

UNIT TERMINAL OBJECTIVE

6-4 At the completion of this unit, the paramedic student will be able to integrate the assessment findings to formulate a field impression and implement a treatment plan for the patient who has sustained abuse or assault.

COGNITIVE OBJECTIVES

At the completion of this unit, the paramedic student will be able to:

- 6-4.1 Discuss the incidence of abuse and assault. (C-1)
- 6-4.2 Describe the categories of abuse. (C-1)
- 6-4.3 Discuss examples of spouse abuse. (C-1)
- 6-4.4 Discuss examples of elder abuse. (C-1)
- 6-4.5 Discuss examples of child abuse. (C-1)
- 6-4.6 Discuss examples of sexual assault. (C-1)
- 6-4.7 Describe the characteristics associated with the profile of the typical abuser of a spouse. (C-1)
- 6-4.8 Describe the characteristics associated with the profile of the typical abuser of the elder. (C-1)
- 6-4.9 Describe the characteristics associated with the profile of the typical abuser of children. (C-1)
- 6-4.10 Describe the characteristics associated with the profile of the typical assailant of sexual assault. (C-1)
- 6-4.11 Identify the profile of the "at-risk" spouse. (C-1)
- 6-4.12 Identify the profile of the "at-risk" elder. (C-1)
- 6-4.13 Identify the profile of the "at-risk" child. (C-1)
- 6-4.14 Discuss the assessment and management of the abused patient. (C-1)
- 6-4.15 Discuss the legal aspects associated with abuse situations. (C-1)
- 6-4.16 Identify community resources that are able to assist victims of abuse and assault. (C-1)
- 6-4.17 Discuss the documentation associated with abused and assaulted patient. (C-1)

AFFECTIVE OBJECTIVES

At the completion of this unit, the paramedic student will be able to:

- 6-4.18 Demonstrate sensitivity to the abused patient. (A-1)
- 6-4.19 Value the behavior of the abused patient. (A-2)
- 6-4.20 Attend to the emotional state of the abused patient. (A-1)
- 6-4.21 Recognize the value of non-verbal communication with the abused patient. (A-1)
- 6-4.22 Attend to the needs for reassurance, empathy and compassion with the abused patient. (A-1)
- 6-4.23 Listen to the concerns expressed by the abused patient. (A-1)
- 6-4.24 Listen and value the concerns expressed by the sexually assaulted patient. (A-2)

PSYCHOMOTOR OBJECTIVES

At the completion of this unit, the paramedic student will be able to:

- 6-4.25 Demonstrate the ability to assess a spouse, elder or child abused patient. (P-1)
- 6-4.26 Demonstrate the ability to assess a sexually assaulted patient. (P-1)

DECLARATIVE

- I. Introduction
 - A. Epidemiology
 - 1. Incidence
 - a. Abuse of spouse, elderly relatives, and children is greater than most estimate
 - b. Only 10% of women report battering incidents
 - c. Over 1 million children suffer from abuse or neglect
 - 2. Mortality/ morbidity
 - a. Victims may die as a result of the abuse or assault
 - b. Victims may suffer mental or physical injuries
 - 3. Risk factors
 - a. Men and women who beat one another also most likely beat their children
 - b. Children of abusive and unloving homes are more likely to become spouse or child batterers and later, abusers of their elderly parents
 - 4. Prevention strategies
 - a. Early detection
 - b. Social services support
 - c. Altering life styles
 - B. The battered spouse
 - A. Epidemiology
 - 1. Incidence
 - a. Not a new phenomenon
 - b. The act itself can be traced to early history
 - B. Battered women
 - 1. Overview
 - a. Women generally report incident only as a last resort
 - b. Reasons for not reporting
 - (1) Fear
 - (a) For her self
 - (b) For her children
 - (2) Believes behavior will change
 - (3) Lack of financial support
 - (a) No money
 - (b) No one to turn to
 - (c) No knowledge of where to go
 - (4) Believes she is the cause of the violent behavior
 - (5) Believes that it is part of the marriage and must endure in order to keep the family together
 - c. Characteristics of wife-battering
 - (1) The beatings do not stop
 - (2) Beatings become more severe and more frequent
 - (3) Beatings occur without provocation whatsoever
 - (4) At some point will turn violence toward the children
 - d. Characteristics of spouse abusers
 - (1) They have low self esteem and are not happy about themselves
 - (2) For the most part their violence was learned from their parents

- (3) Some believe they are demonstrating discipline
- (4) They do not like being out of “control”
- (5) Fail to see any alternatives and do not know what else to do
- (6) Both parties do not know how to back down from conflict
- (7) He/ she may feel powerless to change
- (8) The use of alcohol seems to be a factor
- (9) Mental illness occurs in less than 10% of abusers
- (10) Abuse does occur in all socio-economic groups, however most abusers are in the lower socio-economic groups
- (11) The abuser goes into sudden rages
- (12) Abusers feel insecure and jealous
- (13) The abuser can appear charming and loving after the incident of battering
- (14) The abuser may have money difficulties, problems holding a job and possible legal issues
- e. Ten “risk factors” for domestic violence (as taken from “Domestic Violence: Cracking the Code of Silence”)
 - (1) Male is unemployed
 - (2) Male uses illegal drugs at least once a year
 - (3) Partners have different religious backgrounds
 - (4) Family income is below poverty line
 - (5) Partners are unmarried
 - (6) Either partner is violent toward children at home
 - (7) Male did not graduate from high school
 - (8) Male has a blue-collar job, if employed
 - (9) Male is between 18-30
 - (10) Male saw father hit mother
- C. Battered men
 - 1. Overview
 - a. Battering is not limited to women
 - b. Men also rarely report incident
 - c. Humiliation suffered by a woman is multiplied for a man
 - d. Men feel as trapped as women do
 - e. Same psychological and emotional effects
 - (1) Guilt
 - (2) Loss of self-control
 - (3) Loss of control
 - f. Society is less empathetic toward men
 - g. Even fewer resources exist for men
- D. Homosexual relationships
 - 1. Overview
 - a. Spouse battering occurs in homosexual relationship as well
 - b. Homosexuals are conditioned the same as heterosexuals
- E. Identifying the battered patient
 - 1. Difficult to do because the description of the injuries may be incorrect, inaccurate and protective of the attacker
 - 2. May not seek care for bruises or lacerations
 - 3. May avoid eye contact and be hesitant or evasive about the details of the injuries
 - 4. Clues about the situation

- a. "Things haven't been going well lately"
 - b. "There have been problems at home"
 - F. Approaching the battered patient
 - 1. Direct questioning is best
 - 2. Ask if the difficulties led to the physical harm
 - 3. Convey your awareness that the injuries may be due to their spouse
 - a. May feel a sense of relief that someone else is aware
 - 4. Once the subject has been introduced, show a willingness to discuss it
 - a. Remember the following key points for the discussion
 - (1) Non-judgmental attitude
 - (a) Avoid judgmental statements
 - i) "Oh, how awful"
 - ii) Avoid "why" questions
 - a) "Why don't you leave"
 - (2) Supportive attitude
 - (a) Listen attentively
 - (b) Support and encourage
 - (3) Return of control
 - (a) Help them to gain control over their life
 - (b) Have them identify what they want for themselves and their children
 - (4) Community resources
 - (a) Community resources vary widely
 - (b) Become knowledgeable of the community resources
 - b. Safety precautions
 - (1) Encourage the patient to take precautions as needed
 - (2) What is the quick way out
 - (a) Where they can go
 - (b) Whom they can call
 - G. Legal considerations
 - 1. It is a crime to beat another person
 - 2. Assault is a misdemeanor or a felony
 - a. Depends on amount of injury inflicted and devices used
 - 3. Attacker may be arrested
 - a. May be released within hours on their own recognizance
 - b. The patient must be aware of this
 - H. Victim-witness assistance programs
 - 1. State and federal funded programs are available
 - 2. Need to become aware of services available in your area
- III. The abused elder
 - A. Overview
 - 1. Prevalent medical and social problem
 - 2. Factors contributing to the problem
 - a. Increased life expectancy
 - b. Physical and mental impairment
 - c. Decreased productivity
 - d. Increased dependence with greater longevity

- e. Limited resources for care of the elderly
- f. Economic factors
- g. Stress of the middle-aged caretaker responsible for two generations
- 3. Two types of elder abuse
 - a. Domestic
 - (1) The National Aging Resource Center on Elder Abuse gives the following percentages as to who are the perpetrators of elder abuse in domestic settings

(a) Adult children	32.5%
(b) Grandchildren	4.2%
(c) Spouse	14.4%
(d) Sibling	2.5%
(e) Other relatives	12.5%
(f) Friend/ neighbor	7.5%
(g) All others	18.2%
(h) Unknown	2.0%
 - (2) Four major theories of causes of domestic elder abuse
 - (a) The care giver is stressed-care; giver is ill-equipped to give care (this may be due to personal problems and/ or lack of knowledge of how to do the job)
 - (b) Impairment of dependent elders - elders in poor health are more likely to be abused than those in good health
 - (c) Cycle of violence = tension/ crisis/ calm/ repeat cycle
 - (d) Personal problems of abusers - abusers of the elderly tend to have more personal problems than do non-abusers
 - b. Institutional abuse-perpetrators of institutional abuse usually are persons who have legal or contractual obligation to provide care to elders (e.g., paid caretakers, staff, professionals)
- 4. Characteristics of elder abuse
 - a. More likely to suffer from physical or mental impairment
 - b. Abusers are most often the children of the abused person
 - c. Elders are most often repeatedly abused by family members
 - d. Abused elders do not seek help
- 5. Forms of abuse
 - a. Physical abuse or neglect
 - b. Psychological abuse
 - c. Violation of individual rights
 - (1) Victim of theft
 - (2) Loss of freedom of choice

- IV. The abused child
 - A. Overview
 - 1. Various forms of abuse or neglect
 - 2. Results in physical or emotional impairment
 - 3. Involves the mistreatment of children
 - a. Occur from infancy to 18 years of age
 - b. Involves caretakers
 - (1) Parents

- (2) Foster parents
 - (3) Stepparents
 - (4) Babysitters
 - 4. Neglect
 - a. Failure to provide physical care
 - (1) Nutrition
 - (2) Shelter
 - (3) Clothing
 - b. Failure to provide emotional care
 - (1) Indifference
 - (2) Disregard
 - c. Importance of identifying the abused child
 - (1) Tends to be repetitive
 - (2) Repeated calls to the patient's home
- B. Characteristics of abusers
 - 1. Overview
 - a. Not related to social class, income or level of education
 - b. Rigorous discipline accounts for the cyclical nature of abuse
 - c. History of severe physical punishment
 - d. The abuser was beaten as a child
 - e. Abuser would prefer to use other forms of discipline, the stress makes them regress to the earliest patterns
 - 2. Signs of a pre-abuse state
 - a. Sometimes the abusive adult will actively seek help
 - b. The following pattern may be observed
 - (1) Several calls in a 24 hour period
 - (2) Frequent calls for inconsequential symptoms
 - (3) Parent begins to demonstrate behavior of being unable to handle the impending crisis
 - 3. Characteristics of the child abuser
 - a. Immature behavior and is preoccupied with him/ herself
 - b. Has little perception of how a child could feel, physically or emotionally
 - c. Is critical of the child
 - d. Seldom touches or looks at the child
 - e. Is unconcerned about the child's injury, treatment, or prognosis
 - f. Gives no indication of feeling guilt or remorse
 - (1) May blame the child for the injury
 - g. Is more concerned about themselves
- C. Characteristics of the abused child
 - 1. Overview
 - a. The child's behavior offers important clues
 - (1) This behavior is age related
 - (a) Child under 6 years is excessively passive
 - (b) The child over 6 years is aggressive
 - b. Child doesn't mind, at any age, if their parent leaves the room
 - 2. Behavior of the abused child
 - a. Cries hopelessly during treatment or cries very little in general
 - b. Does not look at parents for assurance

- c. May avoid parents
- d. Is wary of physical contact
- e. Is apprehensive
- f. Appears constantly on the alert for danger
- g. May constantly seek favors, food, or things
- 3. Accidental versus intentional injury
 - a. Children very commonly get injured
 - b. Not all children with injuries are abused
 - c. If the story by the child is volunteered without hesitation and matched that of the parent, child abuse is very unlikely
 - d. Distinguishing between an intentional injury and an authentic accident is a challenge
- D. Physical examination
 - 1. Overview
 - a. The examination is best done with another colleague
 - b. The recording of information must be objective
 - c. Assumptions and personal perceptions must not be included
 - d. The report must be terse and legible
 - e. The exam should be performed with kindness and gentleness
 - 2. Common types of soft tissue injuries
 - a. Overview
 - (1) Soft tissue injuries are the injuries found most frequently in early abuse and may present in a variety of forms
 - b. Multiple bruises and ecchymoses
 - (1) Look for presence of defense wounds
 - (2) Look for injuries on multiple planes of the body
 - c. Patterned injuries
 - (1) Bites
 - (2) Burns
 - d. Scalds
 - (1) A common form of abuse
 - (2) Young and old are particularly susceptible
 - 3. Fractures
 - a. Overview
 - (1) Second most common injury
 - b. Types of fractures
 - (1) Twisting injuries
 - (2) Jerking injuries
 - (3) Rib fractures
 - (4) Multiple fractures
 - 4. Head injuries
 - a. Overview
 - (1) Produce the highest mortality
 - (2) Result in greater amount of permanent disability
 - (3) Progression of injuries appears to be from the trunk and extremities towards the head
 - b. Types of injuries
 - (1) Scalp wounds

- (2) Skull fractures
 - (3) Subdural or subgaleal hematomas
 - (4) Repeated concussions
 - 5. Abdominal injuries
 - a. Overview
 - (1) A small number of injuries, but serious
 - b. Types of injuries
 - (1) Causes rupture of liver, injuries to intestine and mesentery
- V. Sexual assault
 - A. Overview
 - 1. Incidence
 - a. Increases annually
 - b. Sexual assault is the more frequently committed offense than abuse
 - c. Victims of abuse and assault may die from their injuries
 - d. Victims may sustain mental or physical injury
 - e. Victims range from 9 months to 90 years of age
 - f. Women alone in isolated areas
 - B. Legal aspect of sexual assault
 - 1. What constitutes rape
 - a. Each state has different interpretation of sexual assault
 - b. Generally, sexual assault refers to sexual contact, whether genital, oral or manual
 - c. Rape is defined as penile penetration of the genitalia (however slight) without consent of the victim
 - d. Rape is a felony crime, based on proof that a crime has occurred
 - 2. Considerations for providing care for a patient who has been sexually assaulted
 - a. Take steps to preserve any evidence
 - b. The patient should not urinate, defecate, douche, bathe
 - c. The patient should not in any way remove evidence from the part of the body that was subjected to sexual contact
 - d. Notify law enforcement as soon as possible
 - e. Remember there will be a "chain of evidence"
 - f. Be aware of local and state requirements for caring for these patients
 - C. Characteristics of sexual assault
 - 1. Overview
 - a. Anyone can be a victim
 - b. Victims are from 9 months to 90 years of age
 - c. Frequently victims know their assailant
 - D. Psychosocial aspect of care
 - 1. Initial contact with the patient
 - a. Non-judgmental attitude
 - b. Supportive attitude
 - c. Empathetic, sensitive comments
 - d. Considerate gestures
 - (1) Covering them
 - (2) Moving from public view
 - 2. Acceptance of behavior
 - a. Each patient responds differently

- b. Anger is especially difficult for most to accept
 - 3. Privacy
 - a. Avoid further exposure and embarrassment
 - b. If possible have same sex partner provide care to the patient
 - 4. Returning control
 - a. Patient must regain as much control of their life as possible
 - b. Ask open ended questions
 - (1) Would you like to sit on a seat or ride on the stretcher
 - (2) Would you like us to contact someone
- E. The child victim
 - 1. Overview
 - a. Children who are assaulted usually have frequent contact with their assailant
 - b. In a trusted person's home
 - c. Usually involves a male assailant and a female victim
 - d. Male victims involved in heterosexual relationships are unlikely to report incident
 - e. Many children are fondled or physically explored without intercourse
 - f. Often the child conceals the sexual activity out of fear
 - 2. Assessment considerations
 - a. Symptoms may include behavior or physical manifestations
 - (1) Nightmares
 - (2) Restlessness
 - (3) Withdrawal tendencies
 - (4) Hostility
 - (5) Phobias related to the offender
 - (6) Regression (i.e. bed wetting)
 - (7) Truancy
 - b. Emotional impact
 - (1) Adult will create the impression on the child
 - (2) Children will perceive the importance and ramifications of sexual assault through the behavior of the adults around them
 - 3. Legal considerations
 - a. If sexual assault is confirmed or suspected, any law that applies must be followed
 - b. In some states minors may seek and be treated for sexual assault without parental consent