**CHAPTER 28**

Child, Older Adult, and Intimate Partner Abuse

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**Types of Abuse**

- Physical abuse
- Sexual abuse
- Emotional abuse
- Neglect
- Economic abuse

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**Epidemiology and Comorbidity**

- Prevalence
  - Half of all Americans have experienced violence in their families
- Comorbidity
  - Secondary effects of violence
    - Anxiety
    - Depression
    - Suicidal ideation

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**Child Abuse**

2008: U.S. Department of Health and Human Services (USDHHS) and the Centers for Disease Control and Prevention (CDC)

- Of the deaths that occurred among children, 80% were younger than 4 years of age.
- Majority of these were infants of 1 year of age or younger.
- Of the deaths that occurred among children, 10% were 4 to 7 years of age.
- Parents are thought to account for nearly 80% of child abuse. (Pillado et al., 2010).
- Siblings can be perpetrators of emotional, physical, and sexual abuse.
- Statistics concerning this common and unrecognized abuse are less available.

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**Child Abuse (continued)**

- A report of child abuse is made every 10 seconds, and almost five children die every day as a result of child abuse. (Childhelp, 2011)
- The actual occurrence rates of child abuse are grossly underreported.

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**Teen Dating Violence**

- Teen dating violence (TDV) is a disturbing trend.
- Between 25% and 33% of adolescents report verbal, physical, emotional, or sexual abuse from a dating partner each year.
- Approximately 1 in 11 teenagers report being a victim of physical dating violence each year.
- In teen relationships, girls and boys abuse each other about equally.
Teen Dating Violence (continued)

• Abuse is high among college students.
• Previous partners are responsible for 32% of the violence; current partners are responsible for 21%.
• One in five high school girls are physically or sexually abused by a dating partner.
• One in four female students will experience sexual assault over their college career.
• Teen abuse takes many forms:
  • Extreme possessiveness, jealousy, stalking (inclusive of technology), manipulation, devaluation, humiliation, threatening suicide, unwanted touching, pushing, and forcing unwanted sex, among other forms.

Teen Dating Violence (continued)

• An abusive relationship is all about instilling fear and wanting to have power and control in the relationship.
• Anger is one way the abuser tries to gain authority; anger may turn to physical violence.
• Women are five to eight times more likely to be victimized than men.
• Depression, post-traumatic stress disorder (PSTD), anxiety disorders, and suicide and suicidal ideation may follow battering in all age groups.

Intimate Partner Violence

• Is the number one cause of ED visits by women.
• Is drastically underreported.
• Between 25% and 37% of all women experience battering.
• In 2007, 2,340 deaths were the result of IPV (70% women and 30% men).
• Prevalence of IPV by women against men is increased.
• It also occurs in lesbian, gay, bisexual, and transgender (LGBT) communities.
• Is the leading cause of homelessness among women.

Child, Partner, and Elder Violence

• Family violence is prevalent among all ethnic, religious, age, and social and socioeconomic groups.
• Intimate Partner Violence (IPV) occurs in mansions tucked away on acres and in middle-class homes in “good” neighborhoods.
• More visibly, IPV occurs in lower socioeconomic groups, such as ghettos and project buildings, and all areas in between.
• Besides family abuse, trusted authority figures are part of the picture of violence in our society.

Child, Partner, and Elder Violence (continued)

The nurse is often the first point of contact for people experiencing family violence and is in the ideal position to contribute to prevention, detection, and effective intervention. All forms of interpersonal abuse can be devastating. Abuse can take the form of emotional, physical, or sexual abuse and neglect.

Theory

• IPV is extremely complex.
• No single theory explains IPV.
• Is most likely the interaction of societal, cultural, psychologic, and neurobiological factors.
• Social learning theory
  • Learning theory or intergenerational violence theory of family violence relies on role modeling, identification, and human interaction.
  • Child learns violence as a behavioral norm.
Theory (continued)

• Societal and cultural factors
  • Poverty or unemployment
  • Communities with inadequate resources
  • Overcrowding
  • Social isolation of families
• Classic frustration-aggression hypothesis is when frustration is high in response to societal situations; aggression follows.
• Not all individuals respond to frustration with violence; some respond with despair, depression, resignation, or try to change the situation.

World Health Organization (WHO)

• Female genital mutilation (FGM)
  • http://www.who.int/reproductivehealth/topics/fgm/en
• Patriarchal theory—Male dominance in our political and economic structure enforces the differential status of men and women.
• In many subcultures, women are viewed as “belonging to” men, are subservient, and are kept relatively powerless.

Theory: Psychologic Factors

• Personality traits “cause” abusiveness.
• Legal or illegal drugs and alcohol may co-exist with family violence.
• Some abusers argue a “loss of control,” but this is not supported by behavior as evidenced by:
  • Perpetrators of violence most likely choose not to hit bosses or policeman, no matter how angry.
  • Abusers often plan where (in the home), when (no one is around), and how (leave no visible marks) they inflict violence.

Occurrence of Violence

• Requires
  • Perpetrator/Batterer
  • Vulnerable person
  • Crisis situation

Characteristics of Perpetrators

• Narcissistic (their needs are most important, lacks compassion)
• Hypersensitivity (sees self as victim)
• Poor social skills
• Extreme pathological jealousy
• Likely to abuse alcohol or drugs
• Relationship with partner enmeshed and codependent
• Poor problem-solving skills
• History of impulsive behavior
• People with aggressive traits are usually immature (although some are able to put up a mature façade to the outside world).

The Perpetrator/Batterer

• Denial and blame: Denies that the abuse occurs; shifts the responsibility to the partner.
• Emotional abuse: Belittles, criticizes, insults, uses name calling, and undermines.
• Control through isolation: Limits the family or friends, controls activities and social events, tracks the time or mileage on the car, monitors activities, stalks the partner at work, takes the partner to and from work or school, and may demand permission to leave house.
The Perpetrator/Batterer—cont’d

- Control through intimidation:
  - Instills fear through threats.
  - Breaks things, destroys property, abuses pets, displays weapons, threatens children, and threatens homicide or suicide.
  - Increases physical, sexual, and psychologic abuse.
  - Control through economic abuse: Controls the money. If the partner works, the batterer calls excessively and forces the partner to miss work.
  - Control through power: Makes all the decisions, defines the role in the relationship, treats the partner like a servant, and takes charge of the home and social life.

The Perpetrator/Batterer—cont’d

- Violence is a learned behavior and used to control others.
- Frequently, violent partners were brought up in an abusive home.
- Batterer has a low sense of self, poor impulse control, and a limited tolerance for frustration.
- Abusing a vulnerable partner helps the violent partner feel more in control and powerful.
- Men who batter have no guilt; they lack concern over their aggressiveness.

The Perpetrator/Batterer—cont’d

- Appears well adjusted from the outside.
- Is extremely possessive, pathologically jealous, and believes in male supremacy.
- Often has a drug or alcohol problem, but neither is the cause of the abuse; it is an excuse.
- Batterers with dysocial tendencies are thought to be more lethal than those with less psychopathologic actions.
- Treatment approaches for batterers are not highly effective.

The Battered Partner

- The battered partner:
  - Does not ask to be beaten and does not enjoy it.
  - Lives in terror.
  - Does not usually initiate the violence, but when aggressive toward a violent mate, it is usually in self-defense.
  - Has feelings of powerlessness and low self-esteem.
  - Loses her or his sense of self.
  - Violence and pain remain secret.
  - Approximately 93% of women who kill their mates have been battered by them.

The Battered Partner—cont’d

- Is often the subject of extreme and irrational jealousy.
- Is isolated and verbally and physically abused.
- Is psychologically destroyed and believes what the abuser says is true.
- Lives in fear for her or his life and for the children’s lives because of the physical and sexual abuse and threats.
- Families are usually isolated and have few, if any, friends or outside influences.
- Depression is due to economic and emotional dependency.
- Is at high risk for secret drug and alcohol abuse.

The Battered Partner—cont’d

- Believes if she or he does or says “the right thing,” then the abuse will stop.
- Believes if she or he does not do anything “wrong,” then the abuse will not happen.
- Contemplates suicide.
- Sometimes completes suicide.
- Contemplates homicide.
- Occasionally completes homicide in self-defense.
- Frequently loses her or his job as a result of the partner stalking and harassing.
Characteristics of Vulnerable Persons: Women

- Pregnancy may trigger or increase violence
- Violence may escalate when wife makes move toward independence
- Greatest risk for violence when the woman attempts to leave the relationship

Characteristics of Vulnerable Persons: Children

- Younger than 3 years
- Perceived as different
- Remind parents of someone they do not like
- Product of an unwanted pregnancy
- Interference with emotional bonding between parent and child

Characteristics of Vulnerable Persons: Older Adults

- Poor mental or physical health
- Dependent on perpetrator
- Female, older than 75 years, white, living with a relative
- Elderly father cared for by a daughter he abused as a child
- Elderly woman cared for by a husband who has abused her in the past

Crisis Situation

- Situation that puts stress on a family with a violent member

Cycle of Violence

- In Walker’s classic study (1979) of 400 women in violent families, the cycle of violence was first operationally defined.
- The theory consists of three phases:
  1. Tension-building
  2. Acute battering
  3. Honeymoon
Cycle of Violence

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Effects of Family Violence

- Effect on children
  - Development adversely affected
  - Energy needed to accomplish developmental tasks successfully goes to coping with family violence
- Effect on adolescents
  - Poorer coping and social skills
  - Higher incidence of dissociative identity disorder
  - Poorer impulse control

Assessment: Interview Guidelines

- Verbal approaches
  - Tell me about what happened to you.
  - Who takes care of you? (for children and dependent elders)
  - What happens if you do something wrong?
  - How do you and your partner resolve disagreements?
  - What do you do for fun?
  - Who helps you with your children/parent?
  - What time do you have for yourself?
  - What do you do after school?
  - Who are your friends?

Assessment: Interview Guidelines

- Open-ended questions for parents
  - What arrangements do you make when you have to leave your child alone?
  - How do you discipline your child?
  - When your infant cries for a long time, how do you get him/her to stop?
  - What about your child’s behavior bothers you the most?
- “Do’s” of assessment
  - Do not judge or accuse
  - Do not use the words “abuse” or “violence”
  - Do not display horror, anger, shock, or disapproval
  - Do not force a child or anyone else to remove clothing
  - Allow a child to feel “in trouble” or “at fault”
  - Suggest answers to a question
  - Probe or press for answers
Application of the Nursing Process

• General Assessment
  ➢ Violence indicators
  ➢ Level of anxiety
  ➢ Coping responses
  ➢ Family coping patterns
  ➢ Support systems
  ➢ Suicide and/or homicide potential
  ➢ Drug and alcohol use

Self-Assessment of the Nurse: Common Responses

• Anger
• Embarrassment
• Confusion
• Fear
• Anguish
• Helplessness
• Discouragement
• “Blame the victim” mentality

Case Study

• A parent brings a child with “suspicious” injuries to the ED.

• What are some questions you should ask the parent?

• What are some questions you should ask the child?

Assessment

• Should include:
  ➢ Violence indicators
  ➢ Level of anxiety and coping responses
  ➢ Family coping patterns
  ➢ Support systems
  ➢ Suicide and/or homicide potential
  ➢ Drug and alcohol use

Nursing Process (Continued)

• Diagnosis (Table 28-4)
  ➢ Risk for injury
  ➢ Risk for violence
• Outcomes identification (Table 28-5)
  ➢ Abuse protection
  ➢ Abuse recovery

Implementation

• Reporting abuse
• Counseling—safety plan
• Case management
• Therapeutic environment
• Promotion of self-care activities
• Health teaching and health promotion
Developing a Safety Plan

- A plan for a fast escape when violence occurs
- Identified sign of escalation of violence and designate this as the time to leave
- Include in plan a destination and a way to get there
- Have the hotline referral telephone number of a shelter or safe house and a contact person

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

Case Study (Cont.)

- The nurse suspects child abuse.
- What important documentation is needed?

Prevention of Abuse

- Primary prevention
  - Measures taken to prevent the occurrence of abuse
- Secondary prevention
  - Early intervention in abusive situations to minimize their disabling or long-term effects
- Tertiary prevention
  - Facilitating the healing and rehabilitative process
- Providing support
- Assisting survivors of violence to achieve their optimal level of safety, health, and well-being

Case Study (Cont.)

- A nurse wants to help prevent child abuse in the community and plans to hold classes for new parents.
- What are some topics that should be covered?

Advanced Practice Interventions

- Individual psychotherapy
- Family psychotherapy
- Group psychotherapy

Question 1

A 12-year-old child is admitted to the ED with a broken wrist, swollen eye, and fractured jaw. The child agrees to tell what actually happened if the nurse promises not to tell anyone. What would be the most appropriate nursing action?

A. Agree to keep the child’s secret to build trust.
B. Ask the child’s parents to explain what happened.
C. Report the suspected abuse to child care services.
D. Have the child talk to another victim of child abuse.
Audience Response Questions
1. Child abuse perpetrators are most often
   A. extended family members.
   B. child care workers.
   C. the child’s parents.
   D. strangers.

2. Should nurses be legally mandated to report intimate partner abuse?
   A. Yes
   B. No
   C. Not sure

Class Discussion
You are the ED triage nurse. Chloe, a 25-year-old woman with torn clothing, has bruising around her face and neck. She states that she fell from a ladder while hanging a picture on her wall. Chad, her husband, is agitated and pacing outside the triage area. Based on the following statement, what are your best actions?

A woman with any indication of IPV should always be seen alone, without her partner present.

Critical Thinking Question
Chloe is now being seen by the ED physician. Her husband, Chad, is quietly demanding to see his wife. As the triage nurse, what are your best actions? Select all that apply.

A. Tell Chad that Chloe “is fine” but no room for visitors is provided.
B. Have staff members (e.g., physician, nurse, technician, assistant) make regular contact with Chad in the waiting room.
C. Immediately call hospital security.
D. Move Chloe to secluded area in the ED so that you can interview her in private.
E. Insist that Chloe admit she is being abused by Chad.
F. Immediately report the abuse to the police department.
G. Advise Chloe of SAFE SHELTERS, and offer brochures.

Communication with Chloe
- Chloe leaves the ED after treatment but does not want to press charges. You watch her drive away with Chad and their two children.
- Were you able to communicate the following to Chloe?
  - Hide the brochures of SAFE SHELTERS from your abuser.
  - Remember the verbal information regarding support services.
  - No one deserves to be beaten.
  - You cannot make anyone hurt you. It is not your fault.
  - You have the right to protect yourself and your kids.
  - National Domestic Violence Hotline can be reached at (800) 799-7233.
  - National Coalition Against Domestic Violence
    - Empowering victims and survivors
  - http://www.ncadv.org/