

Signs of Physical Abuse

Bruises are among the most common injuries found in children and adults with developmental disabilities who have been abused.

It is important to remember that occasional bruising is also common in people who are not abused, and that people with some disabilities may be prone to bruising for other reasons. Here are some of the more common bruises that may indicate signs of abuse:

- Facial
- Frequent, unexplained, or inadequately explained
- In unlikely places
- In various stages of healing
- On several different surface areas
- Patterned, reflecting shapes
- Bilateral Bruising: means bruises on same places on both sides of the body. Bruises would appear on both upper arms, for example, may indicate where the abuser applied pressure while forcefully shaking the person. Bruises on both sides of the body rarely result from accidental causes.
- Regularly evident after an absence, home visit, or vacation

Other Physical Indicators

The following are some other physical indicators of abuse or neglect of persons with developmental disabilities. In each case, other indicators such as behavior and circumstances must be considered.

Questionable cuts and scrapes

- Frequent, repetitive, unexplained, or inadequately explained scrapes
- Atypical locations such as mouth, lips, gums, eyes, external genitalia (e.g., places other than palms, knees, or other areas usually covered by clothing)
- Patterned scarring that may be due to inflicted injuries such as whipping

Burns or scalds

- Patterned burns(e.g., shaped like a cigarette butt or electrical appliance)
- Burns in specific locations such as several burns on different parts of the body or on particularly sensitive locations, such as soles, palms, back, or buttocks
- Immersion burns, which appear sock-like, glove-like, or doughnut-shaped on buttocks, genitalia, or limbs

Bites

- Human bite marks are easily distinguished from those of animals by their size and shape, and whether flesh is torn
- If bites are explained as self-inflicted, the location and position of the bite must be consistent with the person's functional abilities.

Ligature marks and welts (which could have come from being tied up or gagged)

- Could be the result of whipping
- Welts often follow clearly defined stroke patterns, especially if the person was immobile during the whipping
- Chafing and bruising, sometimes accompanied by swelling, on the wrists, ankles, throat, or penis can be the result of being tied up or choked
- Even when choking is severe or fatal, bruising may be faint or entirely absent

Eye and ear injuries

- Sudden or unexplained hearing loss
- Cauliflower ears (i.e., thickened external ear structures)
- Bruising to the outer ears
- Blood behind the eardrum
- Retina hemorrhage or other intraocular bleeding

Dental and mouth injuries

- Lost or broken teeth, particularly if unrelated to dental disease, normal loss of children's teeth, or accidental causes
- Repeated, unexplained, or inadequately explained dental injuries
- Facial bone or jaw fractures
- Bruising of cheeks and gums at corners of mouth (from gags)

- Cuts or bruises on the tongue
- Discoloration of the teeth as a result of previous abuse

Dislocations of joints

- Repeated dislocations of joints in the absence of a known disease process may indicate shaking, twisting, or pulling
- Frequent or multiple dislocations in the absence of a clear explanation may indicate physical abuse

Fractures:

- Repeated or multiple fractures in the absence of a known disease process or clear explanation may indicate abuse
- Old, untreated fractures can indicate chronic abuse
- Spiral fractures that result from twisting limbs may be related to abuse in non-ambulatory children and adults with developmental disabilities

Coma:

Shaking and other forms of abuse can result in coma of undetermined origin without external injuries. Comas not associated with known accidental causes or clearly identified disease processes should also be suspected.

Physical Signs of Neglect

- Poor or improper hygiene
- Dehydration
- Poor grooming: Such as overgrown fingernails and toenails; uncut, matted, or unclean hair; unshaven facial hair, body crevices caked with dirt
- Malnourishment/weight loss
- A smell of urine or feces on the person
- Lack of adequate or appropriate supervision
- Needed medical and dental care not provided
- Clutter, filth, or bad smell in the home
- Improper sleeping, cooking, or bathing arrangements
- Infestations (e.g., fleas, lice, roaches, rodents)
- Poor skin condition such as rashes, bedsores, or open wounds
- Lack of necessary adaptive aids: such as glasses, hearing aids, leg braces walkers etc. or improper medication management

Behavioral Signs of Abuse

Behavioral signs can be extremely important in detecting abuse and neglect, especially in people who have communication challenges and are unable to tell anyone about what happened to them. In many cases, physical signs of abuse may not yet be present or noticed so behavioral signs are often the first indicators. Usually it is a combination of physical and behavioral changes that are seen in people that have been abused.

Here are some of the behavioral signs of possible abuse:

Aggressive behavior

- Is widespread among victims of abuse
- May imitate the aggression committed against the abused person (e.g., the person who is whipped may whip other people)
- May generalize to other forms of aggression, such as yelling or hitting others
- May be exhibited through excessively violent drawings, stories, or play

Atypical attachment

- People who have been abused often appear insecure with strangers, and compulsively seek the presence and attention of their primary caregivers, yet may express little affection towards them
- The person who has been abused may be uncomfortable with physical contact with anyone

Disclosure

- Direct disclosures of abuse, neglect, or exploitation are powerful evidence, even when some details are incorrect.
- Complaining of soreness or pain when unrelated to disability or illness.
- All disclosures should be given attention and referred to the appropriate authorities for full evaluation.

Fearfulness

Victims of abuse often appear fearful of others:

- Fear can be specific to the abuser, but may generalize to other people or places
- Fear may be age or gender-specific (e.g., the child who turns away and raises his or her arms as if to ward off a blow whenever an adult nearby makes a sudden move)
- The person may be afraid to go home, or afraid to leave home

Noncompliance

People who are abused often become noncompliant. Noncompliance:

- May be a generalized response to frustration, or an effort to gain personal control
- May be aimed at avoidance of the abuser or the abusive situation
- Can take the form of chronically running away (adolescents)

Withdrawal

- People who are abused often withdraw from others and spend much of their time alone
- Sometimes the withdrawal is related to depression
- Sometimes the person will alternate between withdrawal and aggression

Distinguishing Abuse from Accidental Injury

Accidents happen with everyone, including people with developmental disabilities. The following is a guide to help you tell the difference between accidental and non-accidental injuries. When observing an injury that might be the result of abuse, consider these factors:

Location of the injury:

Certain locations on the body are more likely to sustain accidental injury. These include the knees, elbows, shins, and forehead.

Protected body parts and soft tissue areas, such as the back, thighs, genital area, buttocks, back of legs, or face, are less likely to accidentally come into contact with objects that could cause injury.

Number and frequency of injuries:

The greater the number of injuries, the greater the cause for concern. Unless the person is involved in a serious automobile accident, he/she is not likely to sustain a number of different injuries accidentally. Multiple injuries in different stages of healing are also a strong indicator of chronic abuse.

Size and shape of the injury:

Many non-accidental injuries are inflicted with familiar objects: a stick, a board, a belt, a hair brush. The marks which result bear a strong resemblance to the objects used. Accidental marks resulting from bumps and falls usually have no defined shape.

Description of how the injury occurred:

If an injury is accidental, there should be a reasonable explanation of how it happened that is consistent with the appearance of the injury. When the description of how the injury occurred and the appearance of the injury are

inconsistent, there is cause for concern. For example, it is not likely that a person's fall from a wheelchair onto a rug would produce bruises all over the body.

Consistency of injury with the person's developmental capability:

As children grow and gain new skills, their ability to engage in activities that can cause injury increases. A toddler trying to run is likely to suffer bruised knees and a bump on the head. Toddlers are less likely to suffer a broken arm than an eight-year-old who has discovered the joy of climbing trees.

Recognizing Abuse, Neglect, and Exploitation

A number of factors can make it difficult to identify abuse, neglect, and exploitation of persons with developmental disabilities.

A developmentally delayed person may not recognize abuse, neglect, or exploitation. In order to let someone know they are being maltreated, victims of abuse must:

- Recognize the behavior as abusive
- Consider it significant enough to report
- Be able to communicate to someone about the abuse
- Be believed

Many people with developmental disabilities have grown accustomed to being treated without respect, and are used to routine treatment that most other people would not tolerate. People with developmental disabilities may view only the most severe acts against them to be worthy of attention and possible reporting. The victim may consider an incident "unimportant" unless it involves serious physical harm.

Greater personal assistance needs

Some people with physical disabilities require help with personal care routines such as dressing and bathing throughout their lives. Personal care routines require physical contact, and may result in occasional touching of sexual parts of the body, with the result that the person can't tell whether these touches are accidental, required, or abusive.

Fear of not having needs met

People with developmental disabilities who are dependent on others for their day-to-day care may be fearful that if they let anyone know they are being mistreated, they will no longer receive the care they need. They may also fear reprisals from their caregivers if they tell anyone.

Communication challenges

Some people with developmental disabilities are limited in their ability to communicate verbally about an abusive incident. Adaptations may be required to insure adequate communications. Behavioral and circumstantial indicators become more important in identifying abuse, neglect, and exploitation in these cases.

Self-abusive behaviors

Some people with developmental disabilities resulting in behavioral or cognitive impairments engage in self-abusive behaviors, or are prone to accidental injury. This makes it more difficult to identify abuse, neglect, or exploitation when it occurs for these persons.

Signs of abuse may be interpreted as behavioral problems

The best rule of thumb for recognizing the behavioral signs of abuse, neglect, or exploitation is to know what is normal behavior for the particular person. When assessing the person's behavior, it is important to take the following steps:

- Examine the history of the behavior
- Obtain a behavioral baseline
- Determine whether there has been a clear behavior change that has taken place during the time frame in question
- Consider any changes in the intensity and duration of the behavioral episodes

Phase II Academy

Incident Management Guidelines and Reporting Policy

Phase II's IMEU Manager is: Yolanda Powell

- Fax: 202-730-1840
- Email: yolanda.powell@dc.gov

Incident Management Committee Guidelines

- The IMC must aggregate and trend incident data on a quarterly basis. Data to include reportable incident data, and serious reportable incident data.
- The IMC must submit to the IMEU Manager summary data, written findings, and quality improvement activities and recommendations on a quarterly basis.
- Each quarter, incident data must be analyzed to identify possible areas for further investigation or service improvement.
- Incident data presentation should include trend analysis as well as individual case study.
- Documentation (e.g. meeting minutes, recommendations, policies, etc.) is required.
- All findings of the Incident Management Committee shall be incorporated into Phase II Academy's overall quality assurance plan.
- Analysis should incorporate random and selective sampling methodologies for the quality review of investigations; incorporate peer review or team discussion of investigations; assure that minimum investigation requirements are met; and, aggregate and trend quality data to identify strengths and weaknesses in Phase II's incident investigation process.
- Upon completion of an investigation for a serious reportable incident, a plan of correction, including supporting documents will be submitted to the IMEU as per IMEU policy.

Guidelines for Timely Submission of Incident Reports to DDS

All incidents **must** be reported internally to Phase II Academy IMC (Syria Hooker) within **24 hours** of the incident. The IMC is required by DDS policy to report all incidents (reportable/serious reportable) within **24 hours**.

In order to comply with DDS mandate the following guidelines must be followed:

- Incident reports must be submitted to the IMC before the end of the day on which the incident occurred.
- Staff must complete the incident report before their shift ends.
- IMC should enter the incident upon receipt of the written report into the MCIS system. If the incident report is received by IMC after the 24hr. timeframe, IMC should enter the incident report. The time and date of the receipt of the late report **must** be provided to the Coordinator.
- Submission of the first late entry will be followed up with training on DDS and Phase II policy for timely reporting and submission of incidents.

Incident Trends Review and Quarterly Analysis Template

Phase II Academy Incident Trends Review and Analysis Quarterly

Date:

Incident Management Committee:

Freda Edwards, Incident Management Coordinator
Jennifer Hooker, Director Phase II Academy
Sherry Fenner, Director Phase II Academy
Syria Hooker, Supervisor Phase II Academy

Incidents by Category:

Individuals of Concern:

Recommendations: