Kentucky Domestic Violence

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Purpose and Objectives
The purpose of this course is to provide healthcare professionals with information that will assist them to recognize and respond to indications of domestic violence in accordance with their legal responsibilities prescribed by Kentucky law. This three hour course on domestic violence meets that requirement.

After successful completion of this course, you will be able to:
1. Describe the different types of domestic violence.
2. Identify why domestic violence occurs.
3. Identify environmental and individual risk factors associated with domestic violence.
4. Describe the long-term effects of living with domestic violence.
5. Describe the signs and symptoms of domestic violence.
6. Identify the legal responsibilities of nurses for reporting domestic violence.
7. Identify appropriate communication protocols for domestic violence screening.
8. Identify measures for domestic violence prevention and available community resources.

Introduction
In the State of Kentucky, domestic violence is taken very seriously; it is a crime punishable by law. Over the years Kentucky has been working to eliminate domestic violence and promote public awareness of this potentially lethal problem. Kentucky is an active participant in advocating for initiatives to impact domestic violence and also funds a variety of support programs for the victims of domestic violence.

In Kentucky, healthcare professionals are mandated by law to report any act of domestic violence. To help ensure that healthcare professionals have the ability to intervene appropriately, the State requires that healthcare professionals receive training that specifically addresses screening and intervention.

This course will help to prepare healthcare professionals to recognize and respond to signs and symptoms associated with domestic violence. It will also assist in developing an increased awareness of the complexity of the problem.

Case Scenarios
See below to review case scenarios and determine if the individuals might be at risk for domestic violence.

**Case Study #1**
An 80-year-old woman is hospitalized for a fractured tibia incurred from a poorly explained fall in her home. On admission you note strap markings on both wrists, a strong odor of urine in her clothing, and signs of mild dehydration. Her daughter tells you that her mother requires sedation with lorazepam (Ativan) to calm her down. A laboratory report confirms that she has a dangerously high level of benzodiazepines in her body.

**Case Study #2**
A two-month-old infant is rushed into the ED with seizures. The mother reports that the baby was making a high-pitched scream when she arrived at the babysitter’s house and that the infant started vomiting on the way home. You note Cheyne-Stokes respirations and a pulse of 160.

**Case Study #3**
An adult male is admitted to the ED following an overdose of aspirin. The patient’s intimate male partner does not allow the patient to speak for himself, nor does he allow you to talk to the patient privately.

**Case Study #4**
A five month pregnant woman is seen in the prenatal clinic. She has fresh stitches on her forehead and bruising around the neck. She dismisses these injuries as none of your business and refuses to talk about them.

**Case Study #5**
A ten-year-old boy is in the hospital pending an appendectomy. You note old burn scars from the waist down, no history of childhood immunizations, and placement in the lower 10% on the height and weight chart for his age. He jumps every time you enter the room. He has no visitors.

In the State of Kentucky, domestic violence and abuse is defined as physical injury, serious physical injury, sexual abuse, assault, or the infliction of fear of imminent physical injury, serious physical injury, sexual abuse, or assault between family members or members of an unmarried couple (Legislative Research Commission Note, 2010).

Kentucky categorizes domestic violence according to the victimized population:
- Child abuse refers to maltreatment of those under age eighteen.
- Intimate partner violence (IPV) refers to maltreatment of a spouse, current or former boyfriend or girlfriend, or intimate partner of the same or opposite sex.
- Elder abuse refers to maltreatment of someone over 50 years of age.

**Types of Domestic Violence**
Domestic violence is also classified according to type:

**Physical Abuse**
Substantial physical pain or any impairment of physical conditions. Purposeful infliction of injury, illness, substantial pain, or impairment. Examples include beating, burning, shaking, exposing to danger, or deliberately causing illness (Munchausen’s syndrome).

**Psychological and Emotional Abuse**
Behavior intended to cause emotional or psychological pain, incapacitate or weaken another for the abuser’s advantage. Examples include name-calling, humiliation, public embarrassment, social isolation, withholding of information, diversion or improper use of financial resources.

**Neglect**
Failure to provide care, circumstances or resources necessary for well-being. Examples include failure to provide needed medical or dental care, lack of supervision of children, abandonment.

**Sexual Abuse**
Engagement of vulnerable or developmentally immature persons in sexual behavior for the abuser’s stimulation or exploitation. Examples include incest, rape, child prostitution or pornography.

*Child abuse includes permitting maltreatment to occur by placing a child in danger.*

**The Adult Protection Act covers victims of IPV, spouse abuse, and any other type of abuse towards a person over age 18 who is unable to protect himself or manage activities of daily living independently.**

**Definition of abused or neglected child KRS 620.020**
According to Kentucky Legislature (2014), a child whose health or welfare is harmed or threatened with harm when his parent, guardian or other person exercising custodial control or supervision of the child:

- Inflicts or allows to be inflicted upon the child physical or emotional injury by other than accidental means.
- Creates or allows to be created a risk of physical or emotional injury to the child by other than accidental means.
- Engages in a pattern of conduct that renders the parent incapable of caring for the immediate and ongoing needs of the child including, but not limited to, parental incapacity due to alcohol and drug abuse.
- Commits or allows to be committed an act of sexual abuse, sexual exploitation, or prostitution upon the child.
- Abandons or exploits such child.
- Creates or allows to be created a risk than an act of sexual abuse, sexual exploitation, or prostitution will be committed upon the child.
- Abandons or exploits such child.
- Does not provide the child with adequate care, supervision, food, clothing, shelter and education or medical care necessary for the child's well-being.
- Fails to make sufficient progress toward identified goals as set forth in the court-approved cause plan to allow for the safe return of the child to the parent that results in the child remaining in foster care for fifteen (15) if the most recent twenty-two (22) months.

**Definition of Abuse and Exploitation in Children**
Is emotional or physical harm or sexual abuse as defined by:

- **Emotional harm:** Harm to the mental or psychological capacity or emotional stability of a child as testified to be a qualified mental health professional.
- **Emotional injury:** an injury to the mental or psychological capacity or emotional stability of a child as evidenced by a substantial and observable impairment in the child's ability to function within a normal range of performance and behavior with due regard to his or her age, development, culture, and environment as testified to by a qualified mental health professional.
- **Physical injury:** Substantial physical pain or any impairment of physical condition.
- **Sexual abuse:** Includes, but is not limited to, any contacts or interactions between a child and an adult in which the parent, guardian or other person having custodial control or supervision of the child or responsibility uses or allows, permits or encourages the use of the child for the purposes of the sexual stimulation of the perpetrator or another person.
Definition of Adult Abuse, Exploitation & Neglect
An adult KRS 209.020(4) is defined as: A person eighteen (18) years or older, who because of mental or physical dysfunction, is unable to manage his own resources or carry out the activity of daily living or protect himself from neglect, or a hazardous or abusive situation without assistance from others, and who may be in need of protective services; or a person without regard to age who is the victim of abuse or neglect inflicted by a spouse.

Definition of abuse, exploitation, and neglect in an adult KRS 209.020(7,8,15):
- **Abuse:** Infliction of physical pain, mental injury, or injury of an adult.
- **Exploitation:** Improper use of an adult or an adult's resources by a caretaker or other person for the profit or advantage of the caretaker or other person.
- **Neglect:** A situation in which an adult is unable to perform for himself the services which are necessary to maintain his health or welfare or the deprivation of services by a caretaker which are necessary to maintain the health and welfare of an adult, or a situation in which a person deprives his spouse of reasonable services to maintain health and welfare.

Definition of Intimate Partner Violence (IPV)
Intimate partner violence (IPV) is abuse that occurs between two people in a close relationship. The term "intimate partner" includes current and former spouses and dating partners. IPV exists along a continuum from a single episode of violence to ongoing battering (CDC Fact Sheet, 2012).

IPV includes four types of behavior (CDC Fact Sheet, 2012):
- **Physical abuse** is when a person hurts or tries to hurt a partner by hitting, kicking, burning, or other physical force.
- **Sexual abuse** is forcing a partner to take part in a sex act when the partner does not consent.
- **Threats of physical or sexual abuse** include the use of words, gestures, weapons, or other means to communicate the intent to cause harm.
- **Emotional abuse** is threatening a partner or his or her possessions or loved ones, or harming a partner's sense of self-worth. Examples are stalking, name-calling, intimidation, or not letting a partner see friends and family.

Often, IPV starts with emotional abuse. This behavior can progress to physical or sexual assault.

Several types of IPV may occur together (CDC Fact Sheet, 2012).

Definition of Psychological / Emotional Violence
Psychological/emotional violence involves trauma to the victim caused by acts, threats of acts, or coercive tactics (CDC, 2014).

According to the CDC (2014), psychological or emotional abuse can include:
- **Humiliating the victim.**
- **Controlling what the victim can and cannot do.**
- **Witholding information from the victim.**
- **Deliberately doing something to make the victim feel diminished or embarrassed.**
- **Isolating the victim from friends and family.**
• Denying the victim access to money or other basic resources.

Stalking generally refers to harassing or threatening behavior that an individual engages in repeatedly, such as following a person, appearing at a person’s home or place of business, making harassing phone calls, leaving written messages or objects, or vandalizing a person’s property (CDC, 2014)

Scope of Domestic Violence
The prevalence of domestic violence cannot be accurately defined because:
• The definition of domestic violence may vary from state to state, making it difficult to compile meaningful information.
• Data collected has often not been standardized or sorted into specific categories.
• Victims of domestic violence may suffer from more than one form of abuse.

Did You Know?
According to the World Health Organization (WHO, 2014), physical, psychological and sexual abuse undermines the health and well-being of many millions of people in all countries on a daily basis.

The WHO also reports that studies have linked child physical abuse, intimate partner violence and sexual violence to excessive smoking, eating disorders, and high-risk sexual behavior (WHO, 2014).

Prevalence of Domestic Violence
The United States is comprised of a diverse group of individuals with many different cultural traditions; some of which might be considered abusive according to American standards. Although global awareness regarding violence and human rights is slowly improving, cultural or learned behavior is often resistant to change. Practice and attitudes carried on from some traditions may even violate current US laws and be labeled as domestic violence. A case-by-case judicial review of individual cultural conflicts is often necessary.

Healthcare professionals may encounter the consequences of domestic violence when a victim seeks medical attention for an injury or when evidence of cumulative damage (unrelated to the reason your patient is seeking care) is inadvertently uncovered.

Approximately one quarter to one third of women’s ED visits, and approximately a fifth of men’s ED visits are related to domestic violence (An Abuse, Rape & Domestic Violence Aid & Resource Collection [AARDVARC], 2011). According to WHO (2014), nearly 1.4 million people worldwide lose their lives to violence.

Dynamics of Domestic Violence
Domestic violence can vary in frequency and severity. It often starts with emotional abuse, and can progress to physical or sexual assault, and several types of domestic violence may occur together (CDC Fact Sheet, 2014).

Researchers have found that, in general, domestic violence across the lifespan, surfaces under stress because of patterns learned from the preceding generation.

Parents who were exposed to domestic violence as children are predisposed to continue the cycle of abuse.

Research has shown that children who are maltreated are twice as likely to be physically assaulted when they reach adulthood and one in three may victimize their own children.
**Hallmarks of Domestic Violence**
The hallmark of domestic violence is coercive control-manipulation to achieve dominance within the domestic setting.

This ranges from exploitation of trust to threats of harm to verbal abuse to physical assault.

Over three quarters of children report some kind of psychological assault by an adult in their home indicating that family tension is a common occurrence (AARDVARC, 2011).

When risk factors are added to normal conflict, tension escalates and erupts into domestic violence.

Eighty to ninety percent of the time the perpetrator is a current or former family member (CDC, 2014).

**Test Yourself**
The hallmark of domestic violence is coercive control manipulation to achieve __________ within the domestic setting.

The correct word is: dominance.

**Long-Term Effects of Domestic Violence**
Research indicates that domestic violence has long term effects; it tends to result in overall poorer health and a diminished quality of life. Abused women have sixty percent more total health problems than non-abused women (AARDVARC, 2011).

The long term effects of domestic violence can be physical and emotional. The most common physical effects of chronic domestic violence are:

- Failure to thrive in infants.
- Chronic pain, including headaches, fibromyalgia, and back pain.
- Gastrointestinal disorders, including irritable bowel syndrome.
- Cardiovascular problems.
- Sexually transmitted diseases.
- Gynecological disorders, including fertility and pregnancy complications, fibroids, urinary tract infections, and sexual dysfunction.
- Disability/reduced physical functioning

**Test Yourself**
The most common physical effects of chronic domestic violence are:

A. Chronic pain  
B. Sexually transmitted diseases  
C. Reduced physical functioning  
D. All of the above

The Correct answer is: D. All of the above.

**Additional Long-Term Effects of Domestic Violence**
Some long-term consequences of domestic violence may begin with neurological damage and eventually affect cognitive, emotional and behavioral function. Long term effects include:
Shaken baby syndrome can result in blindness, cerebral palsy, mental retardation, learning disabilities, and death (Silent Tears, 2014).

Chronic physical abuse can condition a "hyperarousal" response, making a person vulnerable to post-traumatic stress disorder and attention deficit hyperactivity disorder (Silent Tears, 2014).


**Additional Long-Term Effects of Domestic Violence**

Psychological and behavioral consequences of domestic violence are:

- Low self-esteem.
- Developmental problems.
- Psychosomatic disorders.
- Poor academic achievement.
- Mental health problems including depression, anxiety, phobias, panic disorder, and post-traumatic stress disorder. Eighty percent of child abuse victims meet the diagnostic criteria for at least one psychiatric disorder by age 21 (US Department of Health and Human Services, 2014). There is an extremely high risk for psychiatric disease among survivors of early childhood sexual abuse (DCADV, 2014).
- Suicidal and self-harm behavior.
- Eating and sleeping disorders.
- Relationship difficulties including impaired capacity for intimacy.
- High risk behavior including unsafe sex, promiscuity, juvenile delinquency, alcohol and substance abuse, and violence.

One factor that contributes to the perpetuation of domestic violence is restricted access to resources and support services that are specifically designed to help victims of domestic violence. Without appropriate intervention, individuals that experience isolation and lack of support have a lesser chance to overcome the long-term cumulative problems that victims of domestic violence must often deal with in their lifetime (Silent Tears, 2014).

**Risky Domestic Environments**

Certain lifestyles are more susceptible to eruptions of domestic violence than others. Domestic environments most at risk for episodes of violence are characterized by:

- Financial problems related to frequent and extended unemployment, poor income, difficulty securing alimony and/or child support, diversion of cash to support addictions.
- Marital conflict and instability.
- Expectation and/or assertion of male domination.
- Crowded living conditions and frequent moves.
- Many small children +/- the presence of step-children.
- Ignorance of effective child-rearing techniques.
- Alcohol and substance abuse.
- Emotional neediness on the part of parents.
- Dysfunctional communication patterns.
- Social isolation.
Victims at High Risk Risk For Domestic Violence

Although victims of domestic violence can vary, some individuals at high risk for domestic violence victimization. They are:

**Individual Risk Factors**

- Low self-esteem
- Low income
- Low academic achievement
- Young age
- Aggressive or delinquent behavior as a youth
- Heavy alcohol and drug use
- Depression
- Anger and hostility
- Antisocial personality traits
- Borderline personality traits
- Prior history of being physically abusive
- Having few friends and being isolated from other people
- Unemployment
- Emotional dependence and insecurity
- Belief in strict gender roles (e.g., male dominance and aggression in relationships)
- Desire for power and control in relationships
- Perpetrating psychological aggression
- Being a victim of physical or psychological abuse (consistently one of the strongest predictors of perpetration)
- History of experiencing poor parenting as a child
- History of experiencing physical discipline as a child

**Community Factors:**

- Poverty and associated factors (e.g., overcrowding)
- Low social capital-lack of institutions, relationships, and norms that shape a community's social interactions
- Weak community sanctions against IPV (e.g., unwillingness of neighbors to intervene in situations where they witness violence)

**Societal Factors:**

- Traditional gender norms (e.g., women should stay at home, not enter workforce, and be submissive, men support the family and make the decisions) (CDC, 2014)

**Relationship Factors:**

- Marital conflict-fights, tension, and other struggles
- Marital instability-divorces or separations
- Dominance and control of the relationship by one partner over the other
- Economic stress
- Unhealthy family relationships and interactions
Test Yourself
Individuals at high risk for domestic violence victimization are:
  A. Individuals that are socially isolated
  B. Adult males in a same sex relationship
  C. Children who are unplanned or unwanted
  D. All of the above

The correct answer is: D. All of the above.

Risk Factors For Domestic Violence
Research shows that most abusers are members of the child's family. If not a parent, then a close relative or a member of the household (Healthy Children, 2014).

Elder abuse is inflicted by family members 90% of the time (NCEA, 2000).

Perpetrators of domestic violence often show:
- High stress levels from frustration related to inaptitude or unpreparedness for their caretaking role.
- Unreasonable expectations of others.
- Learned violent behavior from their own personal history.
- Financial dependency on their victims.
- Unemployment and / or poor self-esteem.
- Low IQ or severe psychosocial problems manifesting as emotional neediness, insecurity and controlling behavior.
- History of psychopathology and/or alcohol and/or substance abuse.

Did You Know
Sibling abuse is a newly researched area. It is estimated that three out of a hundred children are dangerously violent toward a sibling and that sibling incest is more common than parent-child incest (University of Michigan Health System, 2004).

Signs & Symptom: Physical Abuse
As a healthcare professional you must be able to recognize the risk factors and potential signs and symptoms of domestic violence.

Signs & Symptoms of Physical Abuse:
- Unexplained or illogically explained injuries.
- Bruises in unusual patterns +/- or in various stages of healing, or any bruises on an infant.
- Burns in clearly defined patterns such as a circle, rope burns, or burns covering buttocks +/- or lower legs from immersion in scalding water.
- Lacerations, abrasions, and welts.
- Fractures, especially chip or spiral fractures; fractures in unusual sites; or old untreated and unacknowledged fractures.
Test Yourself
Signs and symptoms of physical abuse include soft tissue injuries but rarely fractures.
   A. True
   B. False

The correct answer is B. False. Fractures, especially chip or spiral fractures; fractures in unusual sites; or old untreated and unacknowledged fractures may indicate abuse.

Signs & Symptoms: Physical Abuse
• Head injuries:
   - Mild Traumatic Brain Injury: Symptoms include: headache, dizziness, confusion, any LOC, memory loss, difficulty concentrating, and visual problems.
   - Severe Traumatic Brain Injury: Signs to look for are indicative of increased intracranial pressure, such as severe headache, vomiting, irritability, seizures, blurred vision, papilledema, alterations in consciousness, and neurological deficits such as mild to moderate aphasia, and paralysis.
   - Shaken Baby Syndrome: Signs include confusion, signs of increased intracranial pressure, respiratory distress and death. Vigorous shaking of an infant creates a neuronal shearing injury from rotational and whiplash forces. Subdural and retinal hemorrhages are typical. Retinal hemorrhages are usually bilateral and extend into several layers of the retina (Mayo Clinic, 2014).

• Trauma to chest +/or abdomen. The mortality rate for children with these injuries is high because the signs of hemorrhagic shock may not show up until total blood volume loss is 30 to 40% (Endom, 2014). Observe for increased respirations and a fast thready pulse, a drop in BP and urinary output, and agitation or lethargy. Extremities will be cold.

Child abuse burn victims are almost always under the age of two. 11% - 25% of child abuse cases involve burns, with the majority of victims under two years of age (Knox & Starling, 2009).

Signs & Symptoms: Psychological Abuse
Signs and symptoms of psychological and emotional abuse are much more difficult to identify, especially without knowing a person beforehand.

Look for extremes in behavior in both children and adults. Victims may be noticeably withdrawn, non-communicative, fearful, agitated, or aggressively hostile. When assessing an elderly individual for abuse never assume that unusual behavior is due to dementia; it may be the cause of abuse or medications.

A pseudo-dementia may be related to certain medications, however; once the medications are adjusted or discontinued the problem will resolve itself. In fact, in the year 2000, 60% of the reports involving elder abuse that were investigated by Kentucky Adult Protective Services were substantiated (National Committee for the Protection of Elder Abuse [NCPEA], 2008).

Test Yourself
Victims of psychological and emotional abuse may be noticeably withdrawn, non-communicative, fearful, agitated, or aggressively ________.

The correct answer is: hostile.
Signs & Symptoms: Neglect in The Elderly
Whether neglect results from caretakers or is self-neglect on the part of an elder, some of the same warning signs are present:

- Lack of basic hygiene and grooming.
- Developmental delays in children.
- Injuries that would have been avoided with supervision.
- Consequences of not receiving crucial medical +/- or dental care, such as grossly infected tissues, untreated bedsores, excessive scarring, or untreated fractures.
- Emaciation and dehydration.
- Lack of medical aids needed for functioning, such as eyeglasses, hearing aids, or walking equipment.
- Frostbite and gangrene.
- Inappropriate clothing.
- Parasite infestation.

Signs & Symptoms: Sexual Abuse
Signs and symptoms of sexual abuse include:

- Difficulty walking or sitting.
- Bruises or bleeding from external genitalia, vagina, or anus.
- A stretched hymen in a young female.
- Pain, swelling, or itching in the genital area.
- Presence of semen.
- Torn, stained, or bloody underpants.
- Inappropriate or precocious sexualized play.

Test Yourself
Signs of sexual abuse might include ________ play.

The correct answer is: sexualized.

Kentucky’s Response: Child Advocacy Centers
In order to combat and identify abuse, Kentucky has implemented Children’s Advocacy Centers and Designated Child Sexual Abuse Treatment Coordinators. Their roles are to assist with this serious issue.

Children’s Advocacy Centers
Children's Advocacy Centers (CACs) serve as a state-of-the-art model of best practices in community response to child sexual abuse. Kentucky has prioritized development of Children's Advocacy Centers in order to promote the well-being of children while facilitating the most effective investigation and prosecution of child sexual abuse cases.

Children's Advocacy Centers create a child-friendly environment in which interviews, examinations, and therapy services can be conducted. In addition to focusing on the best interest of children, Children's Advocacy Centers also provide an opportunity to give support to the key professionals who dedicate themselves to the protection of children. Children's Advocacy Centers and the teams of professionals attached to them currently
serve more than 3,600 children every year.

Children's Advocacy Center (CAC) service areas conform to the state's 15 Area Development Districts. CACs provide technical assistance training, and other coordinated services to support organizations and individuals in their service regions, in addition to direct services they provide to child victims of abuse and sexual assault.

**Kentucky’s Response: Child Sexual Abuse Treatment Coordinators**

The role of child sexual abuse clinician has evolved and expanded to that of a designated child sexual abuse treatment coordinator. This coordinator has regional responsibility for overseeing the treatment of victims of childhood sexual abuse in Kentucky, providing training and consultation to other professionals in the agency and community, and representing the mental health needs of children who have been sexually abused.

With the goal of ensuring effective and appropriate treatment to childhood victims of sexual abuse and their family members, the coordinators continue to address the issues related to treatment and training on a regional level while meeting the mandate that no more than fifty percent (50%) of their time be devoted to providing direct services.

The progression of this program and the change in the duties of these positions were possible by a small shift in existing funds within the Department, which has allowed for the expansion of this role in Kentucky. The expansion of funding was intended to support the added time coordinators spend completing non-billable activities that are necessary to the expansion of the coordinator's position in the agency.

The coordinator is an expert in treating and addressing the mental health needs of children who have been sexually abused.

**Responding To Victimization**

When a patient discloses to you that he or she has been a victim of domestic violence, listen empathetically and ask questions. Some patients may not admit to victimization yet will still be receptive to hearing your questions. They may not realize that certain abusive behaviors directed at them are considered wrong. See Appendix A for some ideas on how to frame your questions.

After your patient’s immediate medical care is completed, obtain a history of abuse beginning with present time. Follow up with a physical assessment to identify evidence of abuse.

If specially trained forensic or sexual assault nurse examiners are available they should be called in when patients report that an assault has occurred within the past 72 hours.

Findings should be noted and documented with body maps or photographs. Information gathered without the consent of a parent or custodian as part of a medical evaluation, such as photos and x-rays, is allowed by Kentucky law and may be used in judicial proceedings (Cabinet for Health and Family Services, 2014).

Documentation must be legible. Accurate notes for example can be helpful in court cases for obtaining protective relief, child custody, immigration and housing rights, and other forms of compensation.

**Ombudsman**

The Kentucky Ombudsman serves as an advocate to help support Kentucky residents in attaining the highest quality of life.

**Safety Assessment & Planning**

A crucial part of your responsiveness to domestic violence is performing a safety assessment. Rarely is domestic violence an isolated event. Ensure that the patient has privacy away from family, caretakers, and intimates to address this issue. Offer adults a safe place to make private phone calls.
Children may need to be taken into protective custody.

Elders may need to be detained until an ombudsman can facilitate their care. The 1992 amendment to the Older Americans’ Act requires all states to have a liaison available to investigate suspected elder abuse (RN.com, 2014).

You may encounter some victims of IPV who may not be aware of the actual danger of their situation. Research shows that when a victim leaves an abuser, the potential for IPV escalates (National Center on Domestic and Sexual Violence, 2014). Therefore, advise patients who are planning to leave their partners to make a safety plan and not announce their intention to leave.

**Safety Assessment & Planning**

This safety plan might include these steps:

- Hide money.
- Hide an extra set of house and car keys.
- Establish a code with family and friends.
- Ask a neighbor to call the police if violence begins.
- Remove weapons.
- Have available:
  - Social security numbers for all family members.
  - Rent and utility receipts.
  - Birth certificates and passports.
  - Bank account numbers.
  - Insurance policies and numbers.
  - Marriage license.
  - Valuable jewelry.
  - Important phone numbers.

Provide these individuals with the phone numbers and addresses of local shelters or a hotline number that has this information.

When discharging your patient with instructions, prescriptions, and follow-up appointments, take into consideration that compliance may be poor, as abusers frequently limit their victim’s compliance with recommendations for care.

**The Affordable Care Act & Domestic Violence**

The Affordable Care Act, passed in 2010, includes provisions to support maternal infant and early childhood home visitation programs.

The legislation also includes new benchmark requirements for States. One such benchmark requires home visitation programs to measure a reduction in "crime or domestic violence" (Futures Without Violence, 2011).

When it comes to promoting health and safety outcomes for women and children impacted by abuse, there is an art to good assessment, primary prevention and educational programs (Futures Without Violence, 2011).

What one says and how it’s said—whether by direct assessment or through universal education—matters and can be the difference when developing trusting relationships with mothers.
Reporting
Nurses and other healthcare professionals in Kentucky are required by law to report domestic violence inflicted on persons of any age or sex.

The Child Protection Act, KRS620, mandates reporting known or suspected child abuse.

The Adult Protection Act, KRS209, mandates reporting known or suspected abuse in adults, including both elders and spouses/intimate partners (Division of Child Abuse and Domestic Violence Services [DCADVS, 2014]).

Note that certainty is not required; if in doubt rather call than ignore the signs.

**How to report domestic violence**

Call Kentucky’s 24 hour hotline to report either child or adult abuse and initiate an investigation by protective services: 1-800-752-6200.

(Kentucky Domestic Violence Association, 2014)

Call the National Domestic Violence hotline in any state: 1-800-799-7233.

If there is immediate danger call the local police.

*Nurses As Mandated Reporters*

As a nurse, you have a legal and ethical obligation to report suspicions of abuse. As a reporter of domestic violence, you have immunity from civil and criminal prosecution. The report you make is confidential.

If you work in an alcohol and substance abuse treatment facility, federal regulations restrict you from violating confidentiality of patient records. In this situation you may encourage patients to report abuse and/or request protective services themselves. Another option is to report as an individual without revealing a professional tie to your facility (DCADV, 2014).

Failure to report domestic violence or deliberately filing a report you know is false results in criminal charges: a misdemeanor carrying a jail penalty of 90 days to a year +/- a fine of up to $250 (Cabinet for Health and Family Services [CHFS], 2010).

After you make a report, the Department of Community Based Services determines if the criteria is met to start an investigation. You will be asked to file a more detailed, written report. An investigation will begin, usually within 24 to 48 hours.

If the case involves child sexual abuse, law enforcement will be involved. Children in danger will preferably be temporarily placed with relatives or held in the medical facility for up to 72 hours.

Protection may be offered to adults. Sometimes there will be a court order issued for adult protection, such as when someone lacking representation does not have the capacity to make a wise decision.

Reporting IPV is a controversial issue. It is known that most IPV is not reported by victims and researchers assume this is because victims do not think that the police can help them.

*Nurses As Mandated Reporters*

In every state, nurses are mandatory reporters of child abuse.

*Suggestions for Nursing Notes*
Prevention
When victimization is identified, the victim is brought out of isolation and given crucial support to change the outcome of the situation. When any abusive relationship is spotlighted, efforts can be directed to avoid escalation of factors contributing to domestic violence.

Routine screening for domestic violence lets all patients know that this is an issue nurses are receptive to talking about. In remote places where there are no resources for domestic violence victims, your screening is therapeutic on its own. Willingness to ask about domestic violence ends the conspiracy of silence that erodes the quality of life for those in abusive situations.

Two windows of opportunity for prevention are routine screenings in the EDs and on prenatal visits.

- Almost half of all murdered women visit an ED within the last two years preceding their death (Women's Place, 2011).
- Three fourths of adolescent mothers who experience IPV during pregnancy continue to be victimized for at least two years after delivery (Women's Place, 2011).

Appendix C contains a tip sheet from the state of Kentucky on screening for Domestic Violence when Child Maltreatment is present.

Routine screening is the main strategy for preventing domestic violence.

Legal Remedies
Although a healthcare professional’s legal responsibility for a patient ends upon completion of care and documentation of the care provided, it is important to be familiar with the possibility for legal repercussions which might follow in cases of domestic violence.

Some possible scenarios are:

- Criminal justice-prosecution of abusers.
- Protective orders issued to vulnerable people.
- Investigation, monitoring, and remediation conducted by child or adult protective services.
- Court ordered batterer intervention programs.

The Kentucky Penal Code
The Kentucky Penal Code defines what a crime is and categorizes it as a felony, misdemeanor, or violation (DCADV, 2014). Each one is further classified as A to D. Class A is the most serious.

The mental state of the offender is taken into account when this categorization is made:

- Intentional action to deliberately cause a result
- Knowing action with awareness of the action’s result
- Wanton act with ignorance of the risk of causing a result
- Reckless with no perception of the action’s risks
Any crime listed in the Penal Code can be committed in the context of domestic violence. Most commonly these crimes are:

- Terrorist-like threats
- Assault
- Rape and / or sodomy and / or sexual abuse
- Stalking (In some states, this may include cyber stalking)
- Complicity, partnering in wrongdoing
- Criminal abuse

**Protective Orders**

A protective order is a paper which is signed by a judge and tells the abuser to stop the abuse or face serious legal consequences. It offers civil legal protection from domestic violence to both female and male victims. In KY, an immediate temporary order is known as an emergency protective order (EPO) and a final, long-term order is known as a domestic violence order (DVO) (Women's Law, 2008).

Kentucky law defines "domestic violence and abuse" as the occurrence of one or more of the following acts between "family members" or "members of an unmarried couple:"

- physical injury;
- sexual abuse;
- assault; or
- putting someone in fear of immediate physical injury, sexual abuse, or assault.*

Destruction of physical property alone is not considered domestic violence, unless it is combined with threatening behavior (Women's Law, 2008).

**Protective Orders**

There are two different types of protection orders: EPO and DVO.

**Emergency Protective Orders (EPOs)**

When you go to court to file for a domestic violence order, you can also ask for an emergency protective order (EPO). This can be done without a full court hearing and without your abuser present (this is called ex parte). If you are granted an EPO, the abuser will be notified that you have an order against him/her and the date and time of the hearing for your domestic violence order.

An EPO is not effective or enforceable until it has been **served** on the abuse or until the abuser has been given **oral notice** by law enforcement of the fact an EPO has been issued, what its terms are, where the abuser can get a hard copy of it, and when s/he needs to be in court.* If the sheriff is not able to complete service on the abuser (i.e., if s/he can't find the abuser), you can ask the judge for a continuance to postpone the court date and to extend you EPO. An EPO can only be continued to attempt service for up to six months from the date it was issued. If the respondent has not been served within the six-month period, the emergency protective order will be dismissed "without prejudice," which means you could re-file.** Whether the judge grants you an EPO or not, you will not be given a court date for a hearing, usually within **14 days** of filling you petition. At the hearing, you and the abuser have a chance to be present and tell your sides of the story. (Women's Law, 2008).

**Domestic Violence Orders (DVOs)**

A domestic violence orders (DVO) is a longer-term version of an EPO and can offer some more protections that an EPO. A DVO can only be issued to you after you have had a full court hearing, where you and the
abuser both have the opportunity to tell you sides of the story to a judge. **You must attend that hearing.** If you do not go to the hearing, your EPO may expire and you will have to start the process over. Like EPOs, domestic violence orders are not effective or enforceable until they have been served on the abuser. A DVO can last for up to **three years.** You may also extend your DVO for another three year period and the amount of times the order can be extended is limitless.

**Did You Know?**

*About one out of five female victims of IPV use protective orders (Holt et al., 2002).*

**Kentucky Resources**

There are many national organizations addressing domestic violence. These are listed in Appendix C. Kentucky offers the following resources:

- **The Kentucky Domestic Violence Association**
  502-209-KDVA
  [http://www.kdva.org/memberdvprograms.html](http://www.kdva.org/memberdvprograms.html)
  If you need to direct a patient to a local program for supportive services or a safe, secure environment, you can locate the facility here. Services offered include counseling, housing assistance and job searches. Each of the 17 districts has its own crisis hotline.

- **Cabinet for Health and Family Services**
  (Adult and Child Abuse Reporting Hotline)
  1-877-KYSAFE1 (1-877-597-2331)
  [http://chfs.ky.gov/contact](http://chfs.ky.gov/contact)

- **Kentucky State Police**
  800-222-5555

- **Kentucky Parent Helpline**
  800-432-9251
  Offers 24 hour access to confidential help for parents.

- **Alzheimer’s Association, Greater Kentucky and Southern Indiana Chapter**
  800-272-3900
  Support, referrals for legal aid, and educational resources related to elder abuse.

- **National Domestic Violence Hotline**
  800-799-SAFE

- **Office of the Kentucky Attorney General**
  Victims’ Advocacy Division
  [http://ag.ky.gov/Pages/contact.aspx](http://ag.ky.gov/Pages/contact.aspx)
  Lists national toll-free phone numbers for information and referrals.

  Provides a free discussion tool to initiate a discussion about domestic violence. A ten page print-out and/or a companion video are provided through grants.

    Poof! From Drama to Discussion:
    A tool for talking about domestic violence.
    Available at: [http://www.ket.org/americanshorts/poof/dvdiscussion.htm](http://www.ket.org/americanshorts/poof/dvdiscussion.htm)

**Conclusion**

Domestic violence is one of society’s most pervasive problems that can result in or impact many of your
patients’ health conditions.

Learning about the signs and symptoms of domestic violence, as well as techniques in gathering pertinent information and identifying risk factors can help healthcare professionals to prevent violence from occurring.

Providing patients with information about how to prevent abuse and how to seek aid when needed will also help to assure patient safety and promote the availability of important resources and support services.

The State of Kentucky takes an active approach in assuring that all residents have access to medical attention and that the support they might need if they become a victim of domestic violence is readily available to them.

Appendix A

Screening for Domestic Violence

Frame your questions one of these ways:

- Violence is common in many people’s lives, so I ask all my patients about it.  
- I’m concerned that someone may have caused your symptoms/injury by hurting you.  
- I don’t know if this is a problem for you but many of my patients are dealing with abusive relationships. I ask about this routinely because some people are afraid or uncomfortable to bring it up themselves.  
- Some of the lesbian women and gay men we see here are hurt by their partners, so I ask about this routinely.

Then ask directly:

- Are you in a relationship with someone who hurts or threatens you?  
- Did someone cause these injuries? Who?  
- Has anyone you know ever physically hurt you? Or threatened to hurt you or someone close to you?  
- Do you feel controlled or isolated by someone?  
- Are you afraid of someone you are in a relationship with, or were in a relationship with in the past? Do you feel you are in danger? Do you feel safe at home?  
- Has your partner forced sex on you? Has your partner refused to practice safe sex?

History Taking: Assessing Safety

This form can be completed with your assistance or by the patient alone:

- Are you afraid to go home?  
- Have there been threats of homicide or suicide?  
- Are there weapons present?  
- Can you stay with your family or friends?  
- Do you need access to a shelter?  
- Do you want police intervention?


Appendix B

Child Abuse & Neglect Resources

National Clearinghouse on Child Abuse and Neglect Information

http://www.icfi.com/Services/Clearinghouses/

The Clearinghouse was established by the Child Abuse Prevention and Treatment Act of 1974 and provides
information products and technical assistance services to help locate information related to child abuse and neglect. The Clearinghouse offers the nation’s largest database of child maltreatment and related child welfare materials; summaries and analyses of State laws concerned with child abuse and neglect; and online access to publications, fact sheets, and searchable databases.

**Administration for Children and Families (ACF)**  
[www.acf.dhhs.gov](http://www.acf.dhhs.gov)  
The ACF is responsible for Federal programs that promote the economic and social well-being of families, children, individuals, and communities. The Office on Child Abuse and Neglect of the Children’s Bureau located within ACF, allocates child abuse and neglect funds appropriated by Congress and coordinates the federal government’s activities in this field.

**National Data Archive on Child Abuse and Neglect (NDACAN)**  
[www.ndacan.cornell.edu](http://www.ndacan.cornell.edu)  
The mission of the NDACAN is to facilitate the secondary analysis of research data relevant to the study of child abuse and neglect. By making data available to a larger number of researchers, NDACAN seeks to provide a relatively inexpensive and scientifically productive means for researchers to explore important issues in the child maltreatment field.

**Prevent Child Abuse America**  
[www.preventchildabuse.org](http://www.preventchildabuse.org)  
Since 1972, Prevent Child Abuse America has led the way in building awareness, providing education, and inspiring hope to everyone involved in the effort to prevent the abuse and neglect of our nation’s children. Many local programs, prevention initiatives, and events help spread the word, creating awareness that prevention is possible.

**The Safe Child Program**  
[www.safechild.org](http://www.safechild.org)  
The Safe Child Program is a comprehensive curriculum which teaches prevention of sexual, emotional, and physical abuse by people known to the child; prevention of abuse and abduction by strangers; and safety in self-care. In nearly a decade of evaluation, the Safe Child Program has clearly demonstrated that it reduces children’s risk of abuse and enhances their personal safety and competence.

**Childhelp USA®**  
[www.childhelpusa.org](http://www.childhelpusa.org)  
Childhelp USA® is one of the largest and oldest national non-profit organizations dedicated to meeting the physical, emotional, educational, and spiritual needs of abused and neglected children.

**Children Now**  
[www.childrennow.org](http://www.childrennow.org)  
Recognized nationally for its policy expertise, up-to-date information on the status of children, and leading work with the media, Children Now focuses particular attention on the needs of children who are poor or at risk, while working to improve conditions for all children by making them a top priority across the nation.

**Kempe Children’s Center**  
[www.kempecenter.org](http://www.kempecenter.org)  
Founded by Dr. C. Henry Kempe in 1972, the Kempe Children’s Center provides clinical treatment, training, research, education, and program development to prevent and treat child abuse and neglect.

**Intimate Partner Violence Resources**  
**National Domestic Violence Hotline 1-800-799-SAFE (7233)**  
[http://www.ndvh.org](http://www.ndvh.org)  
The National Domestic Violence Hotline was as part of the milestone legislation of the Violence Against Women Act (VAWA), which was passed by Congress in 1994. Currently, more than 13,000 callers reach out to Hotline every month for crisis intervention, referrals and general information about domestic violence. There are links to hotlines in all 50 states on this site.
U.S. Department of Justice Office on Violence Against Women
http://www.usdoj.gov/ovw/
National Office with information and links about domestic violence. Also contains information on current legislative issues related to violence against women.

National Network to End Domestic Violence
www.nnedv.org
The National Network to End Domestic Violence is a membership and advocacy organization of state domestic violence coalitions, allied organizations and supportive individuals.

Nursing Network on Violence Against Women, International
www.nnvawi.org
An excellent resource for nursing professionals that includes up to date information, assessment tools, patient education and research in the arena of violence against women.

Elder Abuse Resources
Administration on Aging

The Clearinghouse on Abuse and Neglect of the Elderly (CANE)
http://www.elderabusecenter.org/clearing/index.html

Eldercare Locator
800-677-1116
http://www.eldercare.gov

National Academy of Elder Law Attorneys
http://www.naela.org

National Citizen's Coalition for Nursing Home Reform
http://www.nccnhr.org

National Committee for the Prevention of Elder Abuse
http://www.preventelderabuse.org/index.html

National Elder Abuse Center
http://www.elderabusecenter.org

National Long-term Care Ombudsmen Resource Center
http://www.ltcombudsman.org/default.cfm

National Senior Citizen Law Center
http://www.nsclc.org

Appendix C
Concurrent Child Maltreatment and Domestic Violence Tip Sheet
Screening for Domestic Violence in Child Maltreatment Reports:

At the Point of Intake

- Consider the following issues and questions when gathering information for investigation and assessment from all referral sources:
Current safety of adult victim and children.
- Acts of physical violence or threats.
- Destruction of property or pets.
- Injuries—physical and emotional.
- Availability of weapons.
- Pattern of coercive behaviors by perpetrator.
- Primary aggressor issues:
  - Who is afraid?
  - Who is controlled?
  - Who controls resources?
  - Who is repeatedly assaulted?
- Past help seeking by victim.

- If the referral source is the alleged victim, immediately ask:
  - Are you safe?
  - Are your children safe?
  - Is your partner there? If not, when do you expect him/her to return?
  - Is your partner currently under the influence of drugs or alcohol?
  - Does he/she have weapons?
  - Do you want me to call law enforcement?
  - Are you or your children physically injured?
  - If so, do you or your children need medical attention?
  - Do you need to leave your home?
  - Do you have a safe place to go?
  - Do you have safe transportation?
  - Do I need to arrange for emergency shelter?

*Child Maltreatment Investigations Involving Domestic Violence*

**Interviewing Adult Victims, Alleged Perpetrators and Child Victims**

1. When interviewing the adult victim, continuously assess both the victim's ability to protect self and children.
2. Always conduct separate interviews with the adult victim, the child victim, and the alleged perpetrator.
3. Since domestic violence situations are often extremely volatile, continuously assess for worker safety.
4. When possible, coordinate interviews with community partners (i.e., law enforcement and spouse abuse shelter staff).

**Adult Victim**

1. Assess whether the adult victim poses a maltreatment threat to the children, not specifically related to the domestic violence.
2. Since adult victims of domestic violence are often reluctant to discuss domestic violence due to fear that their children will be removed from the home, focus on safety issues in order to avoid victim blaming and gain trust.
3. Explain that every effort will be made to limit information shared with the alleged perpetrator to the alleged
child maltreatment, unless the victim grants permission to discuss the adult victimization.

4. The following questions provide an outline for interviewing an adult victim which address both safety and risk issues:
   - Tell me about your relationship?
   - How do decisions get made in your relationship?
   - Does your partner ever act jealous or possessive?
   - Does your partner isolate you from others?
   - Has your partner ever used or threatened to use a weapon against you or your children?
   - Have you ever felt uncomfortable or afraid around your partner?
   - Has your partner ever used physical force on you? If so, how often? Worst incident? Latest incident?
   - If previous abuse has occurred, what action have you taken to protect yourself and your children?
   - Has your partner ever threatened to abduct your children?
   - Has he been specifically abusive to the children?
   - Have the children witnessed a violent episode?
   - If this happens again, how do you plan to protect yourself and your children?
   - May we develop a specific safety plan together?

**AllegedPerpetrator**

1. If the adult victim or child’s safety is compromised by interviewing the alleged perpetrator, take immediate steps to ensure their safety before the interview.

2. When interviewing alleged perpetrators, do not confront with direct information from the victim.

3. Since additional information is likely available from the victim, law enforcement or other collaterals, a forced admission from the alleged perpetrator is inappropriate and potentially dangerous to both the worker and the victim.

**ChildVictim**

1. Children can provide a unique perspective on the dynamics of the domestic violence, but their perception is often influenced by their emotional attachment to either the victim or perpetrator.

2. Even if a child is not physically harmed during the actual domestic violence incident, witnessing domestic violence affects children in different ways depending on some of the following factors:
   - Age of the child;
   - Degree of violence;
   - Extent of control on the part of the perpetrator; and/or
   - Relationship of the child to the perpetrator.

   Each child should be assessed individually in order to determine the magnitude of the effects of the domestic violence on the child(ren).

3. Older children are more likely to minimize the incident in order to protect one or both parents and maintain their perception of the family unit.

4. Always share information gathered from the child’s interview with the adult victim in order to help the adult understand the effects of domestic violence on the children, as long as the child’s safety will not be compromised.

5. If a child does not have an idea of what to do to be safe during a domestic violence incident, give them basic safety information or help the adult victim plan for both her safety and that of the child.

6. The following questions can assist the worker in understanding the domestic violence incident from the child’s perspective:
• What kind of things do mom and dad (step-parent or paramour) fight about?
• Do they yell at each other?
• Does someone get hit when they fight?
• What do you do when this is happening?
• Do you ever get hurt when they are fighting?
• Why do you think they fight?
• What would you like them to do to make it better?
• When they fight, what do you worry about the most?
• Have you talked to any other adults about this?
• What would you do if you were afraid and needed to get help?
• Can we make a plan, in case this happens again?

References


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