

## Warning signs

### Taken from DHI/IMB's website

#### Possible signs of Abuse:

- Appearance of over-medication
- Unusual suspiciousness
- Extreme fearfulness
- Recent/sudden unexplained behavior changes
- Flinching/cowering in presence of caregiver
- Inconsistent explanation of injury or explanation that is not feasible
- Unexplained pain
- Changes in sleeping patterns
- Change in appetite
- Increased need to seek approval
- Changes in affect

#### Possible signs of neglect:

- Wearing the same clothing
- Has pressure sores (bed sores)
- Is not clean or has foul odor
- Malnourished or dehydrated
- Odor of urine or feces
- Significant weight loss
- Decayed teeth
- Untreated illness or injury
- Lack of safe, warm shelter
- Left alone for extended periods of time
- Food, medication and personal care withheld
- Pressure sores (decubitus ulcers)
- Failure to thrive (not linked to diagnosis)
- Changes in sleeping patterns
- Change in appetite
- Increased need to seek approval
- Changes in affect

### Possible signs of exploitation:

- Coerces consumer to become his/her POA, guardian, representative payee
- Adding of names to consumer's bank signature for reasons unjustified
- No access or unwarranted restrictions to personal funds
- No inventory kept of purchases
- Person controlling the finances does not have the proper legal authority
- Forced changes to wills or other legal documents
- Consumer is not kept informed of how much regular monthly expenses are
- Money, household goods or personal property disappear
- Inadequate oversight of the consumer's personal finances
- Accounting practices that incur late charges or fees
- Accounting practices which cause the consumer to lose approved supplemental income or assistance (i.e. failing to report income to social security, failure to comply with expectations which allow for continued housing assistance, or food stamps, etc.)
- Use of consumers funds to supplement another consumer's needs

## Determining Suspicious Injuries

### Some things to consider

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: 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

Consider:

- 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

Consider:

- 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**

Consider:

- 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.

## **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.

## **When should we suspect something?**

Some key answers:

When the injury is unexplained

The severity of the injury is incompatible with the history

The history keeps changing

The injury is inconsistent with the explanation

**Bruising**: the most common manifestation of abuse

Bruising is common on leading surfaces overlying bone edges (sins, forearms, brow, chin). Unusual sites for bruising (suspicious) include the buttocks, trunk (stomach), genitals, ears, and back of hands. Bruising that is bilateral, symmetric or geometric raises concerns. Look at shape, depth and pattern. Multiple bruises of various colors on the same area may suggest they are not from a single, isolated incident. (Examples of shapes – belt buckle, belt, looped cord, stick/whip, fly swatter, coat hanger, board or spatula, hand knuckles, bite, sauce pan, paddles, hair brush, spoon.)

## **Burns**

The burn injury pattern and location can be a red flag. The burn shape can reflect an object used in the injury, such as a burn from a cigarette, iron, curling iron, or light bulb. Immersion scalds of the hands, feet, or buttocks can occur if the person is placed in hot water intentionally or unintentionally. Other examples of objects that can burn – hot plate, knife, grid, forks.

## **Fractures**

Multiple fractures in various stages of healing raises concern. Pulling/wrenching leads to a “bucket handle” fracture. Spiral fractures in the bone are indicative of a twisting injury. Skull fractures – direct force. In non-accidental trauma, the fractures most commonly occur as linear fractures in the parietal bone and can be complex in nature (parietal bone is actually two bones in the human skull which, when joined together, form the sides and roof of the cranium).