



ABUSE

Domestic, Elder and Child

Inservice

Instructions: Please read, complete and return post-test.

ABUSE

Protocall's Policy: Report suspected vulnerable client abuse and/or neglect according to the Vulnerable Adult Act and the Protocall policies and procedures. Report all incidents to Protocall's Clinical Case Supervisor and/or Division Director.

Cycle of Violence

Battered women are not constantly being abused, nor is their abuse inflicted at totally random times. Understanding this cycle, which increases in frequency and severity as it happens again and again, is very important if we are to learn how to stop or prevent battering incidents! The battering cycle occurs in almost all battering relationships.

Stage I - The Tension Building Stage

Tension begins to rise and builds to the point of violence. This stage can last for a long period of time, although the duration may decrease as the cycle continues to occur. During this stage, the abuser becomes edgy and more prone to react negatively to frustrations and ceases to respond to any controls. The abuser may use alcohol as an excuse to abuse. There is much tension between the couple. The woman tries to anticipate the man's every whim or she tries to stay out of his way. The victim accepts the coming violence as inevitable, or hopefully will seek help to prevent the violence.

Stage II - The Acute Battering Stage

This is the shortest stage. The tension becomes unbearable and is uncontrollably released. Violence is most severe at this point, and this is when most initial contacts are made with outside agencies such as police or domestic violence programs. At this point, the abuser's rage is out of control. He regains control only after the victim has "learned" her lesson. The victim feels that escape is impossible and responds to the pain and terror by becoming emotionally detached. Fighting back usually results in increased violence. The victim sometimes remembers everything about the incident, but more often blocks it out either partially or completely. Later on it may be repressed or denied.

Stage III - The Hearts and Flowers Stage

The abuser behaves in a contrite, loving manner, while denying the extent of pain and fear the victim experienced. The victim is blamed for the abuser's anger. Promises are made not to be violent again; and forgiveness is asked for. The abuser is terrified of abandonment and plays on the victim's guilt of breaking up the family and hurting him. If forgiveness is not forthcoming STAGE I may begin almost immediately, although the victim usually does forgive the abuser. She loves him and desperately wants to believe that he will change and will always be this nice. The promises - the hearts and flowers - bring on a period of calm, quiet times.

CHARACTERISTICS OF ABUSE:

Battered Women

- Low self-esteem
- Believes all the myths about the battering relationship
- Is a traditionalist in the home, strongly believing in family unity and the prescribed feminine sex role stereotype
- Accepts responsibility for the batterers actions
- Suffers from guilt yet may deny the terror and anger
- Presents passive face to the world but has the strength to cope with her environment so that she does not get killed
- Has severe stress reactions with psychosomatic complaints and battering to cope with.
- Uses sex as a way to establish intimacy
- Believes no one will be able to help her resolve her predicament consequences

Batterers

- Low self-esteem
- Believes all the myths about the battering relationship
- Is a traditionalist in the home, believing in male supremacy and the stereotypical masculine role
- Blames others for his actions
- Is pathologically jealous and intrusive into the woman's life
- Presents a dual personality; a Dr. Jekyll - Mr. Hyde
- Has severe stress reactions during which he uses drinking
- Uses sex as act of aggression to enhance his self-esteem
- Does not believe his violence should have any negative consequences

The Battering Relationship:

- The woman's identity centers on her roles as wife and mother.
- The marital relationship is symbiotic and there is an intense interdependence between the spouses.
- The woman experiences verbal battering, and is made to believe that she does not do anything right.
- The woman experiences psychological isolation in which she blames herself for the battering, fears her husband will hurt her if she tells, covers up and lies about her marks of abuse and loses perspective concerning the situation.
- The woman experiences physical isolation, usually brought on by the husband pressuring her to drop her friends and outside activities and hide the abuses. She is often held prisoner by her husband.
- As the battering relationship continues, there is an escalation of the physical abuse that becomes more frequent and more severe.
- The woman lives in terror of her husband. Her survival becomes her main objective. She therefore develops strong coping mechanisms, such as believing his reasons for abusing her, clinging to the hope that he will change and disassociating her mind from the abuse.
- The abuse continues over the course of the relationship in a pattern – a cycle of violence - and ends only when the woman leaves or the batterer seeks help.

ADULT PROTECTIVE SERVICES

Program Eligibility - Who is Eligible for Adult Protective Services?

A person is eligible for adult protective services if he/she is disabled or elderly adult age 18 years or older, and is at risk of abuse, neglect or exploitation and lacks the capacity to act in his own behalf.

Additionally, disabled and elderly adults are eligible even if they do not lack the capacity to act in their own behalf, if they request assistance in dealing with abuse, neglect or exploitation.

Services are provided without regard to income.

SERVICES PROVIDED:

What Do the Local Adult Protective Services Provider Agencies Do?

- Provider agencies investigate and evaluate all reports of abuse, neglect and exploitation of eligible clients within established time limits. They respond immediately if the referral is urgent, or within three working days on all other referrals.
- Provider agencies provide necessities in an emergency basis including housing, medical care, heat and food.
- Provider agencies help financially exploited clients through the use of financial management and legal tools and by cooperating with banks, law enforcement authorities and other community agencies.
- Provider agencies visit clients on a regular basis, discuss options, periodically reassess at-risk situations, plan for appropriate services and assure these services are delivered.
- Provider agencies inform professional and lay members of the community about adult abuse, neglect and exploitation by talking to local groups and disseminating information on the problem.
- Provider agencies help clients find surrogate decision-makers and file to have a guardian appointed for incompetent clients when necessary.
- Provider agencies provide supportive counseling to clients which may include information sharing and mediation of client conflicts with significant others.
- Provider agencies arrange for homemaker/home health care services and respite care in order to restore domestic order and relieve overwhelmed caretakers where there is a risk of abuse or neglect.
- Provider agencies arrange for home-delivered meal service to elderly and disabled persons.

Program Definitions

Adult Protective Services:

Services for persons 18 years and older who are at risk of abuse, neglect or exploitation; who are unable to protect their own interests because of ignorance, incompetence or poor health. Any voluntary or court-ordered social, legal, financial, medical or psychiatric services.

Abuse Types

Physical: Willful infliction of physical pain, injury, or mental anguish or unreasonable confinement.

Psychological: Recurring or ongoing pattern of inflicting psychological or emotional suffering by words or actions which are designed or likely to humiliate, provoke, intimidate, confuse or frighten.

Neglect: An act or failure to act by a caretaker or an elder themselves (self-neglect) who is actively involved with an elderly or disabled person, which results in the inadequate provision of care or services necessary to maintain the physical and mental well-being of the person which can result in a serious or life-threatening situation.

Financial Abuse/Exploitation: The illegal use or gross mismanagement of a person's funds, assets or property.

Behavior of Family or Caregiver:

- Marital or family discord
- Continuous friction
- Striking, shoving, beating, name calling, scapegoating
- Conflicts with others in community
- Hostile, secretive, frustrated, shows little concern, poor self control, blames client
- Denial of problems
- Arguments within extended family on care provided to client
- Manipulates client into paying bills, lending of money
- Resentment, jealousy
- Unrealistic expectations of client
- Someone other than caregivers bringing client for treatment
- Prolonged interval between treatment and injury
- Doctor hopping
- Explanation of injury not feasible
- Other unreported injuries found
- Inconsistent explanations of injury
- Sudden appearance of previously uncaring relations
- Transfer of property, savings, insurance or wills
- Unexplained cash flow
- Unusual household composition
- Recent family crisis
- Alcohol or drug use by family

Behavior of Family or Caregiver (cont'd):

- Family has other ill members
- Resentment by caregiver
- Caregiver lack knowledge of client's condition and needed care
- History of mental illness in family
- Client left alone for extended periods of time
- Excessive payment of care
- Caregiver does not provide needed personal care, withholds food or medication
- Overly frugal
- Client locked away
- Caregiver does not allow visitors
- Family does not interact with client

Indicators of Abuse, Neglect, and Exploitation of the Elderly

Physical Appearance:

- Burns, especially unusually located Bilateral bruises on upper arms, from shaking
- Clustered bruises on trunk from repeated striking
- Bruises resembling an object
- Old and new bruises (injury repeated)
- Bone fractures/welts/black eyes
- Bed sores, unhealed sores, untreated injuries
- Tremors
- Broken glasses/frames
- Lack of prophetic devices
- Clothing inappropriate for weather, filthy, torn, too big, rags.
- Lack of clothing, same clothing all the time
- Shoes on wrong feet, odorous
- Fleas, lice, rash, impetigo, eczema
- Malnutrition
- Wheezing, persistent cough
- Unintentionally non-communicative
- Untreated medical condition
- Swollen ankles (heart/kidney ailment)
- Decayed teeth, swollen eyes
- Severe or constant pain

Indicators of Abuse, Neglect, and Exploitation of the Elderly

Physical Appearance (cont'd):

- Swelling of legs, coldness in parts of body
- Red, painful eyes (glaucoma)
- Swelling of joints accompanied by weakness or fever
- Blue feet (vascular problem)
- Vomiting
- Shortness of breath
- Sudden weight loss/gain
- Blood in excretion
- Lumps
- Loss of sight or hearing
- Heat exhaustion
- Incontinent
- Dehydration
- Intentional or unintentional over medication by caregiver
- Hair thin as though pulled out
- Scars
- Dilated pupils, narcolepsy
- Nails and clipping

Behavior:

- Recent or sudden changes in behavior
- Unjustified fear
- Unwarranted suspicion
- Refuses to discuss situations, open doors, communicate the need for help
- Unwillingness to talk
- Unreasonable excuses
- Denial of problems
- Unaware of how much money they receive and regular monthly expenses
- Changes in will, representative payee, or power of attorney
- Payment of extravagant prices for services, repairs, rent, etc.
- Depleted bank accounts with nothing to show
- Large amount of purchases on time
- Chronically fails to pay bills
- Frequent requests at end of month for supplemental income

CHILDREN AS SECONDARY VICTIMS

Domestic violence is a serious problem of major proportion facing our society today. Yet, only recently have we come to recognize the devastating impact that domestic violence has on children who are not themselves abused, but who instead witness abusive behavior between their parents. The primary victims of domestic violence are not the only ones at risk. Each family member is exposed to an ever widening circle of problems. Children, as secondary victims, often end up struggling alone with serious emotional problems that can result in diminished academic and interpersonal functioning. These children must cope with a high level of stress that comes from the fear of injury as well as from poor parental role models. Many children whose parents are battered often become victims of the abuse themselves. Current estimates indicate that between 45-60% of all spouse abuse cases eventually include a child battering as well.

Children living in violent homes are often characterized by:

- Constant fear and terror for their lives; confusion and insecurity
- Increasing deviousness; lying, stealing, cheating
- Poor definition of personal boundaries, violation of other's personal boundaries, projecting and/or accepting blame
- Little or no understanding of the dynamics of violence; assumes violence to be the norm
- Self blame for family feuding, separations, divorce and internal conflicts
- Continuation of abuse patterns in adult life
- Frequently participates in pecking order battering, often batters parents in later years
- Poor problem solving skills, demonstrates aggression or passivity
- Poor sexual image, uncertain about appropriate behavior, confused model identification, immaturity in peer relationships
- At high risk for assaults during mother's pregnancy
- Heightened suicide risks and attempts, prone to negligence and carelessness
- Engage in excessive minimization or denial

Domestic violence clearly creates problems for the entire family, not just those being directly abused. Children who live in these homes manifest their problems with a wide range of behaviors. Systematic prevention and individual intervention responses are necessary to reduce the impact of domestic violence on both current and future generations. Recognizing domestic violence as a problem for many children and working toward breaking the pattern can not only help reduce the frequency of family violence in future generations.

Common Myths About Child Abuse

- **Myth: "It doesn't happen here."**
 - **Fact:** Child abuse occurs in one out of every 10 homes in America.
- **Myth: "We would know if something were wrong in our home."**
 - **Fact:** 50-75% of all cases of abuse go unreported.
- **Myth: "We would be able to recognize a child abuser, they look funny."**
 - **Fact:** Offenders comes from a variety of occupations, social and economic groups, i.e. doctors, nurses, lawyers, clergy, coaches, and teachers.
- **Myth: "It will never happen to my child."**
 - **Fact:** Every child is a potentially abused child. They key is to provide preventative information to children to enable them to recognize a potentially dangerous situation.

Symptoms of Children with Problems

A. Children with alcohol abuse may:

- Sporadically appear neglected then seem to be okay.
- Exhibit inconsistent attendance at school or patterns of behavioral changes during the final class of the day.
- Tend not to bring friends home with them. May be a loner.
- Nursery school children may mimic drunken behavior.

B. Physical symptoms of abuse:

- Bruises, welts or broken bones - especially on hands and feet.
- Cuts or scrapes in unusual places (excluding elbows and knees) such as face.
- Bruising or redness around genital.
- Persistent complaints of itching around genitals.
- Pregnancy.
- Bruises or burn characteristics of dipping in hot water, cigarette burns.

C. Neglect symptoms:

- Not picked up for school by parent at prescribed time.
- Poorly clothed, clothes need mending and/or are dirty.
- Lack of appropriate medical care.
- Lack of supervision.
- Truancy - failure to enroll in school.

Symptoms of Children with Problems (cont'd)

D. High-risk family situations for abuse:

- Increased burden or stress.
- Extraordinary financial burdens.
- Teenage or forced marriage.
- Unwanted children.
- Marital discord.
- Unemployment or intense job dissatisfaction.
- Cultural isolation.
- Chronic illness.
- Teenage parents.
- Substance abusing parents.

E. Activity and habit clues:

- Nightmare, dreams of violence.
- A young person afraid to go home.
- Running away.
- Delinquency.
- Prostitution.
- Alcohol or other substance abuse.
- Suicide attempts (or thoughts of suicide).
- Self mutilating behavior.
- Persistent and inappropriate sexual behavior.
- Lack of trust.
- Fear of being with a particular person.
- Lying.
- Hyperactivity.
- Withdrawn behavior.

POWER AND CONTROL

Physical abuse:

- using a weapon against her
- beating, throwing her down
- twisting arms, tripping, biting
- pushing, shoving, hitting
- slapping, choking, pulling hair
- punching, kicking, grabbing

Isolation:

Controlling what she does, who she sees and talks to, where she goes.

Emotional Abuse:

Putting her down or making her feel bad about herself, calling her names. Making her think she's crazy. Mind games.

Economic Abuse:

Trying to keep her from getting or keeping a job. Making her ask for money, giving her an allowance, taking her money.

Sexual Abuse:

Making her do sexual things against her will. Physically attacking the sexual parts of her body. Treating her like a sex object.

Using Children:

Making her feel guilty about the children, using the children to give messages, using visitation as a way to harass her.

Threats:

Making and/or carrying out threats to do something to hurt her emotionally. Threaten to take the children, commit suicide, report her to welfare.

Using Male Privilege:

Treating her like a servant. Making all the "big" decisions. Acting like the "master of the castle".

Intimidation:

Putting her in fear by: using looks, actions, gestures, loud voices, smashing things, destroying her property.

Physical and Behavioral Indicators of Child Abuse and Neglect

TYPE OF CHILD ABUSE AND NEGLECT	PHYSICAL INDICATORS	BEHAVIORAL INDICATORS
PHYSICAL ABUSE	<p>Unexplained Bruises and Welts:</p> <ul style="list-style-type: none"> - on face, lips, mouth - on torso, back buttocks, thighs - in various stages of healing - clustered, forming regular patterns - reflecting shape of article used to inflict (electrical cord, belt buckle) - on several different surface areas - regularly appear after absence, weekend or vacation <p>Unexplained Burns:</p> <ul style="list-style-type: none"> - cigar, cigarette burns, especially on soles and palms, back or buttocks - immersion burns (sock-like, glove-like doughnut shaped in buttocks or genitalia) - patterned like electric burner, iron, etc. - rope burns on arms, legs, neck or torso <p>Unexplained Fractures:</p> <ul style="list-style-type: none"> - to skull, nose, facial structure - in various stages of healing - multiple or spiral fractures 	<p>Wary of Adult Contacts Apprehensive When Other Children Cry Behavioral Extremes:</p> <ul style="list-style-type: none"> - aggressiveness - withdrawal <p>Frightened of Parents Afraid to Go Home Reports Injury by Parents</p>
PHYSICAL NEGLECT	<p>Consistent Hunger, Poor Hygiene, Inappropriate Dress Consistent Lack of Supervision, Especially in Dangerous Activities for Long Periods Consistent Fatigue or Listlessness Unattended Physical Problems or Medical Needs Abandonment</p>	<p>Begging, Stealing Food Extended Stays at School (early arrival and late departure) Constantly Falling Asleep in Class Alcohol or Drug Abuse Delinquency (e.g. Thefts) States There is No Caretaker</p>
SEXUAL ABUSE	<p>Difficulty in Walking or Sitting Torn, Strained or Bloody Underclothing Pain or Itching in Genital Area Bruises or Bleeding in External Genitalia, Vaginal or Anal Areas Venereal Disease, Especially in Pre-teens Pregnancy</p>	<p>Unwilling to Change for Gym or Participate in PE Withdrawal, Fantasy or Infantile Behavior Bizarre, Sophisticated, or Unusual Sexual Behavior or Knowledge Poor Peer Relations Delinquent or Run Away Reports Sexual Assault by Caretaker</p>
EMOTIONAL MALTREATMENT	<p>Speech Disorders Lags in Physical Development Failure to Thrive</p>	<p>Habit Disorders (sucking, biting, rocking, etc.) Conductive Disorders (antisocial, destructive) Neurotic Traits (sleep disorders, inhibition of play) Psychoneurotic Behaviors (hysteria, obsession, compulsion, phobia, hypochondria) Behavior Extremes:</p> <ul style="list-style-type: none"> - compliant, passive - aggressive, demanding, <p>Overly Adaptive Behavior</p> <ul style="list-style-type: none"> - inappropriately adult - inappropriately infantile <p>Developmental lags (mental, emotional) Attempted Suicide</p>

