



Kentucky Domestic Violence

Three (3.0) contact hours

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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

Domestic violence is an ongoing problem worldwide, making it likely that most healthcare professionals will encounter victims in their practice. Therefore, it is essential that healthcare professionals recognize and accurately interpret behaviors associated with domestic violence. It is incumbent upon the healthcare professional and healthcare organizations to establish and implement protocols for early identification of domestic violence victims and their abusers.

Frequently, the injuries sustained during domestic violence require abused victims to seek care medical care. Often, physicians and nurses are the first healthcare providers that victims encounter. Healthcare workers are in a critical position to identify, treat, collect evidence, and refer victims of domestic violence. Because victims may present with a myriad of physical and mental issues, healthcare professionals must be educated to recognized domestic violence in the absence of victim acknowledgment of abuse.

In the State of Kentucky, domestic violence is taken very seriously; Kentucky is one of three states that has specific regulations regarding domestic violence, 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. In 2017 House Bill 309 enacted eight changes to the mandatory reporting statute KRS 209A.

These changes include:

- Expanding protection to include all victims of domestic violence, including intimate partner and dating violence
- Providing immediate information and referrals to all victims
- Narrows the scope from universal (all persons) to key professionals, most likely to be in a position of trust. Kentucky was the only state to have a universal mandatory reporting law
- Establishes professional settings of responsibility
- Requires reporting to law enforcement any relevant information on the death of victim of domestic violence

- Strengthens the work of Law Enforcement
- Supports the work of the Cabinet for Health and Family Services (CHFS). Law enforcement and professionals still have the duty to report suspected child abuse/neglect/dependency and the abuse/neglect/exploitation of "vulnerable" adults with a mental or physical disability to CHFS
- Empowers victims! Encourages victims to disclose
(Kentucky Coalition Against Domestic Violence (KCADV), 2017)

Intimate partner violence and domestic violence are often used interchangeably. In this module, domestic violence will be used to describe child abuse, intimate partner abuse, and elder abuse; unless otherwise noted.

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.

Abusive behavior is NEVER ACCEPTABLE! You deserve to feel valued, respected, and safe

Domestic Violence: Prevalence

Domestic violence may occur to persons of all ages, cultural/ethnic/religious groups, genders, and social classes. Domestic violence is one of the most common but least reported crimes. Feelings of shame, fear, and hopelessness often prevent victims from seeking protection and support. Many victims do not report domestic violence to anyone; making it impossible to know the actual number or prevalence of this type of violence. However, the available statistics indicate that the problem is pervasive and alarming.

Nationwide

20 people are abused every minute: equating to more than 10 million victims annually

- 1 in 3 women and 1 in 4 men have been physically abused by an intimate partner
- 1 in 5 women and 1 in 7 men have been severely physically abused by an intimate partner
- 1 in 7 women and 1 in 18 men have been stalked.
 - Stalking causes the target to fear she/he or someone close to her/him will be harmed or killed
- On a typical day, domestic violence hotlines nationwide receive approximately 20,800 calls
- Intimate partner violence accounts for 15% of all violent crime
- Intimate partner violence is most common among women between the ages of 18-28
- 19% of intimate partner violence involves a weapon
 - The presence of a gun in a domestic violence situation increases the risk of homicide by 500%

Kentucky-2016

- 26,971 domestic violence related calls
- 43,762 services were provided to children
- 3,949 men, women, and children were provided emergency and traditional housing
- 18,693 survivors were provided non-residential services

- 21,011 emergency financial and housing services were provided to survivors
- 146,018 individual, group, and family counseling contacts were provided
- 3,313 professional training, community education and public awareness events occurred
- 4,144 volunteer hours contributed
- 97% of survivors know more safety planning strategies because of services received (KCADV, 2017)

The National Network to End Domestic Violence (NNEDV) was founded more than 25 years ago to be the leading voice for survivors of domestic violence and their allies.

Over the past eleven years, the National Network to End Domestic Violence (NNEDV) has conducted a one-day prevalence study of national domestic violence programs. In September 2016, 1,762 of 1910 (92%) programs participated in this prevalence study. The results showed:

Nationwide

- **72,959 Victims Served in One Day**
 - 41,195 domestic violence victims found refuge in emergency shelters or transitional housing provided by local domestic violence programs
 - 31,764 adults and children received non-residential assistance and services, including counseling, legal advocacy, and children's support groups
- 20,239 hotline calls answered
- 26,076 attended prevention and education trainings
- 11,991 unmet requests for services in one day, of which 66% (7,914) were for housing
- 1,200 less service workers
(National Network to End Domestic Violence (NNEDV), 2017)

Kentucky

- **1,106 people served**
 - 820 adults
 - 286 children
- 47 unmet requests
- 232 hotline calls answered
(NNEDV, 2017a)

Domestic Violence: Economic Impact

- Domestic violence research shows that because of this crime; domestic violence is estimated to cost between \$5.8 and \$12.6 billion dollars annually
 - This equates to 0.125% of the national gross domestic product

Victims:

- Lose a total of 8 million work days or the equivalent of 32,000 full-time jobs annually!
- May develop tense relationships with employers due to
 - Absenteeism
 - Poor job performance
 - Chronic late arrival to work or leaving early
- 21-60% of victims lose their jobs

The economic impact of domestic violence may be higher than the estimated cost because victims:

- Are at an increased risk for contracting sexually transmitted infections

- Are at an increased risk for depression and suicide
 - Only 34% receive medical care
- (CDC, 2015, National Coalition Against Domestic Violence (NCADV), 2015)

Did You Know

Violence accounts for 1.4 million deaths per year or over 3800 daily, worldwide. For every person who dies from violence, many more are injured and suffer from a range of physical, sexual, reproductive and mental health problems (World Health Organization (WHO), 2017).

Definitions

Domestic Violence and Abuse

KRS 403.720 (1, 2, 4) Revised 2017

Domestic violence and abuse means physical injury, serious physical injury, stalking, 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

- Family member: means a spouse, including a former spouse, a grandparent, a parent, a child, a stepchild, or any other person living in the same household as a child if the child is the alleged victim
- Member of an unmarried couple: means each member of an unmarried couple which allegedly has a child in common, any children of that couple, or a member of an unmarried couple who are living together or have formerly lived together

Kentucky categorizes domestic violence according to the victimized population:

- Child abuse
- Adult abuse
 - Spousal abuse or neglect
 - Elder abuse or neglect

(Kentucky Legislature, 2017, 2017a, 2017b, 2017c)

Child Abuse

KRS 600.020-revised 2017

Abused or Neglected Child KRS 600.020 (1)

An abused or neglected child is a child whose health or welfare is harmed or threatened with harm when:

- His or her parent, guardian, person in a position of authority or special trust, as defined in KRS 532.045, or other person exercising custodial control or supervision of the child
 - Inflicts or allows to be inflicted upon the child physical or emotional injury as defined in this section by other than accidental means
 - Creates or allows to be created a risk of physical or emotional injury as defined in this section 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 other drug abuse as defined in KRS 222.005
 - Continuously or repeatedly fails or refuses to provide essential parental care and protection for the child, considering the age of the child

- Commits or allows to be committed an act of sexual abuse, sexual exploitation, or prostitution upon the child;
- Creates or allows to be created a risk that an act of sexual abuse, sexual exploitation, or prostitution will be committed upon the child
- Abandons or exploits the 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. A parent or other person exercising custodial control or supervision of the child legitimately practicing the person's religious beliefs shall not be considered a negligent parent solely because of failure to provide specified medical treatment for a child for that reason alone. This exception shall not preclude a court from ordering necessary medical services for a child
- Fails to make sufficient progress toward identified goals as set forth in the court-approved case plan to allow for the safe return of the child to the parent that results in the child remaining committed to the cabinet and remaining in foster care for fifteen (15) of the most recent twenty-two (22) months
- A person twenty-one (21) years of age or older commits or allows to be committed an act of sexual abuse, sexual exploitation, or prostitution upon a child less than sixteen (16) years of age

According to the Centers for Disease Control and Prevention (CDC), child abuse/neglect may be Acts of Commission or Acts of Omission.

Acts of Commission (Abuse)	Acts of Omission (Neglect)
<ul style="list-style-type: none"> ● Physical abuse ● Sexual abuse ● Psychological abuse 	<ul style="list-style-type: none"> ● Physical neglect ● Emotional neglect ● Medical and dental neglect ● Educational neglect ● Inadequate supervision ● Exposure to violent environments

(Centers for Disease Control and Prevention (CDC), 2017b)

Test Your Knowledge

Domestic violence is assault that occurs between:

- A. Married or unmarried couples**
- B. Fellow workers
- C. Infrequent dating couples
- D. Acquaintances

Rationale: Domestic violence and abuse means physical injury, serious physical injury, stalking, 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

Definitions of Child Abuse **KRS 600.020 (26 to 62)-revised 2017**

Emotional injury KRS 600.020 (26):

Emotional injury to a child is 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.

Emotional injury includes:

- Humiliating the victim
- Controlling what the victim can and cannot do
- Withholding 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

Physical injury KRS 600.020 (49):

Physical injury includes substantial physical pain or any impairment of physical condition

Sexual abuse KRS 600.020 (61):

Sexual abuse includes but is not necessarily limited to any contacts or interactions in which the parent, guardian, person in a position of authority or special trust, as defined in KRS 532.045, or other person having custodial control or supervision of the child or responsibility for his or her welfare, uses or allows, permits, or encourages the use of the child for the purposes of the sexual stimulation of the perpetrator or another person

Sexual exploitation KRS 600.020 (62):

Sexual exploitation includes but is not limited to a situation in which a parent, guardian, person in a position of authority or special trust, as defined in KRS 532.045, or other person having custodial control or supervision of a child or responsible for his or her welfare, allows, permits, or encourages the child to engage in an act which constitutes prostitution under Kentucky law; or a parent, guardian, person in a position of authority or special trust, as defined in KRS 532.045, or other person having custodial control or supervision of a child or responsible for his or her welfare, allows, permits, or encourages the child to engage in an act of obscene or pornographic photographing, filming, or depicting of a child as provided for under Kentucky law.

Adult Abuse, Exploitation & Neglect

KRS 209.020 (4-16) Revised 2017

Adult KRS 209.020(4)

An adult 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 need protective services; or a person without regard to age who is the victim of abuse or neglect inflicted by a spouse.

Abuse KRS 209.020 (8):

Abuse is defined as the infliction of physical pain, mental injury, or injury of an adult.

Exploitation KRS 209.020 (9):

Exploitation is defined as obtaining or using another person's resources, including but not limited to funds, assets, or property, by deception, intimidation, or similar means, with the intent to deprive the person of those resources

Neglect KRS 209.020 (16): Neglect is defined as a situation in which an adult is unable to perform or obtain for himself or herself the goods or services that are necessary to maintain his or her health or welfare, or the deprivation of services by a caretaker that are necessary to maintain the health and welfare of an adult

Intimate Partner Violence (IPV)**KRS 209A.020(6) Revised 2017****Spousal Abuse of Neglect KRS 209A.020 (6)**

A victim of spousal abuse or neglect is an individual who is or has been abused by a spouse or former spouse or an intimate partner who meets the definition of a member of an unmarried couple as defined in KRS 403.720, or a member of a dating relationship as defined in KRS 456.010

Intimate Partner Violence

Intimate partner violence (IPV) describes physical, sexual, or psychological harm by a current or former partner or spouse. This type of violence can occur among heterosexual or same-sex couples and does not require sexual intimacy (CDC, 2017).

An intimate partner is defined as a person with whom one has a close personal relationship that can be characterized by the following:

- Emotional connectedness
- Regular contact
- Ongoing physical contact and/or sexual behavior
- Identity as a couple
- Familiarity and knowledge about each other's lives (CDC, 2017)

IPV can vary in frequency and severity. It occurs on a continuum, ranging from one episode that might or might not have lasting impact to chronic and severe episodes over a period of years.

Types of IPV:

- Physical violence
- Sexual violence
- Stalking
- Psychological aggression (CDC, 2017)

Stalking**KRS § 508.130 revised 2017**

Stalking: means to engage in an intentional course of conduct which would cause a reasonable person to suffer substantial mental distress

- Directed at a specific person or persons
- Which seriously alarms, annoys, intimidates, or harasses the person or persons

- Which serves no legitimate purpose

Elder Abuse

Elder abuse is an intentional act, or failure to act, by a caregiver or another person in a relationship involving an expectation of trust that causes or creates a risk of harm to an older adult. An older adult is defined as someone age 60 or older (CDC, 2017a).

Types of Elder Abuse:

- Physical abuse
- Sexual abuse or abusive sexual contact
- Emotional or psychological abuse
- Neglect
- Financial abuse or exploitation
(CDC, 2017a)

Test Your Knowledge

A situation in which an adult is unable to perform or obtain for himself or herself the goods or services that are necessary to maintain his or her health or welfare, or the deprivation of services by a caretaker that are necessary to maintain the health and welfare of an adult/child/elder is the definition of:

- A. Abuse
- B. Exploitation
- C. Neglect**
- D. Emotional injury

Rationale: **Neglect KRS 209.020 (16)**: Neglect is defined as a situation in which an adult is unable to perform or obtain for himself or herself the goods or services that are necessary to maintain his or her health or welfare, or the deprivation of services by a caretaker that are necessary to maintain the health and welfare of an adult/child/elder.

Domestic Violence: Risk Factors

A combination of individual, relational, community, and societal factors contribute to the risk of becoming an IPV perpetrator or victim. Understanding these multilevel factors can help identify various opportunities for prevention.

Being at-risk does not always equate to violence

- Some risk factors for domestic violence are the same for the victim or perpetrator
 - Childhood physical or sexual victimization is a risk factor for both perpetration and victimization
 - Risk factors may contribute to domestic violence or be a direct cause

(CDC 2017c)

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

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

Environmental Factors

- 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

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 domestic violence (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, 2017c)

Test Your Knowledge

Risk factors for domestic violence:

- A. Does not equate to violence
- B. Always cause domestic violence
- C. Cause a person to become a perpetrator
- D. Cause a person to become a victim

Rationale: A combination of individual, relational, community, and societal factors contribute to the risk of becoming an IPV perpetrator or victim. Understanding these multilevel factors can help identify various opportunities for prevention.

Being at-risk does not always equate to violence

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Domestic Abuse: Perpetrators

Abusers can be divided into three groups:

- Predators
- Affectively motivated
- Instrumental

The type of group each abuser falls into is determined by the form of abuse they commit as well as their motivation to change. These two criteria also determine whether they are amenable to intervention.

- Predatory abusers:
 - Are not emotionally aroused at the time of the offense
 - Are focused and calculating in their attacks
 - Emotionally distant from their victim
 - Abusive behavior is frequent and recurs often
 - Act compulsively and cause very severe physical and emotional trauma
 - A sadistic satisfaction derived from the suffering of another human being that follows the abuse
 - Often present with borderline personality disorder and sociopathic tendencies
- Affectively motivated abusers:
 - Are unlikely to present with personality disorders but often have attachment problems
 - Abuse is very impulsive that follows a build-up of fear and hurt at times of high volatility and low self-restraint, usually triggered by something in their environment
 - Often describe their feelings as intense anger followed by remorse for the effects of their outbursts
 - Are sensitive to their victim's distress, which tempers their violence, and differentiates them from predators
 - The most common behaviors for affectively motivated abusers are slapping, pushing, breaking objects, slamming doors, etc. Their behavior has generally mild physical effects and more intimidation that affects victims' self-esteem
 - They also experience high motivation to change as they feel remorse and empathy for their victims.

- Instrumental abusers:
 - Midrange group
 - Use aggression to achieve some desired outcome
 - The attack is neither purely planned, nor the result of only intense emotions
 - Unlike predators, they are at least somewhat aware of the impact of their actions on the victims
 - The achievement of a personal gain is more important than their concerns for others, which results in lower motivation to change.

(New York Behavioral Health, n.d.)

Dating Violence Perpetrators

Those who harm their dating partners are more likely to be depressed and more aggressive than their peers. Other characteristics of abusive dating partners include:

- Trauma symptoms (irritability, anxiety, anger, difficulty concentrating, or insomnia)
- Exposure to harsh parenting
- Exposure to inconsistent discipline
- Lack of parental supervision and warmth
- Belief that using dating violence is acceptable
- Alcohol use
- Behavioral problems in other areas
- Having a friend involved with dating violence

(CDC, 2016)

Did You Know?

The CDC survey indicates a relationship between adult victims of sexual or intimate partner violence and early exposure to some form of violence between the ages of 11 and 17. This relationship was identified in 23% of females and 14% of males who ever experienced rape, physical violence, or stalking as adults (CDC, 2016).

Test Your Knowledge

The abuser who is most likely not to respond to intervention is:

- A. Instrumental abusers
- B. Affectively motivated abusers
- C. Predatory abusers**
- D. Physical abusers

- Rationale: Predatory abusers:
 - Are not emotionally aroused at the time of the offense
 - Are focused and calculating in their attacks
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Domestic Abuse: Why Victims Stay

Domestic violence has subtle origins. What starts out as love, courtship and concern, may turn into domination, forced adherence to rigid sex roles and obsessive jealousy. Victims may stay with someone who is abusing them for various reasons which include:

- Fear of the abuser
- Love
- Threats to harm the victim, loved ones or pets
- Threats of suicide
- Believing the abuser will take their children
- Religious reasons
- Believing the abuser will change
- Self-blame
- Limited financial options
- Believing the violence is normal
- Believing in the sanctity of marriage and family
- Limited housing options
- Blaming the abuse on alcohol or drugs, financial pressures, or other outside factors
- Low self-esteem
- Fear of the unknown
- Isolation
- Embarrassment and shame
- Believing no one can help
- Cultural beliefs
- Denial
- Pressure from friends and family to stay

(Tahoe Safe Alliance, 2017)

Domestic Abuse: Signs & Symptoms

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 +/- 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.
- 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.
- Trauma to chest and/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 %. Observe for increased respirations and a fast thready pulse, a drop in BP and urinary output, and agitation or lethargy. Extremities will be cold.
(Endom, 2014 & Mayo Clinic, 2015)

Neglect

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 +/- 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
(Endom, 2014 & Mayo Clinic, 2015)

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
- Sexually transmitted infections
(Endom, 2014 & Mayo Clinic, 2015)

Emotional Abuse

Signs and symptoms of emotional abuse include:

- Delayed or inappropriate emotional development
- Loss of self-confidence or self-esteem
- Social withdrawal or a loss of interest or enthusiasm
- Depression
- Headaches or stomachaches with no medical cause
- Avoidance of certain situations, such as refusing to go to school or ride the bus
- Desperately seeks affection

- A decrease in school performance or loss of interest in school
 - Loss of previously acquired developmental skills
- (Endom, 2014 & Mayo Clinic, 2015)

Test Your Knowledge

Lack of basic hygiene and grooming, developmental delays in children, consequences of not receiving crucial medical +/-or dental care, such as grossly infected tissues, untreated bedsores, excessive scarring, or untreated fractures, and emaciation and dehydration are signs of:

- A. Physical abuse
- B. Emotional abuse
- C. Neglect**
- D. Sexual abuse

Rationale: **Neglect**

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

Domestic Violence: Long-term Effects

Domestic violence can cause short and long-term physical and emotional problems.

The most common physical effects of chronic domestic violence are:

- Failure to thrive in infants
- Shaken baby syndrome
 - Blindness
 - Cerebral palsy
 - Mental retardation
 - Learning disabilities
 - Death
- 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

- Post-traumatic stress disorder
- Post-concussive syndrome

(Brain Injury Association of America, 2014 & Silent Tears, 2014)

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.
 - There is an extremely high risk for psychiatric disease among survivors of early childhood sexual abuse
- 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

(US Department of Health & Human Services (DHHS), 2014 & Division of Child Abuse and Domestic Violence Services (DCADVS), 2014)

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).

Domestic Violence: Prevention

Domestic violence can happen to anyone, all ethnicities, young, old, rich, poor, educated, not educated. Sometimes violence begins early on in a relationship and other times it takes months or even years to appear. You can help prevent the violence by:

1. Knowing the signs
 - a. Being jealous of friends or time spent away from your/their partner
 - b. Discouraging you/them from spending time away from your partner
 - c. Embarrassing or shaming you/them
 - d. Controlling all financial decisions
 - e. Making you/them feel guilty for all the problems in the relationship
 - f. Preventing you/them from working
 - g. Intentionally damaging your/their property
 - h. Threatening violence against you/them, pets or someone you/they love to gain compliance
 - i. Pressuring you/them to have sex when you/they don't want to
 - j. Intimidating you/them physically, especially with weapons
2. Don't ignore it, GET INVOLVED
3. Believe what they are telling you and ask how you can help

4. Be available. If someone you know is thinking about leaving or is in fear the violence will escalate, be ready to help. Keep your phone with you and the ringer on, make sure you have gas in your car and discuss an escape plan or meeting place ahead of time.
5. Know the number to a nearby shelter
6. Check in regularly
7. Be a resource
8. Document every incident you witness and include the date, time, location, injuries and circumstances. This information could be very useful in later police reports and court cases, both criminal and civil.
9. Get the word out
10. Put your money where your mouth is
(Domestic Shelters.org, 2016)

Test Your Knowledge

You can help prevent domestic violence by:

- A. Ignoring the situation, it will only get worse if you get involved
- B. Pretend to believe what they are telling you, after all, there are two sides to every story
- C. Document every injury you see even if they have a valid reason for how they received it
- D. Be available to help, the violence may escalate especially if the victim wants to leave**

Rationale: Don't ignore it, GET INVOLVED, believe what they are telling you and ask how you can help, be available. If someone you know is thinking about leaving or is in fear the violence will escalate, be ready to help. Keep your phone with you and the ringer on, make sure you have gas in your car and discuss an escape plan or meeting place ahead of time. Document every incident you witness and include the date, time, location, injuries and circumstances. This information could be very useful in later police reports and court cases, both criminal and civil.

Domestic Violence

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.

You may encounter some victims of domestic violence who may not be aware of the actual danger of their situation. Research shows that when a victim leaves an abuser, the potential for domestic violence escalates. Therefore, advise patients who are planning to leave their partners to make a safety plan and not announce their intention to leave.

(National Center on Domestic and Sexual Violence (NCDS), 2014)

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.

(NCDSV, 2014)

For a comprehensive Domestic Violence Safety Plan, that can be downloaded and used to help domestic violence victims plan for their safety, visit:

http://www.ncdsv.org/images/DV_Safety_Plan.pdf

Did You Know

October is Domestic Violence Awareness Month.

A key strategy in preventing domestic violence is promoting respectful, nonviolent relationships.

Test Your Knowledge

Domestic violence awareness month is:

- A. January
- B. April
- C. June
- D. October**

Rationale: October is Domestic Violence Awareness Month. A key strategy in preventing domestic violence is promoting respectful, nonviolent relationships.

Domestic Violence: Identification and Treatment

When domestic violence victims seek care, the healthcare professional is often the first contact the victims have after the abuse has occurred.

It is incumbent on the healthcare professional to recognize and treat the victim of domestic abuse in a way that "...uses a humane and legally objective approach that integrates patient advocacy and observation; specimen collection for forensic analysis; mitigation of and protection against adverse health outcomes, including vicarious trauma; and identification of community resources to support the patient reporting sexual assault" (International Association of Forensic Nurses (IAFN), pg. 14, 2015).

The healthcare professional needs to be trained in forensic techniques to document injuries, collect evidence, preserve the chain-of-custody, and present the evidence in court.

To learn more regarding forensic nursing; review the RN.com module Forensic Evidence Collection

Victim-centered care is paramount to the success of the exam process.

Response to victims should be timely, appropriate, sensitive, and respectful.

Kentucky's Response

U.S. Department of Justice Office on Violence Against Women has determined that coordinated community efforts are the best way to stop violence against women, hold offenders accountable and promote victim recovery (U.S. Department of Justice (DOJ), 2013). Kentucky's response to this recommendation was to develop a standardized protocol to address domestic violence. This standardized protocol encompasses the development of a sexual assault response team, the roles of the sexual assault nurse examiner, advocate and law enforcement.

- In 1999, the Kentucky Governor created a task force to address sexual assault issues. The Governor's Task Force Report mandated the development of a statewide medical protocol
- In October 2000, the Kentucky Association of Sexual Assault Programs (KASAP) organized a statewide SART Steering Committee to develop a statewide SART resource guide
- In 2002, The Kentucky Sexual Assault Evidence Collection Protocol was published and distributed
 - <http://www.kasap.org/images/files/GetInfo/SANE-HOSPITALPROCEDURE.pdf> (Office of Justice Programs (OJP), n.d.)

Sexual Assault Response Teams (SART)

A SART is a community approach to provide compassionate and innovative care to sexual assault survivors. Dealing with domestic violence requires the collaborative and cooperative efforts of a network of services. Thus, a team approach helps to meet the victim's diverse needs and provides the caregivers with a support system for dealing with the stress of victimization.

Each member of the SART has a specific role and works closely with the other team members.

- Sexual Assault Nurse Examiners (SANE):
 - A registered nurse with advanced education, training, and experience to conduct a comprehensive medical-legal examination of sexual assault victims
 - Uses specialized equipment
 - Provides evaluation and treatment for sexually transmitted infections and pregnancy
 - Provides expert witness testimony
 - Maintains a current credential from the Kentucky Board of Nursing
 - Trained to examine individuals 14 years and older (Kentucky Board of Nursing (KBN), n.d.)
- Advocate
 - An advocate from a local rape crisis center or women's resource center
 - Provides emotional support
 - Provides short-term crisis intervention
 - Provides referrals
 - Develops a unique and important relationship with the victim to assist the victim to interface with the medical and criminal justice systems
- Law Enforcement
 - Ensures the safety of the victim
 - Conduct the investigation
 - Apprehend the suspect
 - Prepare the report for the prosecuting attorney

Each community may deploy the SART as needed for the community. Communication is key. This team benefits hospitals and the criminal justice system.

To learn more about SANE training in Kentucky, visit

<https://kbn.ky.gov/apply/Documents/sanebroch.pdf>

To learn more about SANE training expectations nationwide, visit

http://c.ymcdn.com/sites/www.forensicnurses.org/resource/resmgr/2015_SANE_ED_GUIDELINES.pdf

To learn more about SART programs in Kentucky, visit

<https://ovc.ncjrs.gov/sartkit/practices/coll-sart-ky.html>

Test Your Knowledge

A community approach to provide compassionate and innovative care to sexual assault survivors is the definition of:

- A. Sexual Assault Nurse Examiner
- B. Law Enforcement
- C. Sexual Assault Response Team**
- D. Criminal Justice System

Rationale: A SART is a community approach to provide compassionate and innovative care to sexual assault survivors. Dealing with domestic violence requires the collaborative and cooperative efforts of a network of services. Thus, a team approach helps to meet the victim's diverse needs and provides the caregivers with a support system for dealing with the stress of victimization.

Child Advocacy Centers

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 (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 to promote the well-being of children while facilitating the most effective investigation and prosecution of child sexual abuse cases.
- 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.
- 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.

Kentucky's Response 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 (CHFS, 2010).

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.

Kentucky's Response

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 considered 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

Kentucky's Response

Mandatory Reporting

Kentucky is one of three states that has a mandatory reporting law specific to domestic violence, and was the only state to have a universal mandatory reporting law. In 2017, House Bill 309 narrowed the scope of KRS209A from a universal mandatory reporting law to one that limits the scope to key professionals who are most likely to be in a position of trust.

Professional" is defined in the law to mean:

- Physicians
- Osteopathic physician
- Coroner/medical examiner
- Medical resident
- Medical intern
- Chiropractor
- Nurse
- Dentist
- Optometrist
- Emergency medical technician/ paramedic
- Licensed mental health professional/therapist
- Cabinet employee
- Child care personnel
- Teacher/school personnel
- Ordained minister or the denominational equivalent
- Victim advocate
- Any organization or agency employing any of these professionals

(KCADV, 2017)

What do the changes in the mandatory reporting law mean to healthcare professions?

1. You must report intimate partner violence instead of just spousal abuse
2. You must provide immediate information and referrals to all victims of abuse with whom you have a professional interaction
 - a. KCADV has posted a brochure for professionals to use and give to victims
 - i. To access the brochure, and other resources for victims, go to www.kcadv.org. On the left side, you will see a link for "KRS 209A Referral Information" which will take you to the resource page. The brochure is entitled "Help Is Here."
3. When a professional acts in good faith and upon reasonable cause, in compliance with the new law, then the professional should have immunity from civil or criminal liability.
 - a. Compliance with a written protocol outlining an organization's procedure would be helpful in showing good faith.
4. Child Abuse Reporting has not changed.
 - a. Under KRS 620.030 – ANY person having reasonable cause to believe a child is dependent/neglected/abused, shall immediately report orally or in writing to: local law enforcement, KSP, CHFS, Commonwealth Attorney, or County Attorney.
 - b. Domestic violence between adults does not in and of itself does not constitute child abuse.
 - i. Usually what is in the best interest of the non-offending adult is in the best interest of the child.
 - ii. Before automatically reporting child abuse with domestic abuse reporting, give some critical thought to what is going to best serve the child in such a situation
 - c. Any child suspected of being trafficked must be reported
 - d. Persons 21 years or older committing an act of sexual abuse, sexual exploitation, or prostitution upon a child less than 16 years-old must be reported
5. Failure to report may result in prosecution.
 - a. KRS 620.990(1) states: Any person intentionally violating the provisions of this chapter shall be guilty of a Class B misdemeanor. A class B misdemeanor carries a penalty of up to 90 days in jail and/or a fine of up to \$250.
(KCADV, 2017 & Cabinet for Health and Family Services (CHFS), 2010).

To learn more about child abuse reporting:

Visit: Kentucky Cabinet for Health and Family Services website chfs.ky.gov

Read: Reporting Child Abuse and Neglect Booklet: <http://chfs.ky.gov/dcbs/dpp/childsafety.htm>

Watch the CHFS produced video on recognizing and reporting child abuse here at

http://media.education.ky.gov/video1/On-Demand2016/SB119_Training_8-19-2016.mp4

**Note: Certainty is not required; if in doubt call rather than ignore the signs
If there is immediate danger call the local police**

How to report domestic violence

CHFS Hotline: 1-877-597-2331

Child Protection Hotline: 1-877-597-2331

National Domestic Violence Hotline: 1-800-799-7233

Making the Report:

Responding to information about abuse and neglect:

- Listen and BELIEVE
- Do not investigate, if it isn't your job to do so
- Determine if reporting is required by law
- Make the report immediately, if required by law or requested by the victim
- Do so in the safest way possible for the victim/safety planning/referrals
- Identify resources for the victim and yourself
- Continue to interact with the victim as normally as possible and provide support
- Reporting is often a beginning, not an end!
- Victims often need more support and advocacy after a report is made

(KCADV, 2017a)

Test Your Knowledge

Mandatory reporting is the responsibility of:

- A. Everyone
- B. No one
- C. Professionals in a position of trust**
- D. Law enforcement agencies only

Rationale: Kentucky is one of three states that has a mandatory reporting law specific to domestic violence, and was the only state to have a universal mandatory reporting law. In 2017, House Bill 309 narrowed the scope of KRS209A from a universal mandatory reporting law to one that limits the scope to key professionals who are most likely to be in a position of trust.

Legal Remedies

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 Kentucky there are two types of protective orders a temporary or long-term.

Temporary protective orders are:

- Emergency protective order (EPO)
- Temporary interpersonal protective order (TIPO)

Long-term protective orders are:

- Domestic violence order (DVO)
- Interpersonal protective order (IPO)

To be eligible for any of these protective orders the perpetrator must have either:

- Physically injured or assaulted you
- Sexually abused or sexually assaulted you
- Threatened to physically injure or assault you
- Stalked you
- Done something to place you in fear of imminent physical injury, serious physical injury, or sexual abuse or assault

(Administrative Office of the Courts, 2017)

For in-depth information regarding obtaining a protective order, visit:

<https://courts.ky.gov/resources/publicationsresources/Publications/P123ProtectiveOrderBooklet.pdf>

Temporary Protective Orders

The court may issue an emergency protective order (EPO) in domestic violence cases or a temporary interpersonal protective order (TIPO) in dating violence and stalking/ sexual assault cases. These are short-term orders intended to stop violence and abuse by placing restrictions on the respondent's actions until a hearing may be held by the court, usually within 14 days.

Long-Term Protective Orders

Domestic violence orders (DVO) and interpersonal protective orders (IPO) can last up to three years. These orders are intended to stop violence and abuse by placing restrictions on a respondent after a court hearing

(Administrative Office of the Courts, 2017)

Test Your Knowledge

A protective order can be obtained for:

- A. Married couples only
- B. For up to five years
- C. For temporary and long-term issues**
- D. For sexual assault only

Rationale: 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 Kentucky there are two types of protective orders a temporary or long-term.

Temporary protective orders are:

- Emergency protective order (EPO)
- Temporary interpersonal protective order (TIPO)

Long-term protective orders are:

- Domestic violence order (DVO)
- Interpersonal protective order (IPO)

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>
 - 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/>
- 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
 - 800-372-2551
 - <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>

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 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

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

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

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

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

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

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

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.

Appendix C

Intimate Partner Violence Resources

National Domestic Violence Hotline 1-800-799-SAFE (7233)

<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.

Appendix D

Elder Abuse Resources

Administration on Aging

http://www.aoa.gov/press/fact/alpha/fact_elder_abuse.asp.

The Clearinghouse on Abuse and Neglect of the Elderly (CANE)

<http://www.elderabusecenter.orgclearing/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 E

Concurrent Child Maltreatment and Domestic Violence Tip Sheet

Screening for Domestic Violence in Child Maltreatment Reports:

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?

Appendix F

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?

Alleged Perpetrator

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.

Child Victim

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
 - Relationship of the child to the perpetrator
 - **Each child should be assessed individually 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 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?

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