

Child, Partner, and Elder Abuse – Self-Learning Packet

Chapter 21 in Fosbre (2023)

A. Child Abuse/Mistreatment

Child maltreatment includes intentional physical abuse or neglect; emotional abuse or neglect; and sexual abuse of children. A report of child abuse is made every 10 seconds. Between 4 and 7 children die every day in the United States as a result of child abuse.

Assessment

Physical Abuse

- Physical abuse is indicated if the child:
 - ♦ Has unexplained burns, bites, bruises, broken bones, or black eyes.
 - ♦ Has fading bruises or other marks noticeable after an absence from school.
 - ♦ Seems frightened of the parents and protests or cries when it is time to go home.
 - ♦ Shrinks at the approach of adults.
 - ♦ Reports injury by a parent or another adult caregiver.
 - ♦ Abuses animals or pets
- Physical abuse may be suspected when the parent or other adult caregiver:
 - ♦ Offers conflicting, unconvincing, or no explanation for the child's injury.
 - ♦ Describes the child as "evil," or in some other very negative way.
 - ♦ Uses harsh physical discipline with the child.
 - ♦ Has a history of abuse as a child.
 - ♦ Has a history of abusing animals or pets

Emotional Abuse

- A pattern of behavior on the part of the parent or caretaker that results in serious impairment of the child's social, emotional, or intellectual functioning
- Examples of emotional injury include belittling or rejecting the child, ignoring the child, blaming the child for things over which he or she has no control, isolating the child from normal social experiences, and using harsh and inconsistent discipline
- The child may have a speech disorder, lag in physical development, difficulty learning, lack of self-confidence, or poor social skills.

Child Neglect

- Failure to provide for the child's basic needs.
 - o **Physical Indicators**
 - Malnourished
 - Underweight, poor growth pattern
 - Unattended physical problems
 - Inadequate supervision
 - o **Emotional Neglect**
 - Failure to provide the child with the hope, love, and support necessary for the development of a sound, healthy personality
- **Behavioral Indicators of Neglect**
 - o Is frequently absent from school
 - o Begs or steals food or money
 - o Lacks needed medical or dental care, immunizations, or glasses
 - o Is consistently dirty and has severe body odor
 - o Lacks sufficient clothing for the weather

- o Abuses alcohol or other drugs
- o States that there is no one at home to provide care
- **Sexual Abuse of a child**
 - o Employment, use, persuasion, inducement, enticement, or coercion of any child to engage in, or assist any other person to engage in, any sexually explicit conduct or simulation of such conduct for the purpose of producing any visual depiction of such conduct; or the rape, and in cases of caretaker or inter-familial relationships, statutory rape, molestation, prostitution, or other form of sexual exploitation of children, or incest with children.
 - o Incest is the occurrence of sexual contacts or interaction between, or sexual exploitation of, close relatives, or between participants who are related to each other by a kinship bond that is regarded as a prohibition to sexual relations.
 - o **Indicators of sexual abuse**
 - Has difficulty walking or sitting
 - Suddenly refuses to change for gym or to participate in physical activities
 - Reports nightmares or bedwetting
 - Experiences a sudden change in appetite
 - Demonstrates bizarre, sophisticated, or unusual sexual knowledge or behavior
 - Becomes pregnant or contracts a sexually transmitted disease

Intervention: Duty to Report

Under Chapter 9 of Title 16 of the Delaware Code, Delaware law *mandates* any person, agency, organization or entity to make an immediate oral report to the Department of Services for Children, Youth and Their Families, Division of Family Services, when they know of, or suspect, child abuse or neglect.

- The persons and entities required to file these mandatory reports include, but are not be limited to:
 - o Physicians, dentists, interns or residents, nurses, social workers, and psychologists, etc.
 - o School employees
 - o Medical examiners
 - o Hospitals or other health care institutions
 - o Medical Society of Delaware
 - o Law enforcement agencies

Interventions for the abused child

- Adopt a nonthreatening, nonjudgmental relationship with the parents
- Understand the child does not want to betray his or her parents
- Perform a complete physical assessment of the child
- The use of dolls or drawings may help the child describe the abuse
- Contact your supervisor if you believe your patient is being abused

B. Intimate Partner Violence

- Also called domestic abuse or battering

- Battering – A pattern of coercive control founded on and supported by physical and /or sexual violence or threat of violence of an intimate partner.
- Domestic violence happens to men and to same-sex partners at similar rates, but most often domestic violence involves men abusing their female partners.
- Approximately 85 percent of the victims are women. Women ages 25-34 experienced the highest per capita rates of intimate violence.

♦ **Profile of the Victim**

- Represents all age, racial, religious, cultural, educational, and socioeconomic groups
- May have low self-esteem, adhere to feminine sex-role stereotypes, and often accept blame for the batterer's actions.
- Inadequate support systems
- Some grew up in abusive homes.
- Victim has a mistaken belief that she can take care of, rescue, and/or “fix” her partner.
- Victims do not lie or exaggerate about domestic violence; rather they deny or minimize due to feelings of guilt, shame, or fear of further punishment and possible death.

♦ **Profile of the Victimizer**

- Usually have low self-esteem
- Pathologically jealous
- Have limited ability to cope with stress
- Views his spouse as a possession and becomes threatened when she shows any sign of independence or attempts to share herself and her time with others
- Typically degrades his female partner by insulting and humiliating her and everything she does at every opportunity
- He strives to keep her isolated from others and totally dependent upon him.
- He demands to know where she is every moment, and when she tells him he challenges her honesty.
- He achieves power and control by intimidation.
- Often has experienced violence in the home as a child

The Cycle of Violence

Phase I: Tension Building

- During this phase, the woman senses that the man's tolerance for frustration is declining. He becomes angry with little provocation but, may be quick to apologize. The woman may become very nurturing and compliant, anticipating his every whim in an effort to prevent his anger from escalating. She may just try to stay out of his way.
- Minor battering incidents may occur during this phase and the woman accepts the abuse as legitimately directed toward her. She assumes the guilt for the abuse. The minor battering incidents continue, and the tension mounts as the woman waits for the impending explosion.
- The abuser begins to fear that his partner will leave him. His jealousy and possessiveness increase. Phase I may last from a few weeks to many months or even years.

Phase II: Acute Battering

- This phase is the most violent and the shortest, usually lasting up to 24 hours. It most often begins with the batterer justifying his behavior to himself. By the end of the incident, however, he cannot understand what has happened, only that in his rage he has lost control over his behavior.
- In some instances, the woman may intentionally provoke the behavior. Having come to a point in phase I in which the tension is unbearable, long-term battered women know that once the acute phase is behind them, things will be better.
- The beating is severe, and many women can describe the violence in great detail, almost as if dissociation from their bodies had occurred. The batterer generally minimizes the severity of the abuse.

Phase III: Honeymoon

- In this phase, the batterer becomes extremely loving, kind, and contrite. He promises that the abuse will never recur and begs her forgiveness. He believes he now can control his behavior, and because now that he has “taught her a lesson,” he believes she will not “act up” again.
- During this phase the woman relives her original dream of ideal love and chooses to believe that *this* is what her partner is *really* like. This loving phase becomes the focus of the woman’s perception of the relationship.
- Although phase III usually lasts somewhere between the lengths of time associated with phases I and II, it can be so short as to almost pass undetected.
- In most instances, the cycle soon begins again with renewed tensions and minor battering incidents.

Why do they Stay?

- Probably the most common response that battered women give for staying is that they fear for their life and/or the lives of their children. Women have been known to stay in an abusive relationship for many reasons, some of which include the following:
 - ♦ Fear of retaliation
 - ♦ For the children
 - ♦ For financial reasons
 - ♦ Lack of a support network
 - ♦ Religious reasons
 - ♦ Hopefulness

Interventions for the victim of abuse or Neglect

- ♦ Goals for care of a victim of abuse should focus on treating physical wounds, beginning healthy grief resolution, helping the client exhibit control over their life, and helping the client demonstrate behaviors consistent with age-appropriate growth and development.
- ♦ It is important to provide information about resources to help if she decides to leave such as safe houses and shelters
- ♦ Develop a safety plan with the patient
- ♦ Stay with the client to provide security
- ♦ Assist the client to recognize options
- ♦ Promote trust

C. Elder Abuse

- a. Includes physical abuse, emotional abuse, sexual abuse, exploitation, neglect, and abandonment. Perpetrators include children, other family members, and spouses—as well as staff at nursing homes, assisted living, and other facilities.
- b. Approximately 1 in 10 Americans aged 60+ have experienced some form of elder abuse. Estimates are as high as 5 million elders are abused each year.
- c. 70-80% of elder abuse cases go unreported.
- d. Abusers are both women and men. In almost 60% of elder abuse and neglect incidents, the perpetrator is a family member. Two thirds of perpetrators are adult children or spouses.
- e. Why are older adults vulnerable to abuse?
 - Social isolation and mental impairment (such as dementia or Alzheimer's disease) are two factors.
 - Recent studies show that nearly half of those with dementia experienced abuse or neglect.
 - Interpersonal violence also occurs at disproportionately higher rates among adults with disabilities.
- f. **Signs of Elder Abuse:**
 - **Physical abuse, neglect, or mistreatment:** Bruises, pressure marks, broken bones, abrasions, burns
 - **Emotional abuse:** Unexplained withdrawal from normal activities, a sudden change in alertness, or unusual depression; strained or tense relationships; frequent arguments between the caregiver and older adult
 - **Financial abuse:** Sudden changes in financial situations
 - **Neglect:** Bedsores, unattended medical needs, poor hygiene, unusual weight loss
 - **Verbal or emotional abuse:** Belittling, threats, or other uses of power and control by individuals
- g. **Interventions**
 - Involve Adult Protective Services if abuse is suspected
 - Meet with other family members to identify stressors and problem areas to include caregiver strain
 - Encourage the abuser to seek counseling
 - Assess community agencies that might be of help:
 - o Day programs for seniors
 - o Visiting nurse services
 - o Assisted living