Northwest Community EMS System
Paramedic Continuing Education ISM

INTERPERSONAL VIOLENCE:
Abuse and Neglect

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I. Introduction

Abuse, neglect, and interpersonal family violence may be one of the most frustrating problems encountered by medical personnel. The incidence of family violence occurs with epidemic proportions in our society and includes the intentional, non-accidental maltreatment of dependent individuals by a family member or a significant other, usually in the role of a care giver, and includes child physical and sexual abuse, neglect, domestic violence or battered spouse syndrome and elder abuse. Differentiating inflicted from accidental injuries is a primary responsibility of health care providers. Specific documentation and reporting of suspicions to appropriate persons and/or agencies can result in corrective action and are essential elements of case management for these patients.

All 50 States, the District of Columbia, and the U.S. Territories have child abuse and neglect reporting laws that mandate certain professionals and institutions to report suspected maltreatment to a child protective services (CPS) agency. Each State has its own definitions of child abuse and neglect that are based on standards set by Federal law.

II. Definitions

A. **Abuse (adult):** Any physical mental or sexual injury to an eligible adult, including exploit-tation of such adult's financial resources. (Elder Abuse & Neglect Act Ch. 320; Sec. 2A)

B. **Abuse (child):** A physical injury, sexual abuse, or mental injury inflicted on a child, other than that by accidental means, by a person responsible for the child's health and welfare.

C. **Abused child:** Is a child "whose parent or immediate family member or any person responsible for the child's welfare, or any individual residing in the same house as the child, or a paramour of the child's parent: (a) inflicts, causes to be inflicted, or allows to be inflicted upon such child physical injury, by other than accidental means, which impairment of any bodily function; (b) creates a substantial risk of physical injury to such child by other than accidental means which would be likely to cause death, disfigurement, impairment of physical or emotional health, or loss or impairment of any bodily function; (c) commits or allows to be committed any sex offense against such child, as such sex offenses are defined in the Criminal Code of 1961, as amended, and extending those definitions of sex offenses to include children under 18 years of age; (d) commits or allows to be committed an act or acts of torture upon such child; or (e) inflicts excessive corporal punishment; (f) commits or allows to be committed the offense of female genital mutilation, defined in the Criminal Code of 1961, against a child; (g) causes to be sold, transferred, distributed, or given to such child under 18 years of age, a controlled substance as defined in the IL. Controlled Substances Act except for controlled substances that are prescribed and dispensed to such child in a manner that substantially complies with the prescription; or (h) commits or allows to be committed the offense of involuntary servitude, involuntary sexual servitude of a minor, or trafficking in persons for forced labor or services as defined in the Criminal Code of 1961 against the child." Furthermore, "a child shall not be considered abused for the sole reason that the child has been relinquished in accordance with the Abandoned Newborn Infant Protection Act." (Sec. 3. PA 97-897, eff. 1-1-13)

D. **Child:** To mean "any person under the age of eighteen unless legally emancipated by reason of marriage or entry into a branch of the United States Armed Services." (Sec. 3. PA 97-897, eff. 1-1-13)

1.	Infant:	Birth to one year of age
2.	Child:	One year – 12 years of age
3.	Adolescent:	13 – 17 years of age

E. **Department:** Means the Department on Aging when referring to elder abuse or the Department of Children and Family Services (DCFS) for child abuse

F. **Domestic living situation:** A residence where the eligible adult lives alone or with his or her family or caretaker, or others, but is not a licensed facility.

G. **Domestic (family) violence:** Physical abuse, harassment, intimidation of a dependent, interference with personal liberty or willful deprivation, but does not include reasonable direction of a minor child by a parent or person in loco parentis. (Source: P.A. 96-1551, eff. 7-1-11.)

1. **Harassment:** knowing conduct which is not necessary to accomplish a purpose that is reasonable under the circumstances; would cause a reasonable person emotional distress; and does cause emotional distress to the petitioner. The following types of conduct shall be presumed to cause emotional distress:

    a. Creating a disturbance at the victim's place of work or school;
    b. Repeatedly calling the victim's place of work or residence;
    c. Repeatedly following the victim about in public places or places;
    d. Repeatedly keeping the victim under surveillance by remaining outside the home, school, work, vehicle or any other places occupied by the victim or by peering in the victim's windows;
    e. Threatening physical force, confinement or restraint on one or more occasions,
    f. Improperly concealing a minor child from the victim, repeatedly threatening to improperly remove a minor child of the victim's from the jurisdiction or physical care of the victim, repeatedly threatening to conceal a minor child from the victim, or making a single such threat following an actual or attempted improper removal or concealment, unless the respondent was fleeing an incident or pattern of domestic violence;
    g. Threatening physical force, confinement or restraint on one or more occasions. (Source: P.A. 96-1551, eff. 7-1-11.)

2. **Interference with personal liberty:** Committing or threatening physical abuse, harassment, intimidation or willful deprivation so as to compel another to engage in conduct from which he or she has a right to abstain or to refrain from conduct in which she or he has a right to engage.

3. **Intimidation of a dependent:** Subjecting a person who is dependent because of age, health or disability to participation in or the witnessing of: physical force against another or physical confinement or restraint of another which constitutes physical abuse as defined in the Act, regardless of whether the abused person is a family or household member.

4. **"Physical abuse"** includes sexual abuse and means any of the following:

    a. Knowing or reckless use of physical force, confinement or restraint;
    b. Knowing, repeated and unnecessary sleep deprivation; or
    c. Knowing or reckless conduct which creates an immediate risk of physical harm.

5. **Domestic battery:** Causing bodily harm to any family or household member as detailed under the Act.

6. **Aggravated battery:** Intentional harm to an individual using a weapon.

7. **Willful deprivation:** Willfully denying a person who because of age, health, or disability requires medication, medical care, shelter, accessible shelter or services, food, therapeutic device, or other physical assistance, and thereby exposing that person to the risk of physical, mental or emotional harm, except with regard to medical care or treatment when the dependent person has expressed an intent to forego such medical care or treatment. (Source: P.A. 96-1551, eff. 7-1-11.)

H. **Eligible adult (under the Elder Abuse Act):** A person 60 years of age or older who is abused or neglected by another individual in domestic living situation.

I. **Exploitation:** The misuse of a vulnerable adult's income or other financial resources.

J. **Family or house hold members:** Spouses, former spouses, parents, children step-children & other persons related by blood or by present or prior marriage, persons who share or formerly had a common dwelling, persons who have or allegedly have had a child in common, persons who share or allegedly share a blood relationship through a child, person who have or have had a dating or engagement relationship, persons with disabilities and their personal assistants, and caregivers as defined in paragraph 3 of subsection b of Section 12-21 of the Criminal Code of 1961. For purposes of this paragraph, neither a casual acquaintanceship nor ordinary fraternization between 2 individuals in business or social contexts shall be deemed to constitute a dating relationship.

K. **Immunity:** As prescribed by the Elder Abuse and Neglect Act and Child Abuse and Neglect Act, any person, institution or agency making a report under this act in good faith, or taking photographs or x-rays as a result of an authorized assessment, shall have immunity from any civil criminal or other proceeding brought in consequence of making such report or assessment or on account of submitting or otherwise disclosing such photographs or x-rays to any agency designated to receiving reports of alleged or suspected abuse or neglect.

L. **Medical abuse:** The withholding or improper administration of medications or necessary medical treatments for a condition, or withholding of aids the person requires, such as false teeth, glasses or hearing aids. This may be the cause of confusion, disorientation, memory impairment, agitation, lethargy, or self-neglect.

M. **Neglect:** Means the failure to exercise that degree of care toward a high-risk adult with disabilities which a reasonable person would exercise under the circumstances and includes but is not limited to:

1. the failure to take reasonable steps to protect a high-risk adult with disabilities from acts of abuse;
2. the repeated, careless imposition of unreasonable confinement;
3. the failure to provide food, shelter, clothing, and personal hygiene to a high-risk adult with disabilities who requires such assistance;
4. the failure to provide medical and rehabilitative care for the physical and mental health needs of a high-risk adult with disabilities; or
5. the failure to protect a high-risk adult w/ disabilities from health & safety hazards.

N. **Neglected child:** "Any child who is not receiving the proper or necessary nourishment or medically indicated treatment including food or care not provided solely on the basis of the present or anticipated mental or physical impairment as determined by a physician acting alone or in consultation with other physicians or otherwise is not receiving the proper or necessary support or medical or other remedial care recognized under state law as necessary for a child's well-being, or other care necessary for his or her well-being, including adequate food, clothing and shelter; or who is abandoned by his or her parents or other person responsible for the child's welfare without a proper plan of care; or who has been provided with interim crisis intervention services under Section 3-5 of the Juvenile Court Act of 1987 and whose parent, guardian, or custodian refuses to permit the child to return home and no other living arrangement agreeable to the parent, guardian, or custodian has not made any other appropriate living arrangement for the child; or who is a newborn infant whose blood, urine, or meconium contains any amount of a controlled substance as defined in subsection (f) of section 102 of the IL> Controlled Substances Act or a metabolite thereof, with the exception of a controlled substance or metabolite thereof whose presence in the newborn infant is the result of medical treatment administered to the mother or newborn infant. A child shall not be considered neglected for the sole reason that the child's parent or other person responsible for his or her welfare has left the child in the care of an adult relative for any period of time. A child shall not be considered neglected for the sole reason that the child has been relinquished in accordance with the Abandoned Newborn Protection Act. A child shall not be considered neglected or abused for the sole reason that such child's parent or other person responsible for his or her welfare depends upon spiritual means through prayer alone for the treatment or cure of disease or remedial care as provided under Section 4 of this Act. A child shall not be considered neglected or abused solely because the child is not attending school in accordance with the requirements of Article 26 of the School Code, as amended." (Source: P.A. 96-1196, eff. 7-13-12.)

O. **Mandated reporter:** Any physician, resident, intern, hospital, hospital administrator, **emergency medical technician** engaged in examination, care and treatment of persons, surgeon, dentist, dentist hygienist, osteopath, chiropractor, podiatrist, substance abuse treatment personnel, Christian Science practitioner, coroner, medical examiner, crisis line or hotline personnel, school personnel, educational advocate assigned to a child pursuant to The School Code, truant officers, social worker, social services administrator, domestic violence program personnel, registered nurse, licensed practical nurse, director or staff assistant of a nursery school or a child day care center, recreational program or facility personnel, law enforcement officer, registered psychologist and assistants working under the direct supervision of a psychologist, psychiatrist, or field personnel of the Illinois Department of Public Aid, Public Health, Mental Health and developmental Disabilities, Corrections, Human Rights, Rehabilitation Services, or any other foster parent, homemaker or child care worker having reasonable cause to believe a child known to them in their professional or official capacity may be an abused child or a neglected child shall immediately report or cause a report to be made to the Department.

P. **Order of Protection:** An emergency order, interim order or plenary order, granted pursuant to this Act, which includes any and all remedies authorized by the Act. This order is signed by a judge and requires an abusive household or a family member to perform or to refrain from certain actions.

Q. **Protective custody:** A physician is authorized to take protective custody if circumstances of the child are such that in his/her judgment continued stay or return to the custody of the parent, guardian, or custodian, presents an environment dangerous to the child's life or health.

R. **Sexual abuse:** The exploitation of a child for the sexual gratification of an adult. Inappropriate involvement of children or a minor in sexual activity that may disregard age, family role, and developmental level of the child by an older, mature, individual.

III. **Types of violence**

A. **Physical abuse:** non-accidental and deliberately inflicted injury to a child, spouse or elder. In accordance with the federally funded Fourth National Incidence Study (NIS-4), a congressionally mandated effort of the US Dept of HHS, defines physical abuse as a form of maltreatment in which an injury is inflicted on the child by a caregiver via various nonaccidental means; including hitting with a hand, stick, strap, or other object; punching, kicking, shaking; throwing; burning, stabbing or choking to the extent that demonstrable harm results.

B. **Emotional abuse**

1. **Adult:** Psychological abuse sufficient to cause confusion, excessive fears, insomnia, sleep deprivation, or need for excessive sleep, change in appetite, unusual weight gain or loss, loss of interest in self, activities or environment, ambivalence, resignation, withdrawal, agitation or excessive fear for child in company of caregiver.

2. Emotional abuse in a **child** may include any chronic and persistent act by an adult that endangers the mental health or emotional development of a child including rejection, ignoring, terrorizing, corrupting, constant criticism, mean remarks, insults, and giving little or no love, guidance, and support.

C. **Sexual abuse**

1. Sexual abuse can occur in or out of the home, and perpetrators can include parents, caregivers, other adults, or other children or youth.

2. Sexual abuse may consist of numerous acts over along period of time or a single incident. Children can be victimized from infancy through adolescence.

3. Victimization between the sexes was split with boys accounting for 48.6 percent and girls accounting for 51.1 percent.

4. It is estimated that in the U.S. that 1:5 females and at least 1:20 males are victims of child sexual abuse. David Finkelhor (2010) National Center for Victims of Crime. Child Sexual Abuse Statistics Retrieved from: http://www.victimsofcrime.org/news-center/reporter-resources/child-sexual-abuse/child-sexual-abuse-statistics

5. Statistics show that the victims of abuse suffer from neglect more than 75 percent (78.5%); more than 15 percent (17.6%) suffered physical abuse and less than 10 percent (9.1%) suffered sexual abuse.

6. In 60% of sexual abuse cases, the child knows the offender and in 30% of all cases, the offender is a member of the child's household -American Psychological Association et al (2010) Child Sexual Abuse: What Parents Should Know. Retrieved from: http://www.apa.org/pi/families/resources/child-sexual-abuse.aspx

7. When sexual abuse is analyzed by race, three ethnicities were primarily identified: Eighty seven percent of (unique count) victims were comprised of three races or ethnicities— African American (21.5%), Hispanic (22.1%), and White (43.9%). US Department of HHS Administration for Children's Health (2011) Child Maltreatment 2011 Retrieved from: http://www.acf.hhs.gov/sites/default/files/cb/cm11.pdf

8. Sexual abuse includes rape, incest, sodomy, fondling, exposing oneself, oral copulation, penetration of the genital or anal opening, as well as forcing children to view or appear in pornography. The perpetrator keeps the child from disclosing through intimidation, threats, and rewards (YMCA, II-2)

9. May also include marital rape or assault and the assault of elders.

D. **Neglect:**

1. Dehydration
2. Malnutrition
3. Hypo/hyperthermia
4. Excessive dirt or odor
5. Inadequate or inappropriate clothing
6. Absence of eye glasses, hearing aids, dentures, or prostheses
7. Unexpected or unexplained deterioration of health
8. Pressure ulcers
9. Signs of over-medication or lack of medication
10. Delayed development (child)
11. Newborn whose blood or urine contains a controlled substance (not medically prescribed for the mother)

E. **Economic/Financial abuse:** The exploitation of the material or financial assets of the abused. Patient may exhibit or experience one or more of the following:

1. Inaccurate, confused, or no knowledge of finances
2. Unexplained/sudden inability to pay bills, purchase food or personal care items
3. Disparity between income/assets and life style
4. Fear or anxiety when discussing finances
5. Unprecedented transfer of assets to others
6. Lack of receptivity to any necessary assistance requiring expenditures
7. Extraordinary interest by family members in assets

F. **Historical look at family violence**

1. Women and children have been treated as property in many cultures since history has been recorded with beating and killings thought necessary for discipline.

2. English common law promoted "the father or husband is supreme" concept and advocated that men "correct" their wives and children by using physical punishment.

3. The "Rule of Thumb" expression came from the belief that it was the husband's right and duty to strike the wife with a stick no thicker than the man's thumb.

4. The right to chastisement was stricken down by the Massachusetts and North Carolina supreme courts in 1871 and 1874 respectively, but with the disclaimer that if no permanent injury had occurred, it was best to draw the curtains and let the parties forgive and forget. (Calvert, 1974)

5. Child abuse was not recognized until 1871, which recognition attributable to the Society of Prevention of Cruelty to Animals (Rosen, 1974).

6. The first reports of spousal abuse occurred in the late 1960's

7. The first reports of elder abuse occurred in the late 1970's

G. **Incidence of abuse**

A. 3.3 million children are reported abused in the U.S. each year involving nearly 6 million children as one report can include multiple children
B. Child abuse is responsible for well over 1000 deaths/year; 2.10 deaths per 100,000 children.
C. It is estimated that 10% of all injuries in children less than five years of age seen in the E.D. are due to abuse.
D. Four-fifths (78.3%) of child fatalities were caused by one or more parents.
E. Spousal abuse and child abuse are often connected. Battered women are ten times more likely than non-battered women to have children reported for child abuse. In a national survey reported by Strauss, 77% of the children were abused at some point during their lives if wife abuse was also severe. Additionally the FBI considers any reports of animal abuse to be an increased suspicion for interpersonal violence.
F. 10-50% of all suicides among women are related to battering
G. It is estimated that there are approximately 1 million cases of intimate partner violence and abuse (IPVA) each year in the US with the perpetrators being both male and female.
H. Approximately 40-50% of all female homicides are committed by the abusive partner.
I. There is no consistent data available nationally on elder abuse, but it is estimated that there are between 700,000 and 1.1 million cases annually (Bledsoe, 2001).

II. **Family characteristics/environment for abuse**

A. Families are frequently subjected to stressors such as unemployment, pregnancy, illness, etc. Male is often unemployed or has a blue collar job.
B. Male uses illegal drugs at least once a year. Alcoholism and drug use among spouses and parents is a related factor. There is a linear correlation to alcoholism in the father/husband and the incidence of abuse.
C. Families tend to be socially isolated, lacking the support mechanisms of church, extended families, community, etc.
D. Partners often have different religious backgrounds
E. Family violence crosses all socioeconomic levels, however, there may be a greater incidence in families with lower educational levels. The male did not graduate from high school
F. Families tend to have traditional values: man is the head of the household; marriage is a lifetime commitment.
G. There are multi-generational patterns for child abuse. Adults who were abused have a tendency to abuse their children.
H. In elder abuse, the incidence is higher when elders live with family members resulting in interdependence and stress in the living situation.

III. **Partner abuse**

A. May occur in any type of domestic partnership
B. Both men and women may be victim or abuser
C. Abuse of women by men is the most widespread form of partner abuse
D. Characterizations of this form of abuse extend generally to most batter situations
E. **Reasons for not reporting abuse**

1. Fear of reprisal by the abuser toward individual or dependants
2. Fear of humiliation
3. Victim feels that the abuser *WILL* change
4. Victim feels that they can "fix" the abuser
5. Denial that they are in an abusive situation
6. Victim has strong religious convictions that condemn leaving

7. Lack of knowledge of alternatives
8. Lack of financial resources; support structure

IV. **Characteristics of the abuser**

Note: A profile list can be misleading because many of the characteristics can describe people who do not abuse others. Although profiles have some value in identifying common characteristics and risk behaviors, great caution should be used before applying these traits to any one individual.

A. **Sexual abuse**

1. Men 18 – 38

a. Abuse is a conditioned or learned response. Personal history of abuse. 80 – 95% of child molesters were molested as children.
b. May have been insecure in childhood with frequent moves, early physical illnesses and marital difficulties between parents.
c. Psychopathology is seen as the major cause of abuse. A history of substance abuse is common.
d. Need for power and control.
e. Difficult time asking for help with their problem.
f. Primary interests are in children. May be involved with youth activities such as group leaders or coaches.
g. Uses children to fulfill their needs or validate their sense of competence and well-being.
h. Highly skilled at gaining the trust and confidence of children.
i. Abuser suffers from low levels of self-esteem, has difficulty with intimacy, and is socially isolated. Relates to others immaturely both socially and emotionally. May not be involved with peers or engage in adult group recreational activities.
j. Has an idealistic perspective of children…may refer to them as objects.

1. **Adolescents**

a. Lack of contact with peers
b. Few or no extracurricular activities
c. Generally feels powerless and inadequate
d. May feel more comfortable with children younger than themselves
e. Males, in particular, my be frequently be choose to baby-sit because they make themselves available and relate well to young children
f. May come from a family where there has been physical or sexual abuse
g. May seem socially immature for their age
h. May lack a close friendship with a father figure

2. **Women**

a. Married young
b. Reared in a very strict home
c. Her family is/was very religious
d. Her husband is gone frequently and is not very supportive
e. Is sexually naïve and immature
f. Is very dependent on the father figure
g. Frequently the victim of physical abuse
h. Has low self-esteem
i. Is lonely
j. Does not have much tenderness in her life

B. **Physical abusers**

1. Negative attitude about life and people with general low self-esteem
2. Difficulty with impulse control. Aggressiveness is uncontrolled and the abuser strikes out to avoid being hurt. Over aggressive personality, a manifestation of low self-esteem.
3. Anti-social personality may be present as well as overt alcoholism
4. Labeled as having a "hot" temper
5. Typically an underachiever, having attained less occupational status than expected or unemployed.
6. Exhibits out of control behavior
7. Uses harsh, age inappropriate discipline; violence towards children in home
8. History of abuse as a child
9. Offers illogical or unconvincing excuses for what happened
10. May have less education than spouse or different religions
11. Is jealous, controlling, and interferes with the family's relationships
12. Outwardly, the abuser seems charming; especially after the incident of abuse, is expert at manipulating others, & blames others for their problems & failures
13. Physical violence, sexual assault and threats of homicide or their own suicide are used to control others
14. The abuser has the potential for extreme violence in an emotionally intolerable situation, such as when the partner threatens to leave. This person is capable of homicide.
15. Witnessed violence in the home as a child
16. Elder abusers are usually related to the victim as a spouse, sibling, child, or grandchild. They are often the primary care giver of the abused.
    a. Caregivers feel stressed and overburdened
    b. They are ill-equipped to provide care or simply lack the knowledge to do the job correctly
    c. Elders with physical or mental impairment are more likely to be abused
    d. Abuse increases proportionately with the personal problems of the caregivers
17. Financial stress is often present and is compounded by dependency dynamics where the abuser is dependent on the abused

V. **Characteristics of the abuse victim**

A. **Adult**

1. Abused women are typically young, have low self-esteem, have often left an abusive home, have few job skills and limited life experiences
2. Generally are socially isolated and financially dependent on the abuser
3. Often develop somatic complaints in response to the abuse such as anxiety, depression, frequent medical visits, and the heavy use of tranquilizers, alcohol or drugs
4. May attempt overdose and other suicidal gestures to escape the abuse
5. Will seek frequent medical treatment for stress-related symptoms
6. Chronic fatigue and apathy are common
7. Will often minimize serious injury and its significance. There is an increase of injury during pregnancy: 45% of women suffer some form of battery during pregnancy.

A. **Elder**

1. Tend to be Caucasian
2. Physically or mentally impaired so they are dependent on the caregiver
3. Manifest some kind of problem behavior: altered mental status; unable to independently perform activities of daily living; incontinence
4. Very minimal social supports with little or no opportunity to reach out to others

5. Will often be hesitant to report abuse due to embarrassment, fear of abandonment, and forced nursing home placement
6. In Illinois, 75% of the elders served by the department of Aging are women, with the average age of 77

B. **Child**

1. It is estimated that 25% of females and 10% of males are abused before adulthood
2. Premature infants are at a 3:1 greater risk for abuse
3. Over 66% of reported child abuse occurs in children < nine years of age
4. These children are often characterized as demanding, defenseless, or quiet
5. Physical abuse accounted for 16.6% of reported child abuse cases
6. 24.1% of deaths are secondary to child maltreatment (Aehlert, 2011)

VI. **Episodes of spousal abuse**

A. Abuse most often occurs in the privacy of the home, in the kitchen, & during times of greatest personal tension or family interaction, e.g., the weekend.

B. The acute episode is generally only witnessed by the family and children are drawn into the violence to defend one of their parents (Hollberman & Ross, 1978).

C. Abuse is frequently cyclic in nature and repeats itself (Aehlert, 2011).
1. **Phase 1 – Tension building phase:** Characterized by small, increasingly frequent incidents of volatile behavior. The spouse accepts the behavior to avoid a more serious beating.
2. **Phase 2 – Acute battering phase:** Occurs when spouse looses control.
3. **Phase 3 – Honeymoon phase:** Batterer becomes conciliatory, tender, loving and caring. The battered spouse becomes hopeful that the battering will cease. During this time, the battered spouse may feel their only gratification in the relationship and may actually precipitate the first two stages to speed progression to the reconciliatory phase again.

D. The two phases of tension building and acute battering are usually the only times when the battered spouse is amenable to intervention.

VII. **Injury patterns suggestive of adult abuse/assessment findings**

A. **History** of previous trauma and injury while pregnant, spontaneous abortion, previous suicide attempts, psychiatric hospitalizations for anxiety or depression, and/or evidence of eating discords.

B. **Physical patterns**

1. Over or under weight
2. Poor grooming or inappropriate attire
3. Hypertension
4. Trauma unrelated to MVC, especially stab wounds and facial injuries; bruises, welts, edema, and scars – especially on the breasts, upper arms, abdomen, face and genitalia (hidden areas)
5. Stress reactions and recurrent chest pain, even if the initial complaint is not related to domestic violence
6. Presence of burns
7. Strokes in young women, often caused by blows to the head or damage to the neck arteries due to strangulation
8. Linear strangulation marks; hemiplegia due to strangulation
9. Subdural hematomas
10. Clumps of hair missing
11. Swelling, conjunctival hemorrhage of the eyes

12. Fractures: especially facial bones or spiral of the radius and ulna
13. Significant risk factors are the medical diagnosis of PID, non-ulcer dyspepsia, irritable bowel, chronic pain in the head or abdomen, and other somatic complaints
14. Physical signs of sexual assault are present in about 40-50% of all abused women
    a. Torn, stained or bloody underclothing
    b. Difficulty walking or sitting
    c. Pain, itching, bruising or bleeding in genital area
    d. Unexplained STD or genital infections
15. Multiple injuries in varying sites and in different stages of healing. Note color, size, location, and age of bruises
16. Injuries win well protected and non-protruding areas
17. Symmetrical injures suggest inflicted injuries (Chez, 1994)
18. Suicide attempts or homicidal assaults
19. Repeated injuries or injuries that are difficult to account for as accidental
20. Visits to multiple healthcare facilities for vague complaints or acute anxiety with no reported injures
21. Depression without apparent cause

C. **Emotional/lifestyle patterns**

1. Isolation of victim – no access to money, the car or other forms of transportation, to family or friends, to jobs or school
2. Victim refers frequently to partner's "anger" or "temper"
3. Fears of being harmed or harming the partner
4. Reluctance on the part of the victim to speak to those in authority fearing reprisals from the abuser. Protecting the assailant from those in authority.
5. Frequent fleeing from the home
6. The abuser bullies or verbally abuses the victim in public
7. The abuser attempts or threatens to psychiatrically hospitalize the victim and convince you of their insanity
8. Public docility and respectability and private aggression by the batterer

VIII. **Injury patterns suggestive of elder abuse/assessment findings**

A. Separate the victim and the caretaker during the interviews. Delayed treatment, inadequate details, or a vague history should cause suspicion (Bourland, 1988).
B. Unexplained or inappropriate physical restraint; bruises, burns, lacerations
C. Note any differences between the histories given by the patient and caregiver. ***Do not*** discount an elderly patient's history because of alleged confusion.
D. Rule out head injury or over sedation as cause of any abnormal mental status.
E. Frequent physician shopping is suggestive of abuse in the presence or absence of overt illness/injury
F. Urologic, gynecologic, and gait disturbances *may* suggest sexual abuse.
G. Suspect hair loss & ecchymosis on scalp as result from hair being pulled out.
H. Suspect facial injuries to the eyes, nose, and lips.
I. Upper arm injuries, particularly bilateral ones, suggest a defensive injury
J. Infestations, poor hygiene, heat or cold exposure due to lack of supervision or shelter are clues to possible neglect.
K. Malnourishment & weight loss without cause may also indicate neglect.
L. Depression, withdrawal, or infantile behavior (O'Malley, 1983).
M. The absence of dentures, glasses, or needed prosthetic devices reflect lack of medical attention (O;Malley, 1983).
N. Suspect all hip fractures as resulting from possible abuse.

IX. **Injury patterns suggestive of child abuse/assessment findings**

A. **Patient history**

1. Eye witness history
   a. Child accuses the adult
   b. One parent accuses the other
   c. One parent/adult confesses
2. Unexplained history of the injury, “I woke up and found them this way.”
3. Implausible history
4. Alleged self-inflicted injury that is not developmentally possible. Example: a child falls down the stairs but is not yet crawling.
5. Alleged sibling-inflicted injury
6. Delay in seeking medical care
7. Brought to treatment by someone other than the primary care giver
8. History of repeated suspicious injuries

B. **Physical abuse – behavioral indicators**

1. Wary of adults
2. Extremely aggressive or withdrawn
3. Is dependent and indiscriminate in their attachments
4. lack of eye contact with family or medical personnel
5. Generally control their own crying
6. Exhibits a drastic behavior change when not with parents or caregivers
7. Is manipulative
8. Poor self-concept
9. Exhibits delinquent behavior, such as running away from home
10. Uses or abuses alcohol and/or other drugs
11. Self-mutilating
12. Frightened of parents, of going home
13. Is overprotective of or responsible for parents
14. Exhibits suicidal gestures and/or attempts suicide
15. Has behavioral problems at school

C. **Physical abuse – physical indicators**

1. **Inflicted bruises and marks**

   b. Upper lip and frenulum from forced feedings
   c. Gag or friction marks from mouth gags
   d. Cheek: slap marks
   e. Neck: strangulation marks
   f. Trunk: encircling bruises
   g. Buttocks and lower back
   h. Genitalia and inner thighs
   i. Hand prints and pinch marks
   j. Oval or linear grab marks from finger tips on upper arms

2. **Strap marks**

   a. Linear bruises or contusions from belts or whips
   b. Loop marks from cord or rope
   c. Circumferential bruises from tying the ankles or wrists

3. Bite marks: > 3 cm between canines = adult teeth

4. **Bizarre marks**

   a. Blunt instruments leave their shape in the form of the bruise

b. Tattoos
c. Punctures: fork tines, needles

5. **Fractures**

a. Over 20% of abused children will have bone fractures
b. X-Ray findings last six months post-injury in the form of calcified periosteums but are usually done completely in 12 months
c. The most diagnostic X-Ray for child abuse are films showing multiple fractures in various stages of healing
d. Suspect unusual fractures to the ribs, lateral clavicles, sternum and scapulae

6. **Inflicted burns**

a. Cigarette
b. Match tip or incense
c. Dry contact burns from forced contact with heating devices such as grates, hot plates, or radiators
d. Branding burns in unusual shapes from touching hot metals such as a cigarette lighter or hot irons.

7. **Inflicted head/facial injuries**

a. Subdural hematomas usually result from direct blows or violent shaking. Shaking will not result in external evidence of trauma but retinal hemorrhages will occur, signaling a suspicion of inflicted injury.
b. Subarachnoid hemorrhages
c. Subgaleal hematomas from being struck
d. Traumatic alopecia
e. Black eyes and bruises from direct trauma

8. **Inflicted abdominal injuries**

a. Second most common cause of death in abused children
b. Over 50% of abdominal injuries have no external bruising
c. Child may not be brought for treatment until shock progresses and they are unconscious
d. Presenting symptoms: Recurrent vomiting, distention, tenderness, absent bowel sounds and obstruction
e. Types of injures seen
    (1) Ruptured liver or spleen
    (2) Intestinal perforation
    (3) Vascular trauma
    (4) Pancreatic traumas

9. **Failure to thrive**

a. Mainly seen in the first two years of life when the child is dependent on adults for feeding
b. The child has a weight below the 3rd percentile & height & head circumference above the 3rd percentile on the growth charts. Infants should double birth weight by six months & triple birth weight by 1 year.
c. Appears gaunt w/ prominent ribs, wasted buttocks, & spindly extremities
d. Diagnostic criteria
    (1) Underweight infant that does not gain weight at home
    (2) Rapid weight gain of at least 60 grams/day for one week when removed from the home
    (3) Ravenous appetite and derivational behavior

D. **Sexual abuse**

1. **Patterns**

a. Victim is most likely to be a female adolescent under the age of 18
b. Incidence is most likely to be between 6 pm and 6 am at the victim's home or home of friend, relative, or acquaintance
c. Assailant more likely to be someone know by the victim

2. **Behavioral indicators**

a. Is reluctant to change clothes in front of others
b. Is withdrawn
c. Exhibits unusual sexual behavior and/or knowledge beyond that which is common for their developmental stage
d. Has poor peer relationships
e. Either avoids or seeks out adults
f. Is pseudo-mature
g. Is self-conscious
h. Is manipulative
i. Regressive behavior such as bed-wetting
j. Has problems with authority and rules
k. Exhibits eating disorders
l. Is self-mutilating
m. Is obsessively clean
n. Uses or abuses alcohol and/or other drugs
o. Exhibits delinquent behavior such as running away from home
p. Exhibits extreme compliance or defiance
q. Is fearful or anxious
r. Exhibits suicidal gestures and/or attempts suicide
s. Is promiscuous
t. Engages in fantasy or infantile behavior
u. Is unwilling to participate in sports activities
v. Has school difficulties
w. Nightmares
x. Restless
y. Hostility
z. Phobias related to the offender

2. **Physical indicators**

a. Pain and/or itching in the genital area
b. Bruises or bleeding in the genital area
c. Sexually transmitted disease (s)
d. Swollen genitals
e. Difficulty walking or sitting
f. Torn, bloody, or stained underclothing
g. Experiences pain when urinating
h. Is pregnant
i. Has vaginal or penile discharge
j. Wets the bed

E. 1. **Behavioral indicators**

a. Overly eager to please
b. Seeks out adult contact
c. Views abuse as being warranted
d. Excessively anxious
e. Depression
f. Unwilling to discuss problems

g. Exhibits aggressive or bizarre behavior
h. Withdrawn, apathetic, passive
i. Has unprovoked fits of yelling or screaming
j. Feels responsible for the abuser
k. Runs away from home
l. Attempts suicide
m. Exhibits inconsistent behavior at home and school
n. Low self-esteem
o. Exhibits a gradual impairment of health or personality
p. Difficulty sustaining relationships
q. Unrealistic goal setting
r. Impatient
s. Unable to communicate or express feelings, needs, or desires
t. Sabotages their chances of success
u. Self deprecating and has a negative self-image.

3. **Physical indicators**

a. Sleep disorders, i.e., nightmares or restlessness
b. Wets the bed
c. Exhibits developmental lags (stunting their physical, emotional, and/or mental growth)
d. Hyperactive
e. Eating disorder

F. **Neglect**

1. **Behavioral indicators**

a. Is truant or tardy to school often or arrives early and stays late.
b. Begs or steals food
c. Attempts suicide
d. Uses or abuses drugs and/or alcohol
e. Is extremely dependent or detached
f. Engages in delinquent behavior, such as prostitution or stealing
g. Appears exhausted
h. Claims that parent or guardians or frequently absent from the home
i. Engages is dangerous activities.

2. **Physical indicators**

a. Is frequently dirty, unwashed, hungry, or inappropriately dressed
b. Many have severe diaper rash that is left untreated to the point that they look scalded
c. Is tired and listless
d. Has unattended physical problems
e. May appear to be over-worked and/or exploited

3. **Family indicators**

a. Extreme parental dominance, restrictiveness, and/or overprotection
b. Family isolated from community and support systems
c. Marked rile reversal between mother and child
d. History of sexual abuse for either parent
e. Substance abuse by either parent or by children
f. Other types of violence in the home
g. Absent spouse (through chronic illness, depression, divorce, or separation)
h. Severe overcrowding
i. Complaints about a “seductive” child

j. Extreme objection to implementation of child sexual abuse curriculum (Johnson, 1992)

4. **Medical conditions that can be easily mistaken for abuse**

1. Blood disorder that causes easy bruising
2. Car seat burns
3. Mongolian spots on the lower back and buttocks of a child

X. **General EMT responsibilities in cases of abuse or neglect**

A. The identification of abuse or neglect can occur at any time during the history, physical exam, or other assessments performed by members of the healthcare team. This identification can be made in any setting.

B. No assumption should be made that law enforcement or hospital personnel will file a report.

C. **The law does not require certainty.** It requires only that there be reasonable cause to believe that a person has been abused and/or neglected. Any person participating in good faith in the making of a report shall have immunity for any liability, civil, criminal, or that otherwise might result by reason of such actions. Follow up to include filing DCFS paperwork; refer to policy V-2-4 and CANTS 5 form)

D. State rules sometimes require that any person who becomes a mandatory reporter by virtue or his or her employment must sign a statement acknowledging that they are mandatory reporters**.** This is also true of EMTs. (Please see Policy: CANTS 22 form)

XI. **EMS responsibilities for suspected adult abuse**

A. **Scene size up:** Assure your own safety. These calls can become violent towards you very quickly and unexpectedly. Always maintain your own escape route. Try to keep an obstacle between you and the possible abuser. If they allegedly have a weapon, do not enter until police have secured the scene, no matter how sympathetic you might be to the victim.

B. **Assessment:** Ask patents screening questions if abuse is suspected

1. Have you been hit or hurt by somebody?
2. Is it unsafe for you to go home?
3. Do you need protection from your spouse, friend, or intimate partner?
4. If abuse or interpersonal violence is suspected by a positive answer to one or more of those questions or your intuition, it is important to safely isolate the patient (victim) from the alleged perpetrator. Try to sequester the patient so their answers can be provided in private, out of the hearing of the possible abuser. Ensure private and secure environment for the patient.

5. **Subjective data**

a. SAMPLE history in the patient's own words. Note discrepancies.
b. PMH of violence. Do not pursue an abuse line of questioning if it appears that their public answers could be overheard and place them at risk of more harm. If answers can be provided in private, ask the patient if their illness or injury may have been caused by physical or emotional abuse.
c. Record time, place and nature of alleged abuse
d. If childbearing age: OB and gynecologic history

6. **Objective data**

a. Initial and focused assessments; physical exam findings: look for overt and covert signs suggestive of injury.

b. Identify patterns of injury; dating new and old findings
c. If pregnant: obtain FHTs if able.

D. Planning and interventions

1. Resuscitate ABC's

2. Advise the patient of their rights, including orders of protection. The primary goal in dealing with any victim of domestic abuse is empowerment. This can be accomplished by sharing your observations, by agreeing that what is happening is wrong, not their fault, or just by listening in a warm and accepting manner. Ask the victim direct and non-threatening questions and avoid suggesting the victim leave the abusing partner.

3. You must provide shelter information per System policy

4. Encourage the victim to file a police report.

5. If victim chooses to refuse transport, encourage them to develop an exit plan should they or their children need to leave quickly.

XII. **EMS responsibilities for suspected elder abuse**

A. Assessment: Separate the victim from the alleged abused

1. **Subjective data**
   a. Obtain SAMPLE history in the patient's own words
   b. Record time, place, and nature of alleged abused

2. **Objective data**
   a. Physical exam findings: Initial and focused assessments; look for overt and covert signs suggestive of injury
   b. Identify patterns of injury; dating new and old findings.

B. **Planning and interventions**

1. Resuscitate ABC's; transport if at all possible

2. Allow the patient to be involved with their care and planning allowing maximum autonomy in decision-making for their level of competence.

3. The Illinois Elder Abuse and Neglect Act, the Elder Abuse and Neglect Program's authorizing statute was amended effective January 1, 1999, to require limited mandatory reporting for elder abuse for the first time in Illinois. Professionals, such as physicians, nurses, **EMT's**, social workers, and many others, including state human service employees, must now report, within 24 hours, any suspected abuse, neglect, or exploitation of an older person to the Department of Aging's Elder Abuse and Neglect Program, where the older person because of dysfunction, is unable to report for themselves. The requirement to report extends to any time a mandated reporter is engaged in carrying out his or her professional duties.
   a. If a reporter is unsure whether an older person is able to report for themselves, but suspects that they are being abused, neglected, or exploited, the Department of Aging encourages the reporter to voluntarily report the situation to the Elder Abuse and Neglect Program.
   b. Anyone who suspects that an older person is being mistreated by another should call one of the following numbers:
      (1) The department of Aging's Senior Help Line at 1-800-252-8966 during regular business hours (8:30 am to 5:00 pm Monday through Friday).

(2) The Department of Aging's After-Hours Elder Abuse Hotline at 1-800-279-0400 (5:00 pm to 8:30 am Monday through Friday; and all weekend and holiday hours)

XIII. **Abused and neglected long-term care facility residents reporting act**

Definitions

1. **Resident:** A person residing in and receiving personal care from a long-term care facility, or residing in a mental health facility or developmental disability facility as defined in the Mental Health and Developmental Disabilities Code.

2. **Abuse:** Any physical, mental or sexual injury to an eligible adult, including exploitation of such adult's financial resources other than by accidental means. Any physical injury, sexual abuse or mental injury inflicted on a resident.

3. **Eligible adult:** A person 60 years of age or older who resides in a domestic living situation and is, or is alleged to be, abused, neglected, or financially exploited by another individual or who neglects himself or herself.

4. **Neglect:** Another individual's failure to provide an eligible adult with or willful withholding from an eligible adult the necessities of life including, but not limited to, food, clothing, shelter or health care. This subsection does not create any new affirmative duty to provide support to eligible adults. Nothing in this Act shall be construed to mean that an eligible adult is a victim of neglect because of health care services provided or not provided by licensed health care professionals.

5. **Department:** The Department of Aging for the State of Illinois.

6. **Mandated reporter:** Those professionals or professional delegates who are in engaged in the following but not limited to**:** social services, law enforcement, education, the care of an eligible adult or eligible adults, or any of the occupations required to be licensed as a clinical psychologist, social work, dentist, dietitian, nurse, physical or occupational therapy; clergy; field personnel of the Dept of Healthcare & Family Services, Dept of Public Health, & Dept of Human Services, & any county or municipal health dept; personnel of the Dept of Human Services; the Dept on Aging, local fire departments; medical examiner; or a person who performs the duties of a paramedic or an emergency medical technician.

6. **Long-term care facility:** A private home, institution, building, residence, or any other place, whether operated for profit or not, or a county home for the infirm and chronically ill operated pursuant to Division 5-21 or 5-22 of the Counties Code, or any similar institution operated by a political subdivision of the State of Illinois, which provides, through its ownership or management, personal care, sheltered care or nursing for 3 or more persons, not related to the applicant or owner by blood or marriage. This includes skilled nursing facilities and intermediate care faculties as those terms are defined in Title XVI::II and Title XIX of the federal Social Security Act. This Act shall include any mental health facility or developmental disability facility as defined in the Mental Health and Developmental Disabilities Code. (Source: P.A. 96-339, eff. 12-28-12)

ii. Procedure

1. All EMTs who have identified that a long-term care facility resident is a possible victim of abuse or neglect should follow the System's policies and report their suspicions as specified by local protocols. **Elder Abuse Hotline for nursing home/extended care facility residents: 1-800-252-4343.**

2. In addition, any mandated reporter having reasonable cause to suspect a resident of a long-term care facility has died as a result of abuse or neglect, shall also immediately notify the appropriate medical examiner or coroner.

XIV. **EMS responsibilities for suspected child abuse**

A. Assessment: Safely isolate the patient (victim) from the alleged perpetrator. Safety of the EMS responders must be a first priority. Ensure private and secure environment.

1. **Subjective data**
   a. Obtain SAMPLE history in the patient's own words. Note discrepancies in histories given by child and adult.
   b. Record time, place, and nature of alleged abuse
   c. Note interactions between family members.
   d. Note the child's general state of health and cleanliness. Observe for signs of neglect.

2. **Objective data**
   a. Physical exam findings: Initial and focused assessments. Look for overt and covert signs suggestive of injury. Use body diagrams for documenting injury locations.
   b. Identify patterns of injury; dating new and old findings

Planning and interventions

1. Resuscitate ABC's; address the immediate medical needs of the patient

2. **Protective custody**

   a. If you suspect that a child has been abused or neglected and the parent or guardian refuses to allow treatment of the child, seek assistance from an on-line medical control physician or local police officer.
   b. A physician treating the child, a designated employee of the Department, or an officer of the local law enforcement agency may take or retain temporary protective custody of a child without the consent of the person responsible for the child's welfare, if
      (1) he/she has reason to believe that the circumstances or condition of the child are such that continuing in his/her place of residence or in the care and custody of the person responsible for the child's welfare presents an immediate danger to the child's life or health;
      (2) the person responsible for the child's welfare is unable or has been asked and does not consent to the child's removal from his/her custody; and
      (3) there is no time to appeal
      (4) for a court order under the Juvenile Court Act for temporary custody of the child.

   c. **All three of the above items may have to be met prior to the exercise for temporary protective custody power.**

3. In Illinois, EMTs are mandatory reporters of suspected child abuse or neglect. If an EMT has reasonable cause to believe that a child known to them in their professional capacity may be abused or neglected, they must immediately report or cause a report to be made to the DCFS. Follow the System's policies with respect for filing reports.
   a. **Written confirmation of reports:** Within 48 hours after making the telephone report, the EMT must submit, or cause to be submitted, a written report on a form supplied by DCFS (CANTS form and body chart) and file the written report with the nearest Child Protection Services Unit. The address is on the back of the form.
   b. **Contest of Child Abuse or Neglect reports:** The State Central register or the local report-taker shall attempt to secure the following information from the reporter:

(1) Family composition, including the name, age, sex, race, ethnicity and address of the children named in the report and any other children in the environment;
(2) Name, age, sex, race, ethnicity and address of the children's parents and of the alleged perpetrator and his/her relationship to the child subjects;
(3) The physical harm to the involved children and an estimation of the children's present physical, medical and environmental condition. This estimation should include information concerning any previous incidents of suspected child abuse or neglect; and
(4) The reporter's name, occupation and relationship to the children, actions taken by the reporter, where the reporter can be reached, and other information the reporter believes will be of assistance.

c. **Cooperation in court:** Any person who makes or investigates a report may be ordered by the Court to testify in any judicial proceeding resulting from the report about any evidence or cause of the abuse or neglect. No evidence shall be excluded because of any common law or statutory privilege regarding communication between the alleged perpetrator of the child abuse and the person making or investigating the report.

4. IL. Law does not require reporting suspected child abuse to the police. Consult local authorities.

C. **Confidentiality of information**

1. The primary objective in all alleged child abuse cases is protection of the child and, although open communication among governmental agencies, EMS and hospital personnel is important to continuity of patient care, the privacy of the children and their families must be protected.

2. Therefore, access to private health information concerning abused and/or neglected children will be in accordance with the Act. Access to information should be limited to the following:

a. The Department of Children and Family Services and the Child Protective Service Unit handling the case;
b. Local law enforcement agencies which are involved with or investigating the particular case;
c. Physicians and other staff members who are involved with the case who have a need to know such information; and
d. Courts or Grand Juries upon appropriate court order of subpoena.
e. The release of any other information concerning abused or neglected children be done only with the knowledge and consent of the Department of Children and Family Services.

D. **Death caused by abuse or neglect:** In the event an EMT suspects abuse or neglect in a death case, they must report this to the appropriate medical examiner or coroner. This may be accomplished by reporting suspicions to the local police. Document to who suspicions were reported.

E. **Failure to report suspected abuse or neglect:** Any EMT who willfully fails to report suspected child abuse or neglect as required by the Act, is guilty of a Class A misdemeanor, which is punishable by up to one year in jail and a fine of up to $1,000.00.