



Week 2 Community Health

Violence, Abuse, and Trauma: Part 1

Types of Violence and Abuse

Category	Examples
Community Violence	Gun violence, gang activity, drive-by shootings, public assaults
Intimate Partner Violence (IPV)	Physical, sexual, emotional, or financial abuse by a current or former partner
Sexual Violence	Rape, molestation, coercion, non-consensual sexual contact
Gang Violence	Recruitment threats, beatings, gun-related injuries, intimidation
Suicide & Self-Harm	Cutting, burning, suicidal ideation or attempts
Eating Disorders	Anorexia nervosa, bulimia nervosa, binge eating disorder (often rooted in trauma)
Homicide	The intentional killing of another person
Stalking	Repeated unwanted contact, monitoring, threats (in-person or digital)
Human Trafficking	Force, fraud, or coercion for labor or sex (can affect adults and children)
Child Abuse & Neglect	Physical, emotional, sexual abuse, failure to provide basic needs
Elder Abuse & Neglect	Abuse or neglect by caregivers: physical, emotional, financial, or sexual
Assault vs. Battery	Assault = threat or attempt; Battery = actual physical contact or harm



What Is Trauma?

Trauma may result from:

- Physical or sexual abuse
- Neglect or abandonment
- Intimate partner violence
- Human trafficking
- Community or gang violence
- War, incarceration, or systemic racism
- Medical trauma (e.g., emergency surgery, ICU stays)
- Natural disasters, loss, or chronic stress

The Core Principles of Trauma-Informed Care

Principle	Meaning in Practice
1. Safety	Ensure physical, psychological, and emotional safety (e.g., quiet environment, explain procedures before doing them)
2. Trustworthiness & Transparency	Be honest, consistent, and clear about what patients can expect from care
3. Peer Support	Include advocates, counselors, or others with lived experience when appropriate
4. Collaboration & Mutuality	Patients are partners in their care; ask permission, provide choices
5. Empowerment, Voice, & Choice	Prioritize autonomy and give control back to the patient whenever possible
6. Cultural, Historical, and Gender Awareness	Recognize and respond to cultural identity, historical trauma (e.g., racism, colonization), and gender-specific needs

Examples of Trauma-Informed Nursing Practice

Situation	TIC Approach
Performing a physical exam	Ask for permission, explain each step, ensure privacy, offer breaks
Working with an assault survivor	Say “You are safe now. You have control over what happens next.”
Taking a history	Use nonjudgmental, open-ended questions: “Can you share anything that would help me better understand your experience?”
Behavioral health care	Avoid labeling patients as “noncompliant”; explore barriers gently
Emergency care	Avoid loud noises or bright lights if possible; let the patient know before touching or moving them

Avoiding Re-Traumatization

Re-traumatization can occur when a patient is exposed to **procedures, questions, or environments** that mirror elements of past trauma (e.g., loss of control, being touched without warning, judgmental tone).

How to prevent this:

- Always explain what you're doing before doing it
- Ask for consent before touching
- Respect boundaries and stop if asked
- Allow a support person if possible
- Avoid blaming language

Definition of Trauma-Informed Care

- **Trauma-informed care** is an approach that acknowledges the **prevalence of trauma**, understands its **impact on physical and mental health**, and **integrates this knowledge** into all aspects of patient care to **avoid re-traumatization**.



Signs and Symptoms of Abuse and Neglect

General Red Flags

- Unexplained injuries in various stages of healing
- Fearful, anxious, withdrawn, hypervigilant behavior
- Inconsistent stories about injuries
- Delay in seeking medical care

Neglect (All Ages)

- Lack of medical care, clothing, shelter, or food
- Abandonment
- Withdrawal, depression, apathy

Signs and Symptoms of Abuse and Neglect

Child Abuse


- Frequent injuries, burns, or fractures
- Fear of going home or specific adults
- Inappropriate sexual behavior or knowledge
- Poor hygiene, malnutrition, developmental delays

Elder Abuse

- Bruises, pressure sores, broken glasses
- Unpaid bills or missing funds
- Caregiver refuses to allow visitors
- Dirty living conditions, dehydration, weight loss

Rape vs. Sexual Assault – Key Differences

Rape: a specific form of sexual assault involving **non-consensual vaginal, anal, or oral penetration** with a body part or object



Sexual Assault: A broader term that includes **any non-consensual sexual contact**, including touching, groping, fondling, and rape |
- May include unwanted kissing, touching, groping

Rape vs. Sexual Assault – Key Differences

Area	Rape	Sexual Assault
Penetration	Always involves penetration	May or may not involve penetration
Scope	More specific, falls under the category of sexual assault	Umbrella term that includes rape and other acts
Legal Severity	Often prosecuted as a more severe crime	Still criminal, but sentencing may vary
Examples	Forced intercourse, oral sex without consent	Unwanted groping, forced touching, sexual coercion
Nursing Role	Requires full SANE forensic exam	SANE evaluation may still be appropriate; evidence collection depends on the nature of the contact and timing

Intimate Partner Violence (IPV)

- IPV includes physical violence, sexual violence, stalking, psychological aggression, and coercive control by a current or former intimate partner. It affects people of all genders and ages but disproportionately impacts women and LGBTQ+ populations.

Types of IPV:

Type,	Examples
Physical abuse	Hitting, choking, slapping, use of weapons
Sexual violence	Rape, forced sexual acts, reproductive coercion
Emotional/psychological aggression	Intimidation, humiliation, gaslighting, threats
Financial abuse	Withholding money, controlling finances, preventing employment
Digital abuse	Monitoring, threats via phone or internet, GPS tracking

Nursing Responsibilities in IPV Cases:

- **Screen all patients routinely and privately** (regardless of appearance or demographics)
- **Document facts objectively and clearly** (use patient's exact words when possible)
- **Offer support and nonjudgmental care**
- **Develop a safety plan**
- **Report if required by law (especially with children, elders, or weapons)**

Danger Screening Tools

- HITS Tool

- A short screening tool assessing frequency of abuse.

- Score >10 is concerning and requires follow-up.

Question	Response scale: 1 (Never) to 5 (Frequently)
Has your partner Hurt you physically?	
Has your partner Insulted or talked down to you?	
Has your partner Threatened you with harm?	
Has your partner Screamed or cursed at you?	

Danger Screening Tools

- **Danger Assessment (DA) Tool**
- Created by Dr. Jacquelyn Campbell to predict risk of **lethality** in IPV.
- Includes **yes/no questions** about:
 - Weapon access
 - Choking
 - Controlling behaviors
 - Separation from abuser
 - Escalation of violence
- Higher scores indicate greater risk of homicide.
- Often used by **SANE nurses**, IPV teams, and in emergency departments.

What the Nurse Needs to Know

What to Document (Objectively):

- Patient's **verbatim statements**
- **Physical findings** (location, size, shape of injuries)
- **Behavioral indicators** (e.g., flinching, crying, dissociation)
- **Photos** (with consent)
- Record any **refusals** (of exam, photos, police report)

What NOT to Do:

- Do **not pressure** the patient to leave or report unless they request help
- Do **not confront** or contact the abuser
- Do **not make assumptions** based on appearance or demeanor
- Do **not skip documentation** of nonphysical signs (fear, controlling behavior)

Intimate Partner Violence Nurse Examiner (IPV-NE) Certification and SANE

SANE Certification (IAFN)

- Offered through the **International Association of Forensic Nurses (IAFN)**:
- **SANE-A**: Adult/Adolescent sexual assault certification
- **SANE-P**: Pediatric certification
- Training includes:
 - 40 hours of didactic coursework
 - Clinical simulation and preceptorship
 - Certification exam (offered biannually)
- Covers **IPV, sexual assault, strangulation, forensic evidence collection**

IPV Nurse Examiner Training (*Varies by state or health system*)

- Some states offer IPV-specific certification outside of sexual assault. These programs often:
- Include trauma-informed care, strangulation protocols, and lethality assessment
- Require didactic hours + clinical preceptorship
- **Domestic Violence Advocate Certification**
- While not nursing-specific, some nurses pursue **DV advocate training** to work in shelters, legal systems, or community health.

IPV Red Flags for Nurses to Watch For

- Patient delays seeking care for injuries
- Inconsistent explanations of injury
- Partner insists on staying in the room
- Signs of controlling behavior (e.g., checking phone, transportation control)
- Patient expresses fear or seems anxious when discussing relationship

Nursing Intervention s & Resources

- **Safety planning**
- **Shelter referrals** and IPV hotlines
- **Mental health referrals**
- **Legal advocacy** (restraining orders, custody support)
- **Crisis intervention**
- **Document clearly and preserve chain of custody** if evidence is collected

Human Trafficking

Definition

- **Human trafficking** is a form of modern-day slavery involving the **use of force, fraud, or coercion** to exploit individuals for labor, services, or commercial sex.
- Victims can be **adults or children, foreign nationals or U.S. citizens**.

Federal definition (TVPA, 2000):

Recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of involuntary servitude, debt bondage, or slavery. For minors involved in commercial sex, **coercion does not need to be proven**.

Types of Human Trafficking

Type	Examples
Sex trafficking	Coerced prostitution, pornography, escort services
Labor trafficking	Agricultural, factory, restaurant, or domestic work under abusive conditions
Child trafficking	Child soldiers, forced begging, sexual exploitation, sweatshops

Vulnerable Populations

- **Runaway and homeless youth**
- **Migrant workers** or undocumented individuals
- Victims of **intimate partner violence** or **sexual abuse**
- People with **mental illness**, substance use, or disabilities
- **LGBTQ+ youth**
- Those living in **poverty**, foster care, or unstable housing

Common Red Flags for Nurses

Victims may:

- Be **accompanied by a controlling individual** who speaks for them
- Lack identification or documentation
- Show signs of **physical abuse, neglect**, or untreated infections
- Appear **fearful, submissive**, or confused
- Have **inconsistent stories** or rehearsed answers
- Avoid eye contact or social interaction
- Work excessively long hours or live at their workplace
- Be unable to leave or contact family/friends freely
- Display signs of **branding/tattoos** associated with trafficking

Health Consequences

- **Physical injuries**, STIs, malnutrition, poor hygiene
- **Mental health issues**: PTSD, depression, anxiety, suicidality
- **Substance abuse**
- **Reproductive coercion** and repeated pregnancies
- **Chronic pain** from abuse or neglect

Nursing Responsibilities

- **Be alert** for red flags in ERs, clinics, correctional health, schools, and OB/GYN settings
- Use **trauma-informed, nonjudgmental communication**
- **Do not confront** suspected trafficker if present
- Maintain **privacy** and attempt to separate patient safely
- Ask **open-ended, culturally sensitive questions**
- If trafficking is suspected:
 - **Notify hospital social work or security**
 - Follow institutional protocol
 - **Call the National Human Trafficking Hotline: 1-888-373-7888 or text “BEFREE” to 233733**
- Document findings factually and **avoid speculation**
- Know **mandatory reporting laws** in your state (especially for minors)

Stalking

- **Stalking** is a **pattern of repeated, unwanted attention and contact** that causes the victim to feel **fear, distress, or concern for their safety** or the safety of others.
- It is considered a **crime** in all 50 states, D.C., U.S. territories, and under federal law.
- Many states have laws allowing:
- **Protection or restraining orders**
- **Felony charges** for repeated offenses or if a weapon is involved
- **Mandatory arrest** if the stalker violates court orders

Facts and Figures (U.S. Statistics)

- 1 in 6 women and 1 in 17 men have experienced stalking that made them fearful or believed they or someone close to them would be harmed.
- **Intimate partners** are the most common perpetrators.
- **Younger adults**, especially college-aged women, are at highest risk.

Key Characteristics of Stalking Behavior

- Stalking behaviors may include:
- **Unwanted phone calls, texts, emails, or DMs**
- **Following or appearing at a person's home, school, or work**
- **Tracking using GPS, apps, or hidden devices**
- **Leaving unwanted gifts, flowers, or letters**
- **Monitoring a person's activities through surveillance or social media**
- **Threatening harm to the victim, their family, pets, or property**
- **Showing up uninvited or watching from a distance**
- **Using someone else to gather information about the victim (third-party stalking)**

Nursing Assessment: Signs a Patient May Be a Victim of Stalking

Patients may:

- Express **fear, hypervigilance, or paranoia**
- Report **frequent phone calls, texts, or visits** from someone they've tried to avoid
- Have **sleep disturbances**, anxiety, or panic attacks
- Mention being **followed or watched**
- Disclose feeling **afraid to go outside or be alone**
- Show up to appointments accompanied by someone they fear
- Have physical injuries if stalking has escalated to violence
- Always assess safety in a **private setting**, and use **open-ended, nonjudgmental questions**, such as:
- “Has anyone made you feel unsafe, followed you, or tried to control your movements or communication?”

Dangers of Stalking

- Stalking can **escalate to physical or sexual assault**.
- Many **intimate partner homicide** victims were stalked prior to death.
- Victims may experience **PTSD, depression, anxiety, and social isolation**.
- **Technology-facilitated stalking** has increased with social media, GPS, and smart devices.

Nursing Role in Care and Safety Planning

- **Believe the patient** and validate their fear: “It’s not your fault. What you’re describing is serious.”
- **Ensure privacy** when screening for stalking or abuse.
- **Document** everything the patient shares, including exact quotes and observed behaviors.
- **Collaborate with the forensic/SANE team** if stalking is related to sexual violence.
- **Refer to local advocacy groups** (e.g., domestic violence shelters, legal aid).
- **Create a safety plan**, including how to safely leave a home, block communication, and access emergency help.
- **Teach digital safety** (e.g., turning off location sharing, securing passwords, checking for tracking devices).

When to Involve Law Enforcement

If the patient
consents to report

If required by law
(e.g., stalking
accompanied by
threats or violence)

In high-risk situations
(e.g., weapons,
credible threats,
escalated behavior)

Strangulation – A Red Flag in IPV and Sexual Assault

Life-threatening

—can lead to
brain injury or
death within
minutes

May **leave no
external marks**

Common in IPV
and sexual assault
cases

Strangulation

Signs & Symptoms

- Hoarseness, voice changes
- Difficulty swallowing
- Petechiae on face, eyes, or mouth
- Neck pain, swelling, redness
- Loss of consciousness, incontinence
- Behavioral changes or confusion
- Memory loss or disorientation
- **Nursing Priority:** Always **ask about strangulation** specifically. It often goes unreported.

SANE Nursing (Sexual Assault Nurse Examiner)

Role	Description
Training	Specialized forensic and trauma-informed care certification
Forensic Exam	Collection of DNA, photographs, documentation of injuries
Medical Care	STI prophylaxis, emergency contraception, wound care
Legal Role	Provides expert witness testimony, maintains chain of custody
Advocacy	Supports patient autonomy, collaborates with rape crisis centers and law enforcement

What Victims Should DO After Assault

Action	Why It Matters
Seek medical care immediately	Rule out injury, provide evidence collection, prevent infection
Go to a hospital with SANE program if possible	For specialized care and documentation
Preserve evidence: do NOT shower, change clothes, brush teeth, or eat	Helps in legal proceedings
Call a trusted person	Emotional support and safety
Report the assault if ready (not mandatory to receive care)	Can trigger legal investigation, but care should be given regardless
Accept counseling or advocacy referrals	Critical for healing and recovery

What Victims Should NOT Do

- **Do not shower, bathe, or wash away evidence**
- **Do not change or throw away clothing** (save items in a paper bag)
- **Do not clean up the scene**
- **Do not blame themselves** or believe myths ("I didn't fight back, so it doesn't count")
- **Do not delay seeking care**—time-sensitive medications and evidence must be given within 72–120 hours

Nursing Responsibilities in Abuse Cases

Role	Example
Mandatory Reporting	Report suspected child or elder abuse (laws vary by state)
Assessment	Use open-ended, nonjudgmental questions ("Are you safe at home?")
Documentation	Use direct quotes, body maps, injury photos if trained
Maintain Chain of Custody	Label, seal, and document all forensic evidence carefully
Support	Offer emotional support and crisis intervention without pressuring the patient to report
Referral	Connect with social work, SANE nurse, or advocacy organizations

Nursing & Forensic Considerations

- **SANE nurses** evaluate **all forms of sexual violence**, not just rape.
- Documentation must describe **what occurred**, not label it. Use patient's language (e.g., "He forced his penis into my mouth" rather than assuming "rape").
- Always ask **open-ended, trauma-informed questions**:
 - "Can you tell me what happened?"
 - "Do you recall any physical contact or penetration?"

Community Violence



Gang
Violence

Homicide

Assault

Battery

Gang Violence

- **Definition:** Violent or criminal behavior committed by organized groups with shared identity or territory.
- **Common Acts:**
 - Drive-by shootings
 - Assaults, stabbings
 - Drug trafficking and turf wars
- **Impact on Health:**
 - Increased risk of homicide and injury
 - Exposure to chronic trauma for residents
 - PTSD, anxiety, substance use
- **Nursing Considerations:**
 - Screen youth and adolescents for exposure or involvement
 - Collaborate with school nurses, counselors, and community youth programs
 - Educate on conflict resolution and alternatives to violence
 - Be aware of recruitment risks and peer pressure

Homicide

- **Definition:** is the unlawful killing of one person by another. It includes various forms such as murder, manslaughter, and justifiable homicide. Homicide is a **leading cause of death** among adolescents and young adults in the U.S., especially in urban and underserved communities.
- **Disproportionately affects** certain populations, including:
 - Black and Hispanic males aged 15–34
 - Individuals living in poverty
 - Victims of intimate partner violence (IPV)

Homicide

Type	Description
First-degree murder	Premeditated and intentional killing
Second-degree murder	Intentional but not premeditated
Manslaughter	Killing without premeditation (voluntary or involuntary)
Justifiable homicide	Killing in self-defense or legal duty

Homicide

Warning Signs and Risk Factors

- Prior **domestic or interpersonal violence**
- Threats or access to firearms
- **Substance abuse** or severe untreated mental illness
- **Gang involvement**
- History of **violent behavior**
- Escalating **verbal abuse** or control in relationships

Forensic Considerations

- Maintain **chain of custody** if handling evidence (clothing, statements)
- Preserve potential forensic data (e.g., photos of wounds, documentation)
- Provide **clear, unbiased documentation** in the event of legal proceedings
- Coordinate with the **coroner** or **medical examiner** if death occurs under suspicious or violent circumstances

Public Health Response

- Community education and youth outreach
- Violence prevention programs in schools
- Gun safety and policy advocacy
- Community policing and restorative justice effort

Assault

- **Definition:** An **attempt** or **threat** to cause harm, placing another person in fear of imminent injury.
- **Includes:** Threats, gestures, intimidation without actual contact.
- **Example:** Waving a weapon or threatening physical attack.

Battery

- **Definition: Actual physical contact** or harm inflicted on another person without consent.
- **Includes:** Punching, slapping, kicking, use of weapons.
- **Difference from Assault:** Battery involves physical contact; assault does not require contact, only the threat of harm.

Health and Wellness Consequences of Community Violence

- **Physical injuries:** Fractures, head trauma, gunshot or stab wounds
- **Mental health:** PTSD, depression, anxiety, substance use disorders
- **Disrupted development:** In children and adolescents exposed to violence
- **Increased mistrust of systems:** Healthcare, law enforcement, education
- **Long-term health effects:** Chronic stress, hypertension, immune suppression

Nursing Assessment and Intervention

- **Assess for recent trauma or exposure to violence**
- **Use trauma-informed care** when interviewing and treating patients
- **Screen for mental health symptoms** related to violence exposure
- **Provide referrals to support services** (e.g., crisis counseling, shelters)
- **Collaborate with law enforcement** if there is immediate threat or concern
- **Educate on prevention and safety planning**

Community-Level | Nursing Actions

- Advocate for safe spaces (e.g., after-school programs, community centers)
- Participate in community violence prevention initiatives
- Support legislation and policies that reduce access to firearms among at-risk populations
- Educate families about recognizing signs of gang involvement or escalation
- Develop culturally appropriate education materials on violence prevention

SELF-HARM: Suicide, Cutting, and Eating Disorders

Self-harm refers to any intentional injury inflicted on one's own body, often as a way to cope with emotional pain, stress, trauma, or mental illness.

It may include behaviors that **are not intended to be fatal** (e.g., cutting) and **those that are (suicide attempts)**.

SUICIDE:

Key Risk Factors

Category	Examples
Psychiatric	Depression, bipolar disorder, schizophrenia, PTSD
Social	Bullying, LGBTQ+ discrimination, abuse, isolation
Situational	Loss of a loved one, unemployment, chronic illness
Substance use	Alcohol and drugs increase impulsivity

Warning Signs

- Expressing hopelessness or saying things like *"I wish I were dead"*
- Giving away possessions
- Withdrawing from friends and activities
- Sudden calmness after a period of depression
- Talking about feeling like a burden

Nursing Interventions

- **Ask directly:** “Are you thinking about hurting yourself?”
- Use tools like the **Columbia-Suicide Severity Rating Scale (C-SSRS)**
- **Ensure safety:** Remove weapons or harmful objects
- **Do not leave the patient alone**
- **Refer** to crisis services or behavioral health
- **Document** thoroughly
- Know **mandatory reporting** guidelines

CUTTING (Non-Suicidal Self-Injury – NSSI)

Definition

- Intentional injury to the skin (e.g., cutting, burning, scratching) without intent to die.
- Often used to release intense emotions, self-punish, or regain control.

Signs and Symptoms

- Scars or fresh cuts, often on arms, thighs, or abdomen
- Wearing long sleeves even in hot weather
- Blood stains on clothing or items
- Emotional numbness, shame, or secrecy

Nursing Role

- Use **calm, nonjudgmental communication**
- Assess for underlying **trauma, abuse, or depression**
- **Safety plan** and refer to mental health professionals
- Teach **healthy coping skills** (journaling, art therapy, mindfulness)
- Encourage connection to **support groups or school counselors**

Eating Disorders

Includes **Anorexia Nervosa**,
Bulimia Nervosa, and **Binge Eating Disorder**

Disorder	Description	Signs & Symptoms
Anorexia Nervosa	Restriction of food intake, intense fear of weight gain	Low body weight, hair loss, lanugo, amenorrhea, bradycardia
Bulimia Nervosa	Binge eating followed by purging (vomiting, laxatives)	Dental erosion, parotid swelling, electrolyte imbalance
Binge Eating Disorder	Recurrent episodes of excessive eating without purging	Obesity, shame, eating in secret, guilt after eating

The Nurses Role

Contributing Factors

- Low self-esteem
- Perfectionism
- Trauma or abuse
- Media and societal pressures
- Family dysfunction

Nursing Responsibilities

- Monitor **weight, labs, and vitals**
- **Build trust** and avoid power struggles over food
- Collaborate with **mental health, nutrition, and primary care**
- Use **therapeutic communication** to explore body image concerns
- **Prevent refeeding syndrome** in severely malnourished clients

Nursing Priorities Across All Self-Harm Conditions

- Ensure **patient safety first**
- Maintain **confidentiality**, except when duty to report applies
- Perform thorough **psychosocial assessment**
- **Document behaviors**, statements, and interventions factually
- **Educate family** and caregivers
- Coordinate **referrals** to behavioral health, psychiatry, and case management

Types of Child Abuse

Child Abuse

Type	Description	Examples
Physical	Non-accidental injury by caregiver	Bruises, fractures, burns, shaken baby syndrome
Sexual	Sexual acts or exploitation	Molestation, incest, pornography exposure
Emotional	Psychological harm	Verbal abuse, constant criticism, belittling
Neglect	Failure to provide basic needs	Malnutrition, untreated illness, poor hygiene
Medical Neglect	Withholding medical care or causing fabricated illness	Munchausen syndrome by proxy

Signs and Symptoms

- Unexplained injuries or inconsistent explanations
- Fearful or withdrawn behavior
- Aggression or regression
- Delay in seeking medical care
- Poor hygiene or developmental delays
- Sexually inappropriate behavior or knowledge

Nursing Role

- Mandated reporter to **Child Protective Services (CPS)**
- Document objectively (location, size, shape, quotes)
- Maintain child safety and privacy
- Collaborate with **SANE, social work, pediatrics**
- Use **trauma-informed care**
- Avoid leading questions (use open-ended or age-appropriate prompts)



Elder Abuse

Types of Elder Abuse

Type	Description	Examples
Physical	Intentional use of force	Hitting, restraining, pushing
Emotional	Verbal or psychological abuse	Threats, humiliation, isolation
Sexual	Non-consensual sexual contact	Touching, assault, exposure
Financial	Unauthorized use of funds	Theft, scams, pressure to alter wills or bank accounts
Neglect	Failure to provide necessities	Poor hygiene, unsafe housing, dehydration
Abandonment	Deserting an elder in need	Leaving alone at hospital or in public place

Signs and Symptoms

- Bruises, pressure marks, burns, or fractures
- Withdrawal, anxiety, or fear of caregiver
- Poor hygiene, malnutrition, or untreated medical needs
- Sudden changes in finances or legal documents
- Soiled bedding or unsafe living conditions

Nursing Role

- Mandated reporter to **Adult Protective Services (APS)**
- Use open, nonjudgmental assessment
- Document findings objectively (photos, quotes, clinical findings)
- Provide safe space for disclosure
- Collaborate with **social workers, elder care, APS**
- Use **elder-specific trauma-informed approaches**

Neglect (Applies to Both Children & Elders)

Definition

- Neglect is the failure to meet a dependent person's basic physical, emotional, educational, or medical needs.

Indicators of Neglect

- Inappropriate clothing for weather
- Untreated medical or dental problems
- Poor hygiene
- Developmental delays or failure to thrive (children)
- Unsafe or unsanitary home environment
- Dehydration, malnutrition, pressure ulcers (elders)

Legal and Ethical Considerations

- **Mandatory Reporting Laws:** Required by law to report suspected abuse/neglect immediately.
- **Confidentiality:** Can be breached when abuse is suspected or confirmed.
- **Documentation:** Must be factual, complete, and timely. Include:
 - Direct quotes
 - Physical findings
 - Behavioral observations
 - Notifications made (CPS, APS, supervisor)

Nursing Interventions

- Ensure immediate safety
- Provide **nonjudgmental, trauma-informed care**
- Involve **interdisciplinary team**
- Offer referrals to **mental health, shelters, legal support**
- Support patient/caregiver education where appropriate



***HOW
ADVERSITY
IN CHILDHOOD
AFFECTS US AS
ADULTS***