Forcible signs of restraint (e.g., rope burns and mouth injuries)
    - Petechiae of face and conjunctiva caused by choking
    - Human bites
    - Broken teeth, swollen jaw or cheekbone, eye injuries from being punched or slapped in face
    - Ano-genital trauma (bruises, abrasions, lacerations)
    - Muscle soreness or stiffness in shoulder, neck, knee, hip, or back from restraint in postures that allow sexual penetration
How do you feel when you hear people say, “That rape victim brought it on herself”?

Psychosocial Aspects of Care

• Trauma of sexual assault creates physical and psychological distress
• Victims may behave in various ways
  – Some surprisingly calm and in control of their emotions
  – Others agitated, apprehensive, distraught, or tearful
• After managing all threats to life, proceed with care by providing emotional support to victim
• Do not question victims of sexual assault in detail about incident in prehospital setting

Psychosocial Aspects of Care

• Limit patient history to only what is required to provide care
  – Initial contact with victim should include
    • Nonjudgmental and supportive attitude
    • Empathetic and sensitive comments
    • Quiet speech
    • Slow movements
    • Considerate gestures (ensure privacy and respect modesty)
    • Avoid “why” questions, such as “why were you alone in that part of town?”
Psychosocial Aspects of Care

- Move patient to safe and quiet environment
  - Will help to avoid further exposure and embarrassment
  - When possible, paramedic of same sex should provide care
  - If not possible, chaperone should be present
  - Patient should not be left unattended
  - Ask for permission to call friend, family member, or sexual assault crisis advocate

Psychosocial Aspects of Care

- Concerns of victim about pregnancy and contracting HIV and other sexually transmitted diseases should be relayed to medical direction
  - After patient recovers from physical injury, goal of treatment is for patient to regain control of his or her life
  - Often takes long-term counseling and support

Child Victims

- Children are particularly vulnerable to sexual assault and usually have frequent contact with assailant
  - Often assault occurs in trusted person’s home
  - Most sexual assaults involve male assailant and female victim
  - About 30 percent of acquaintance sexual assaults occur when victim is between 11 and 17 years of age
Child Victims

• Many young victims do not think of their experience as sexual assault since they often are fondled or physically explored without intercourse
  – As a result, rarely report attack and often assume they are to blame
  – Many times, children will conceal sexual assault out of fear of punishment

Child Victims

• Victims involved in same-sex assault also are unlikely to report incident because of confusion or embarrassment
  – Most victimized children do not receive proper treatment, including prophylaxis and counseling

Assessment and Patient Care Considerations

• Assessment for children of sexual assault should proceed as for other victims
  – Should include age-related considerations that are appropriate for all children
Assessment and Patient Care Considerations

• Symptoms may indicate behavior or physical manifestations as result of sexual assault
  – Abrupt behavior changes
  – Sleep difficulties, sleep disorders, and nightmares
  – Withdrawal from and avoidance of friends and family
  – Low self-esteem or desire to be invisible
  – Phobias related to the offender
  – Hostility

Assessment and Patient Care Considerations

• Symptoms may indicate behavior or physical manifestations as result of sexual assault
  – Self-destructive behaviors
  – Mood swings, depression, and anxiety
  – Regression (e.g., bed-wetting)
  – Truancy
  – Eating disorders
  – Alcohol or other drug use

Assessment and Patient Care Considerations

• Attitude and behavior of adults, including health care providers, greatly influence child’s impression of assault
  – Try to lessen emotional influence of assault by reassuring child that he or she is not responsible for attack
  – Child should be assured that he or she did nothing wrong
  – Encourage child to talk openly about assault and any concerns that he or she may have
Legal Considerations

• If sexual assault is suspected or confirmed, follow laws that apply to crime
  – Local and state laws affect confidentiality of children
  – Be aware of regulations in community and consult with medical direction

Summary

• Battering is establishment of control and fear in a relationship through violence and other forms of abuse
• Domestic violence follows a cycle of three phases
  – Phase 1 involves arguing and verbal abuse
  – Phase 2 progresses to physical and sexual abuse
  – Phase 3 consists of denial and apologies
  – Certain personality traits may predispose a person to abusive relationships

Summary

• Paramedic may have a hard time identifying the battered patient
  – Injuries from domestic violence often involve contusions and lacerations of the face, neck, head, breast, and abdomen
Summary

- Paramedic must ensure scene and personal safety in domestic violence events
  - Manage physical injuries according to standard protocols
  - Direct special attention toward emotional needs of victim
  - Assault is a crime
    • Perpetrator is often released soon after arrest
    • Dangerous time for the victim

Summary

- Elder abuse is classified into four categories: physical abuse, psychological abuse, financial or material abuse, and neglect
- All 50 states have elder abuse statutes
  - Reporting of suspected elder abuse also is mandatory under law in most states

Summary

- Most child abusers are the child’s parents (77 percent)
  - 11 percent are other relatives of the victim
  - Abused children often exhibit behavior that provides key clues about abuse and neglect
    • Paramedic should observe carefully the child under 6 years of age who is passive or the child over 6 years of age who is aggressive
Summary

• If child volunteers history of event without hesitation and matches history the parent provides (and history is suitable for injury), child abuse is unlikely
• Injuries may include soft tissue injuries, fractures, head injuries, and abdominal injuries

Summary

• Sexual assault generally refers to any genital, anal, oral, or manual penetration of the victim’s body by way of force and without the victim’s consent
• After managing all threats to life, the paramedic should provide emotional support to the victim
  – Paramedic should deliver care in a way that preserves evidence

Questions?