Interpersonal Violence in the ED

Sexual assault, human trafficking, domestic violence, and child abuse.

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Objectives

- Define and explain the neurobiology of trauma, trauma-informed care, and how that relates to care provided.
- Discuss sexual assault and post-assault care standards.
- Discuss DV and human trafficking screenings in the ED and goals of care
- Discuss warning signs of child abuse

Prevalence

- Every 98 seconds, a person in America is sexually assaulted. Every 8 min. that victim is a child. (www.rainn.org)
- 7/10 adult sexual assaults and 93% juvenile sexual assaults are perpetrated by someone known to the victim. (www.rainn.org)
- 1 in 3 women and 1 in 4 men have been victims of physical violence by an intimate partner within their lifetime. 1 in 15 children are exposed to IPV each year. (www.ncadv/org)
- A report of child abuse is made every 10 seconds in the US. (www.childhelp.org)
- In the US, 4 to 7 children are lost every day to abuse or neglect (www.childhelp.org)
- Human trafficking is the third largest criminal activity in the world. In 2017, there were 26,557 calls placed and 8,524 cases reported. (www.humantraffickinghotline.org)

Trauma

- Trauma-an event that combines fear, horror, or terror with actual or perceived lack of control.
- Trauma causes actual "real" changes in the brain
- Subjective; what's traumatic to one person may not be traumatic to another
- Brain circuitry that is activated during a traumatic event can guide and effect our future responses.

Neurobiology of Trauma

- Prefrontal cortex-plays a role in controlling our attention, integrating memory data into narrative, and planning/making rational decisions.
- Limbic system: part of the "non-thinking brain"; plays a role in emotions, memory encoding, and defense circuitry.
- The brain is constantly aware, trying to detect potential danger and anything "abnormal". When a threat is perceived by the brain, the amygdala signals a warning, causing the brain to freeze and scan the environment using the hippocampus to decide if the threat is real or not.

Neurobiology of Trauma

- In the traumatized brain, the defense circuitry takes over, impairing the prefrontal cortex and engaging habitual behavior or speech patterns, such as the defense cascade (better known as fight or flight). This habitual response can be effected by previous experiences and/or previously established attachment to the abuser.
- Victims often don't choose which response.
- Many become immobilized by one of three automatic reflexes: dissociation, tonic immobility, or collapsed immobility.

Neurobiology of Trauma

- When our defense circuitry is engaged, our prefrontal cortex is impaired, affecting our ability to focus our attention and notice details.
  - Central vs peripheral details
- Trauma also impairs the hippocampus (part of the limbic system) and its ability to encode memories. This results in fragmented memories and lack of sensing time.
- Consequently, the impairment of the hippocampus in encoding memories results in an impairment in the prefrontal cortex in processing those memories into a narrative "story".
- Some memories appear to be encoded by the amygdala and will not be triggered unless answering sensory-based questions.

Long term effects of trauma on the brain

- Amygdala becomes “hyper-sensitive”
- Heightened level of vigilance
- Decreased ability to assess safety
- Mind has trouble discerning between physical and mental “reality”

Hormones Released During Trauma

Catecholamines	Cortisol	Opiates	Oxytocin
*adrenaline *help with **FIGHT** so the body can fight back against the traumatic event *can also help with **FLIGHT** to try to run from the threat	*affects the amount of energy the body has for its reaction * **FIGHT** or **FLIGHT**	*body's natural morphine *to counteract physical pain that may accompany emotional pain *could tie into **FREEZE**	*increase positive feelings *to counteract physical pain that may accompany emotional pain *could tie into **FREEZE**

- No two victims will respond the same.
- There is no "right" reaction
- Can take time for a victim to remember certain details and some details they may never remember.
- Memories can "come back" out of order and disconnected.
- Important thing to remember is to provide a safe, empathetic environment for the victim so that their defense circuitry can relax and they can begin to recall the events or details of the assault.

What does all this mean?

Primary goals/focus

- When caring for any victims of interpersonal violence, regardless of the subtype, the primary goals are to:
  - Recognize and care for injuries
  - Offer the victim the chance to tell his or her story.
  - Initiate interventions and referrals to help the victim plan for safety.
  - Provide care that is going to be conducive to the victim's recovery.
- Almost 50% of women murdered by their intimate partner saw a healthcare provider within the year before their death.

Domestic Violence

- Domestic violence: violence or other abuse by one person against another in a domestic setting, such as marriage or cohabitation.
- Can take a number of different forms, such as physical, verbal, emotional, economic, religious, reproductive, and sexual abuse.
- Goals: provide a safe, nonjudgmental environment for them to disclose and/or talk about the abuse, help the patient come to terms with their situation (danger assessment), and provide them with a list of community resources for them to use when they are ready for help.
- Non-fatal strangulations- up to 68% of female DV victims experience at least one strangulation event.
  - Frequently no external evidence of injury; high risk of death.
  - May have serious internal injuries resulting in permanent impairment or death days or weeks after the event.
  - Determine if pt. has any point tenderness, change in voice quality, pain with swallowing, hidden petechiae, or incontinence.
  - **EVERYONE PRESENTING WITH A REPORT OF STRANGULATION SHOULD HAVE A THOROUGH MEDICAL EVALUATION!**

Human trafficking

- In 2017, 32 victims of HT and 13 traffickers were identified in the state of SD. Since 2007, there have been a total of 319 victims. (www.humantraffickinghotline.org)
- Human trafficking doesn't just involve sexual exploitation, but can also include forced labor or sexual slavery. Some cases have involved forced extraction of organs or tissues and forced surrogacy or ova removal.
- Call to Freedom: 605-731-1951
- National hotline: 1-888-373-7888, can also text 233733 or live chat on their website.

- Claims of just visiting and inability to clarify where he/she is staying.
- Lack of knowledge of whereabouts
- Loss of sense of time
- Numerous inconsistencies in his/her story
- Lacks healthcare
- Appears malnourished or poorly cared for.
- Shows signs of physical and/or sexual abuse, physical restraint, confinement, or torture.
- Has no or few possessions.
- Is not in control of his/her own money, financial records, bank account, and/or personal identification.
- Is not allowed to speak for themselves.
- Appears fearful, anxious, depressed, submissive, tense, nervous and/or paranoid.
- Avoids eye contact.

Signs of HT in the healthcare setting

(retrieved from the Polaris Project)

Child maltreatment/neglect

- May not always present as abuse. Important to pay attention to reported mechanism of injury and if that is plausible in relation to the actual injury present.
- Pay close attention to story given, document initial story and any changes in story.
- Pay attention to caregivers behavior and their interactions with the child. Also pay close attention to the child's reaction to the caregiver.
- Neglect can include emotional, medical, physical, or educational.
- Healthcare workers are mandatory reporters!
- Important to remember: It is not our place to determine conclusively that maltreatment occurred. Just a concern for maltreatment is enough to warrant a call to the police or CPS.
- Each facility should have a policy in place regarding plan of care for suspected abused/neglected children and how to report concerns to CPS.

Child maltreatment/neglect

- Indicators of child maltreatment by caregiver:
  - No explanation for injury or explanation doesn't match the findings.
  - Delay in seeking healthcare. Make sure to document caregivers explanation for delay and any treatment or care for injury given prior to ED arrival.
  - Uncooperative or hostile attitude toward staff.
  - Inappropriate response to the seriousness of the child's condition.
- Indicators of child maltreatment by child:
  - Flat affect.
  - Extreme change in behavior.
  - Lack of crying or excessive crying during painful procedures.
  - Malnourished or unkept appearance.
  - Sudden drop in school performance.
  - Sexual behaviors.
  - Overly shy and tends to avoid physical contact with adults, especially parents.

Child maltreatment/neglect

- Physical findings:
  - Bruises/burns can reflect the shape of an object or be in various stages of healing.
  - Unexplained/poorly explained bruises or welts appearing on face, torso, buttocks, back or thighs.
  - Unexplained/poorly explained burns, typically on palms, soles of feet, buttocks or back.
  - Unexplained/poorly explained fractures or dislocations involving the skull, ribs, and bones around joints, ex. Spiral fractures.
  - Human bites or pinch marks.
  - Loss of hair or bald patches.
  - Retinal hemorrhages.
  - Abdominal injuries.

Child maltreatment/neglect

- Inflicted burns are commonly sharply demarcated with few or no splash marks.
- Suspicious fractures:
  - Multiple fractures in various stages of healing. Consider full body scan if suspicious injury found.
  - Metaphyseal fractures.
  - Spiral or oblique fractures.
  - Bilateral or symmetric fractures
- Rib fractures in infants are usually caused by forcefully squeezing the chest; posterior or lateral or multiple fractures are especially predictive of abusive trauma.
- Abusive head trauma; most common under age 2 but can happen up to age 5. Average age 3-8 months.

Documentation

- Thorough nursing documentation is vitally important. Provide an accurate and forensically unbiased picture of your assessment and interactions with the patient. Important to remain objective, limiting bias and subjectivity.
- Don't use words "alleged" or "claims"; use "reported".
- When documenting the pt.'s history, provide sufficient and unbiased detail using direct quotations whenever possible. Do not sanitize statements or substitute medical terminology.
- *Pt. statements may be admissible in court as medical exceptions to the hearsay rule as long as they were provided for the purpose of diagnosing and treating physical or psychological conditions. *
- Important that law enforcement is not in the room during the healthcare providers exam/interview and vice versa.

Evidence collection

- Always ensure pt. is medically stable but do not ignore potential evidence.
- Don't cut through clothes, if possible, or at least avoid bullet holes or cuts made by a knife.
- Don't throw clothes on the floor.
- Avoid washing wounds till after potential evidence collected and pictures taken.
- Locard's exchange principle: When two objects come into contact, a mutual exchange of evidentiary material occurs.
- Always wear gloves. Change gloves between each piece of evidence.

Post-sexual assault options

- Option One: pt. has a medical exam, checking for any injuries and making sure pt. is physically "ok". He/she then receives prophylactic medication for STD/pregnancy/HIV, according with facility policy.
- Option Two: Includes option one plus the evidence collection which is then turned over to police and the pt. files a police report.
- Option Three: Includes option one plus the evidence collection which is then stored per facility policy for up to 1 yr. or until the pt. decides he/she wants it turned over to police.

Drug-facilitated assaults

- Alcohol most commonly used
- Assailants also frequently used OTC medications like Benadryl and cough syrup
- If pt. presents to ED within 24 hrs. of ingestion, collect blood sample. Recommend 20ml blood in gray top tubes (contain preservatives sodium fluoride and potassium oxalate).
- If pt. presents to ED within 96 hrs. of ingestion, collect urine sample. Need at least 30ml, recommend 100ml of urine. Preferably first void; should not be clean catch.
- Routine testing not recommended.

Swabs

- Standard SA kit contains oral, buccal, vaginal/penile, cervical, and anal swabs. Extra swabs for other evidence collection included as well.
- Oral swabs should be taken first before any food or drink consumed. Have pt. rinse mouth with water afterwards.
- Buccal swabs are collected at least 15 min. after the pt. has rinsed his/her mouth.
- Use one of the extra swabs to collect an external genital swab before speculum exam.
- Even if no anal assault, collect an outer anal swab.
- If there was anal assault, collect a separate set of swabs internally.
- Areas being swabbed that are dry, should be moistened first with sterile water.
- If pt. reports the assailant, licked/kissed/bit him/her somewhere, collect a swab from that area.
- These same principles apply during a domestic violence case when collecting touch DNA.

- Evidence collection possible up until 120hrs (5 days) post-assault, with some exceptions allowing up until 14 days.
- Once kit is open, examiner must stay with kit and all evidence until released to law enforcement or locked in storage cabinet.
- Important to have assent as well as consent and to fully explain each step of the exam.
- Post-assault exam does not just involve the evidence collection!
- SD law requires bill for post-assault exam, including medications, labs, and/or radiology testing be sent to the county in which the assault happened.

SANE exam-general

*referencing SD's laws and evidence collection kits

- Each exam will be different and based off the pt's report of the assault.
- Important to chart exactly what the patient says; use quotes whenever possible.
- Give pt time and explain everything to them.
- With all age categories, its important to give control to the patient.
- Fully assess for injuries, including bruises, bleeding, lacerations, or abrasions, not just in the genital region.

SANE exam-adult/adolescent

SANE exam-pediatrics

- Majority of pediatric reports are not made in the acute phase.
- Indicators for acute/emergency evidence collection should be based on parent/caregiver report, physical complaints/findings, and/or spontaneous remarks made by the child within the previous 72 hrs.
- Do not complete an evidence collection solely based on a history of behavioral changes such as bedwetting, masturbation, or sexualized behaviors, as these can have other etiologies. These cases should be referred to a C.A.C. for further investigation and referrals.

SANE exam-pediatrics

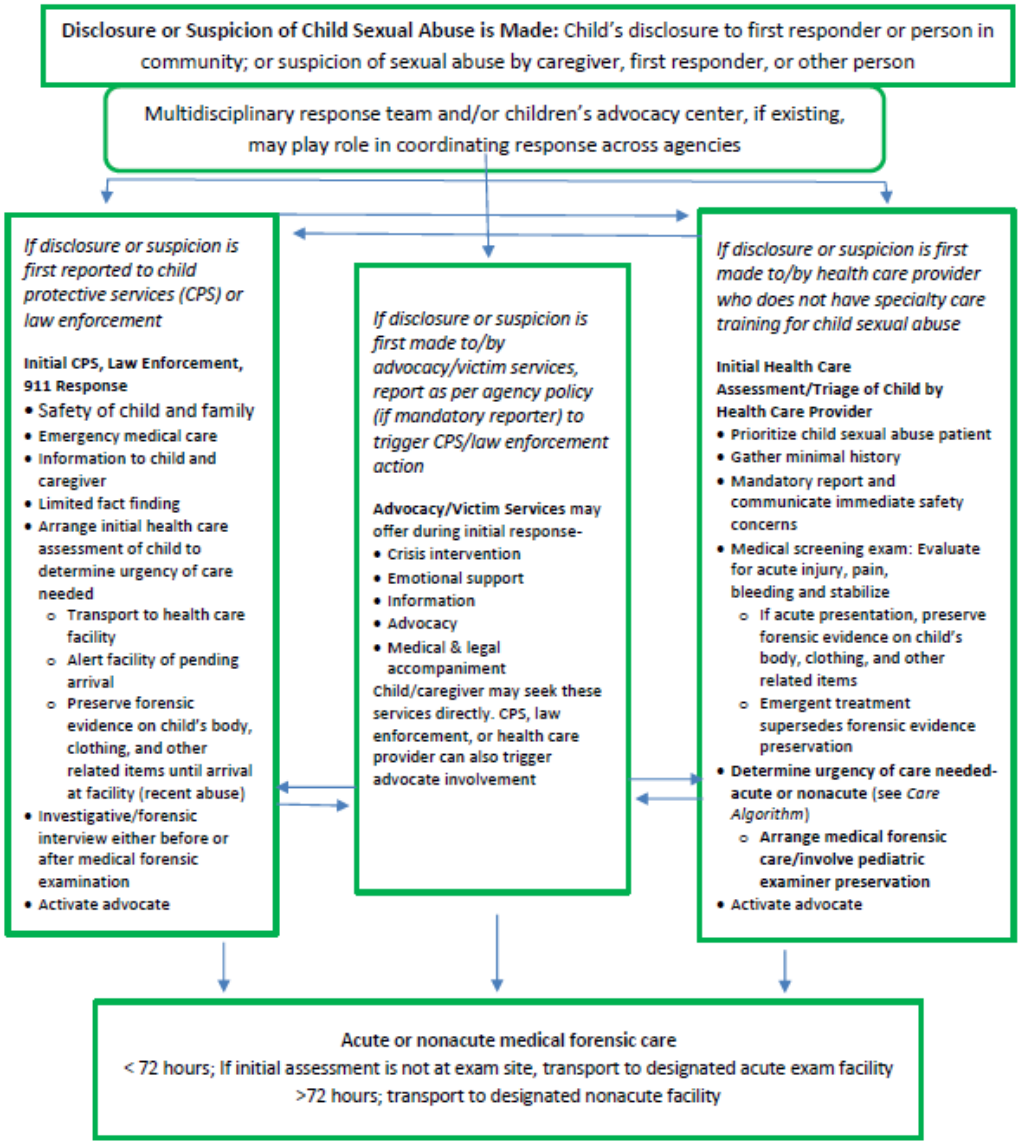
- In SD, there will be a new pediatric evidence collection kit coming out soon.
- **In this population, assent is extremely important!!!**
- Obtain a brief history from the parent or caretaker accompanying the child. Whenever possible, verbal children should not be present during this interview.
- Preteens and younger children should not be formally interviewed by medical staff. Refer to a C.A.C. for an interview conducted by a trained forensic interviewer.
- If child provides spontaneous information regarding the assault or abuser during the exam, this information should be documented in direct quotes.
- Prophylactic medications not recommended in this age category without testing.

- Physical findings are rare, even when penetration is involved.
- Complete a general head-to-toe examination to deemphasize the anogenital exam.
- For a male patient, examine the penis, testes, and scrotum with the patient standing. Note any urethral discharge, bleeding, swelling, bruising, or bite marks.
- For a female patient, position her in the supine frog-leg position on a pelvic table, flat examination table, or caregiver's lap with the patient's legs open.
- Speculum and digital exams are not done on pre-pubescent females, unless vaginal bleeding, a laceration that requires suturing, or strong suspicion of foreign body. In these cases, pt. should be taken to the OR and sedated or given anesthesia.

SANE exam-pediatrics

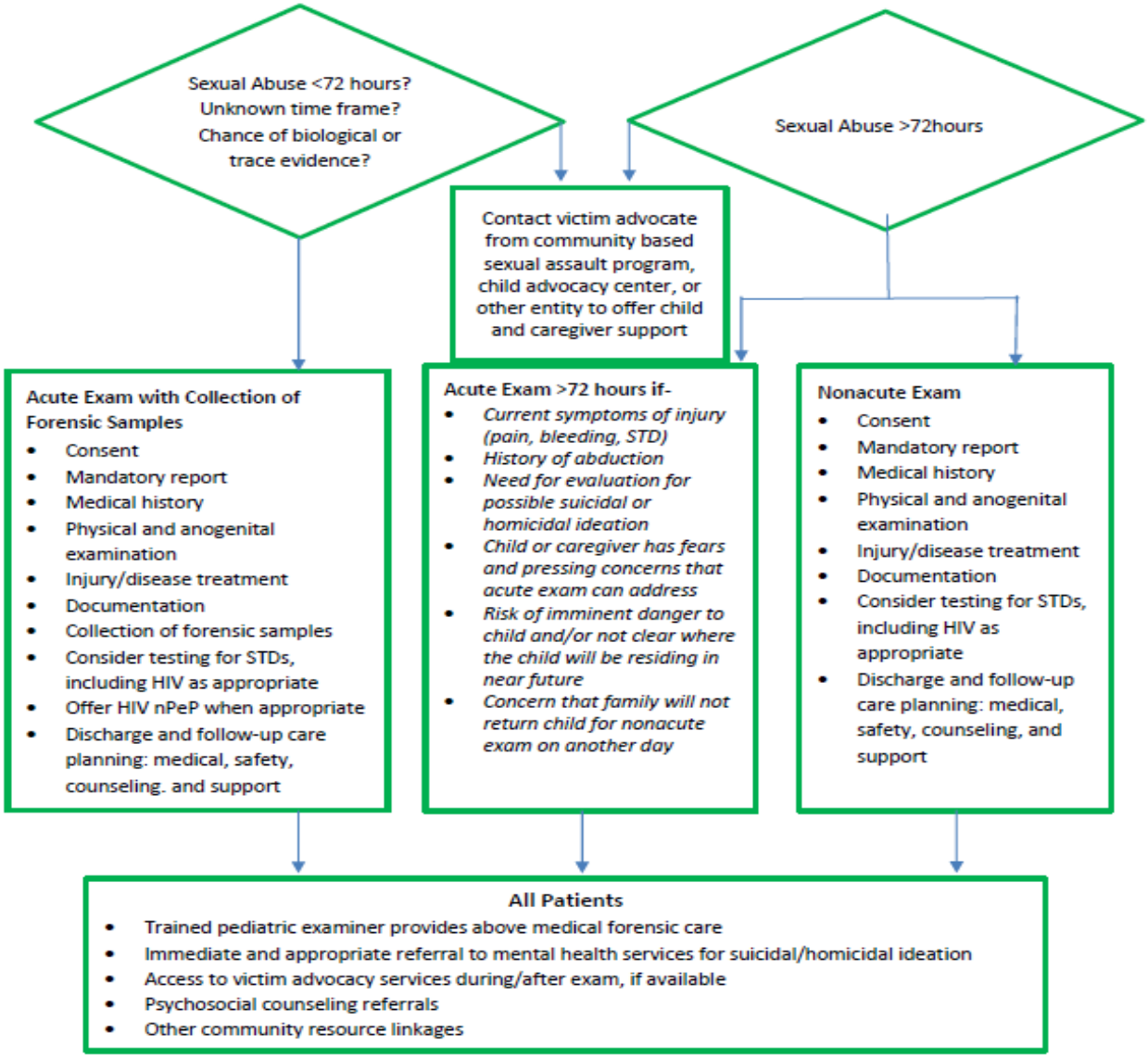
Appendix 6. Initial Response Algorithm

This algorithm, based on B2. Initial Response, is meant to illustrate the general flow of and procedures involved in initial response in prepubescent child sexual abuse cases. However, flow and procedures are subject to jurisdictional and agency/facility policies.



Appendix 7. Care Algorithm

The algorithm, adapted in part from Day and Pierce-Weeks (2013), illustrates the general flow of and procedures involved in medical forensic care in prepubescent child sexual abuse cases. However, flow and procedures are subject to jurisdictional and agency/facility policies.



- Ceftriaxone 250mg IM x 1
- Azithromycin 1 gram p.o. in a single dose
- Metronidazole 2 grams p.o. in a single dose or Tinidazole 2 grams p.o. in a single dose (make sure no alcohol ingestion 72 hrs. before or after administration)
- Pregnancy prevention, such as Plan B
- Hep B vaccination, booster, and/or immunoglobulin
- HPV vaccination for females 9-26 yrs. old and males 9-21 yrs. old.
- HIV prevention individualized according to risk-see algorithm on CDC website.

CDC guidelines for post-assault STD prevention

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