

## Abuse, Neglect, and Violence

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### Sexual Violence:

- 1 of 6 women and 1 of 33 men in the U.S. have experienced “*an attempted or completed rape*”.
- Most sexual violence, approximately 70%, is not reported to police, nor is medical treatment sought.
- Only about 7% of all rapes included use of traditional weapons such as a gun or knife.
- 65% of victims knew the offender either as a friend, acquaintance, intimate partner, or relative.

### In Kentucky:

- 1 in 9 adult women has been “forcibly raped” at some time in her life.
- That totals more than 175,000 women.
- This estimate does not include those rapes that occurred via alcohol or drug facilitation, attempted rape, or “statutory rape”.
- Most offenders are men regardless of victim gender.

### Child Abuse/Neglect:

- Nationally, 3.5 million children received assessment or investigation in 2007.
- 22.5% of those children were found to have been maltreated.
- $\frac{3}{4}$  of those children had no prior history of victimization.
- 31.9% of all victims of maltreatment were younger than 4 years old. An additional 23.8% were ages 4-7 and 19% ages 11-17.
- National abuse breakdown: 7.6% Sexual, 10.8% Physical, 68.5% Neglect, and 4.2% Emotional/Psychological.
- One in three adolescents tested for sexually transmitted infections and HIV have experienced domestic violence.

### In Kentucky:

- KY received 75,178 child protective services reports in SFY 09.
- 20% of KY’s investigated cases were substantiated for child abuse and/or neglect.
- 54.8% of the children had no prior history of substantiated abuse.
- Nearly 50% of KY’s substantiated abuse cases involved children younger than 6 yrs. old and another 25% were ages 11-17.
- KY abuse breakdown: 9% Sexual, 22% Physical, 68.5% Neglect, and <1% Emotional.

### Spouse/Partner Abuse (Domestic Violence):

- Approximately one in every three women will experience domestic violence in her lifetime.
- An estimated 1.3 million women are victims of physical assault by an intimate partner each year.

- Females who are 20-24 years of age are at the greatest risk of nonfatal intimate partner violence.
- Domestic violence is the leading cause of injury among women ages 15-44.
- Homicide is the second leading cause of traumatic death for pregnant and recently pregnant women in the U.S. accounting for 31% of maternal injury deaths.
- Women experiencing abuse in the year prior to and/or during a recent pregnancy are 40-60% more likely than non-abused women to report high blood pressure, vaginal bleeding, severe nausea, kidney or urinary tract infections, or hospitalization during pregnancy.

In Kentucky:

- Over 4,000 women and children sought shelter in spouse abuse centers in fiscal year 2009 (July 1, 2008-June 30, 2009).
- The centers received over 32,600 domestic violence-related calls and another 67,000 information/referral calls in that same year.
- On an average day during that year, there were 412 residents in the fifteen KDVA shelters throughout the state.

#### Vulnerable Adult Abuse:

- Every year an estimated 2.1 million older Americans are victims of physical, psychological, or other forms of abuse and neglect.
- Up to 90% of individuals with developmental disabilities are sexually abused at some time.
- The risk of abuse for people with disabilities is 2-5 times higher than for the general population
- For every case of elder abuse, neglect, exploitation, or self-neglect that is reported to authorities, it is estimated that as many as five (5) additional cases are not reported.
- 90% of elder abuse and neglect incidents are by known perpetrators, usually family members, of which the vast majority are adult children or spouses.
- The eldest of seniors, those 80 years and older, are abused and neglected at 2-3 times the proportion of all other senior citizens.

In Kentucky:

- In 2008, 54,701 reports of adult abuse were received, of those 11,000 were for persons over the age of 60.
  - 39% of these were abused by someone other than a spouse or partner.
  - 24% were caretaker neglect.
  - 19% were abused by a spouse or partner.
  - 16% was financial exploitation.
- Over 874,000 Kentucky residents have disabilities of various types.

#### Human Trafficking:

- Annually, about 600,000-800,000 people (mostly women & children) are trafficked across national borders. *This does not count the millions trafficked within their own countries.*
- An estimated 14,500 -17,500 foreign nationals are trafficked into the U.S. annually.
- An estimated 200,000 American children are at risk for trafficking into the sex industry.

In Kentucky:

- From June 2008 to December 2009, there were 35 cases of human trafficking identified in Kentucky.
- During the same time period, 84 victims were served by KY Rescue and Restore.

## SIGNS OF POSSIBLE ABUSE, NEGLECT, OR EXPLOITATION

*Note: No list of indicators can be all inclusive, nor does the presence of one of the indicators necessarily mean a person is being abused or neglected. The indicators are clues that can help you tune into the needs of the patient and her/his family. Additionally, although the following are categorized, many of the signs may indicate any of the types of abuse or multiple abuses.*

<p><u>Sexual Assault</u></p> <ul style="list-style-type: none"> <li>• Distress at questions re: sexual history</li> <li>• Reluctance to undress / undergo pelvic exam</li> <li>• Sudden onset of sleep disorder</li> <li>• Anxiety or depression</li> <li>• Request for emergency contraception, pregnancy testing, or STI/HiV testing</li> <li>• Injuries to sexual parts of body</li> <li>• Difficulty walking or sitting</li> <li>• Swollen or red cervix, vulva, or perineum</li> <li>• Torn, stained, or bloody underclothes</li> <li>• Pain or itching in genital area</li> <li>• Stress related complaints (headache, back pain, gastrointestinal issues)</li> <li>• Bruising from being restrained (on wrists, throat, etc.)</li> </ul>	<p><u>Child Abuse/Neglect</u></p> <ul style="list-style-type: none"> <li>• Bruises on posterior side, clustered or in unusual patterns, in various stages of healing, or on an infant</li> <li>• Burns – immersion, cigarette, rope, dry (caused by iron or other appliance)</li> <li>• Lacerations / Abrasions on lips, eye, any portion of an infant’s face, on gum tissues (forced feeding), on external genitalia</li> <li>• Missing or loosened teeth</li> <li>• Skeletal or head injuries (including missing hair)</li> <li>• Internal injuries (duodenal hematoma, jejuna hematoma, rupture of inferior vena cava, peritonitis (from hitting/kicking)</li> <li>• Pattern injuries (cord, paddle, etc)</li> </ul>
<p><u>Domestic Violence</u></p> <ul style="list-style-type: none"> <li>• Injuries in various stages of healing</li> <li>• Bilateral, multiple, or patterned injuries</li> <li>• Physical findings inconsistent with history or statement of cause</li> <li>• Repeated visits for tx of vague symptoms</li> <li>• Delay between injury and presentation</li> <li>• Chronic pain or depression</li> <li>• Partner reluctant to leave, uses demeaning language, or seems controlling, etc.</li> <li>• Pregnancy may trigger abuse to begin or worsen</li> <li>• Isolated or restricted contact with others</li> <li>• Unintended pregnancy (sabotage of birth control)</li> </ul>	<p><u>Vulnerable Adult Abuse</u></p> <ul style="list-style-type: none"> <li>• Injury that has not been properly cared for or is inconsistent with explanation.</li> <li>• Pain from touching</li> <li>• Cuts, puncture wounds, burns, bruises, welts</li> <li>• Dehydration or malnutrition without illness related cause</li> <li>• Poor coloration, sunken eyes or cheeks</li> <li>• Inappropriate administration of meds</li> <li>• Soiled clothing or bed</li> <li>• Frequent use of hospital or healthcare/doctor shopping</li> <li>• Lack of necessities (food, utilities)</li> <li>• Forced isolation</li> <li>• Confused, disoriented</li> <li>• Lack of personal effects, personal items</li> </ul>
<p><u>Human Trafficking</u></p> <ul style="list-style-type: none"> <li>• Makes references to frequent travel to other cities</li> <li>• Exhibits bruises or other physical trauma, withdrawn behavior, depression, or fear</li> <li>• Lacks control over her or his schedule or identification documents</li> <li>• Is hungry-malnourished or inappropriately dressed (based on weather conditions or surroundings)</li> <li>• Shows signs of drug addiction</li> <li>• May not speak English, presents with “interpreter” who may make decisions for the patient</li> <li>• Presents with STI or unwanted pregnancy</li> </ul>	

## SCREENING AND IDENTIFICATION OF POSSIBLE VICTIMS

### Universal Screening

Physicians should routinely screen patients for abuse, neglect, and exploitation. This should be a non-threatening screening that asks patients about:

#### FAMILY/MEDICAL HISTORY

- History of Illness
- STIs
- HIV/AIDS
- Hx of broken bones or other injury
- Recent serious illnesses
- Other relevant conditions

#### SOCIAL HISTORY

- Family/relationship abuse
- Fear of harm
- Self or caregiver neglect
- Tobacco/alcohol use/abuse
- Illicit drug use
- Make-up of family unit
- Job conditions

Physicians should be prepared to provide and/or inform patients re: the following services/requirements:

Emotional support & reassurance

Privacy and safety

Comprehensive medical assessment  
& treatment

Documentation of maltreatment

Referrals to support services/specialty care

Mandatory reporting of CPS and APS allegations

Access to medical records

Expert medical testimony

Collection and preservation of evidence

#### ***S-A-V-E MODEL \****

SCREEN all patients for interpersonal violence

ASK direct questions in a non-judgmental way

VALIDATE patient's response

EVALUATE, EDUCATE, and make referrals

If risks are indicated or suspected, further evaluation should be conducted and findings documented. *See: SIGNS OF POSSIBLE ABUSE, NEGLECT, OR EXPLOITATION in General Information Section.*

Screening for issues of abuse, neglect or exploitation...

- should be a routine part of face to face visits with patients including annual/wellness exams, STI tests and treatment, injury visits, pregnancy test visits, etc.
- must take place in a private setting away from family or friends and must be confidential.
- must be conducted in the patient's primary language. Use a professional interpreter **not** family members or friends.
- must be direct and non-judgmental.
- should be conducted by staff with some knowledge of the dynamics of interpersonal violence, safety issues, cultural competency, and safety planning.
- must include support and affirmation for the patient that discloses.

Physicians need to remember that often the abuser is someone deeply cared about by the patient/victim and should avoid all negative responses in front of the patient.

#### **HIGH RISK INDICATORS:**

- Threats (explicit or implied)
- Fantasies, talk of, or attempts at homicide or suicide
- Apparent sense of ownership and possessiveness of patient
- Escalation of threats or violence
- History of violence
- Recent leaving of abuser (separation violence)
- Serious injury or multiple injuries in various stages of healing
- Head trauma (esp. in small children)
- Any act of strangulation
- Use or threat of weapons
- Increased substance use/abuse
- Untreated mental health problems
- Stalking
- Killing or harming of family pets

Precautions may involve more than required reporting to the Department for Community Based Services. Make certain that patient and other vulnerable family members (mother, child, etc) are given appropriate safety planning assistance and referrals for emergency help. Law enforcement or security may need to be called for immediate protection in emergent situations.

# SEXUAL VIOLENCE

## **SEXUAL VIOLENCE:**

Anytime a person forces, coerces, or manipulates another person into unwanted or harmful sexual activity, sexual violence has been committed.

Consent is the critical issue. Consent has two parts: (1) an actual expression of agreement (2) by someone legally competent to give consent (i.e., not under age 16, intoxicated, or otherwise legally deemed incapable of consent). **Silence is not consent.** Sometimes victims are too scared, disoriented, or shocked to fight back or say no.

Sexual violence is perpetrated in many forms including:

- Non-physical aggression (stalking, verbal coercion, or harassment)
- Intimate contact without consent (such as child molestation, sex with an intoxicated person or groping)
- Assault/attacks such as forcible rape

Rape: legally defined as when a person engages in sexual intercourse by forcible compulsion or with another person who is incapable of consent or for whom he or she provides a foster home.

Sodomy: is perpetrated when a person subjects another to deviate (oral or anal) sexual intercourse by forcible compulsion or with another person who is incapable of consent or for whom he or she provides a foster home.

Sexual misconduct: is perpetrated when a person engages in sexual intercourse or deviate sexual intercourse with another without the latter's consent.

Incest: is perpetrated when a person engages in sexual intercourse or deviate sexual intercourse with an ancestor, descendant, or sibling. The relationship may be by adoption or "step" relation.

Sexual contact: means any touching of the sexual or other intimate parts of a person done for the purpose of gratifying the sexual desire of either party.

Forcible compulsion: means physical force or threat of force, expressed or implied, which places a person in fear of immediate death, physical injury to self or another, fear or immediate kidnap of self or another person, or fear of any sexual offenses. *Physical resistance on the part of the victim is not necessary.*

## **Indicators:**

Physical evidence of sexual violence may often be absent or minimal. Therefore, healthcare providers must be aware of cognitive and emotional indicators to trigger appropriate follow up. Since there is no "typical" response to sexual violence, nor is there a prescribed time period for

healing, indicators of sexual violence are varied and many. Examples that may present immediately following abuse and over the long term include:

- Possible injury, bruising, or chaffing.
- Physical discomfort or soreness
- Nausea
- Loss of memory (due to shock or known/unknown substance use)
- Patient may seek care only for treatment of sexually transmitted infection or potential pregnancy
- Shock, anger, fear, confusion, etc.
- Distorted or confused thinking
- Self medication (drug or alcohol use/abuse)
- Disordered eating
- Self harming behavior
- Change in personal habits, personality, clothing choice, etc.
- Depression or depressive symptoms
- Significant decrease or increase in sexual behavior
- Somatic complaints: sleep disturbance, headache, nausea, etc.
- Relationship difficulties
- Overprotection of self or others, Hypervigilance
- Hyper startle response, nervousness, anxiety
- Appearance or return of symptoms during pregnancy
- Appearance or return of symptoms as patient's children reach age of patient's abuse/assault

Indicators may be immediate, ongoing, or sporadic. Symptoms may be triggered by life events, anniversary dates, anything, or nothing in particular.

## **Referral and Resources:**

Sexual Assault Medical-Forensic Exams (SAFE Exams) are provided for victims seeking treatment after sexual assault or abuse. These exams are generally provided by hospitals or specialized sexual assault examination facilities. The Kentucky Sexual Assault Medical Protocol regarding procedures to be followed by medical staff before, during, and after examination of a victim of sexual assault is defined in **502 KAR 12:010**. These exams may be performed by a doctor or a Sexual Assault Nurse Examiner (SANE). While health department are not required to provide examinations, it may be helpful for public health professionals to understand the basics of SAFE exams for referral and information purposes for patient education. Patients should be informed that the SAFE Exam includes both medical care and collection of forensic samples.

### **Release of Information:**

The law requires examination facility to contact the Rape Crisis Center. However, the victim should have the choice of whether to report to law enforcement, except in cases of child abuse. However,

as of 2010, many hospitals have not yet updated policies since the law changed that guarantees this right for patients.

**Payment:**

Basic SAFE Exam procedures are paid for by the state, but the patient may be billed for services that are not included in all exams, such as x-rays, surgery, and/or ambulance transportation.

**Follow-up Care at Health Departments:**

Public Health personnel should also be aware that individuals are commonly referred to the Health Department for follow-up care, especially as related to testing for HIV and other sexually transmitted infections.

**Additional Resources for Child Victims:**

Children's Advocacy Centers have been developed throughout the Commonwealth to provide child-friendly setting for responding to sexual abuse of children. Referral to a Children's Advocacy Center is typically made by DCBS or law enforcement personnel. Public Health professionals should be familiar with relevant local protocol related to referral.

**Rape Crisis Centers:** Provide multiple support services for victims including advocacy and counseling. To locate your regional center: [www.kasap.org](http://www.kasap.org) or all the national 24 hour hotline which will direct all calls to the caller's nearest center: 800-656-HOPE.

**Kentucky Association of Sexual Assault Programs (KASAP):** Statewide coalition of the rape crisis centers provides training (including SANE certification training) and technical assistance. 502-226-2704 or [www.kasap.org](http://www.kasap.org)

**Office of Victims' Advocacy:** Division of the Office of the Attorney General provides training and technical assistance regarding prosecution and the criminal justice system. 502-696-5312, 800-372-2551, or <http://ag.ky.gov/victims/>

**Crime Victims Compensation Board:** Administers the Sexual Assault Exam Program and Crime Victims Compensation Fund. 502-573-2290, 800-469-2120, or [www.cvcb.ky.gov](http://www.cvcb.ky.gov)

**UK Center for Research on Violence Against Women:** Advances scientific inquiry into the legal and clinical complexities presented by crimes against women. 859-257-2737 or [www.research.uky.edu/crvaw/](http://www.research.uky.edu/crvaw/)

**VINE (Victim Identification and Notification Everyday):** Automatically calls registered numbers about release or escape of particular offender(s). 800-511-1670 or [www.corrections.ky.gov/ovs](http://www.corrections.ky.gov/ovs)

**Statewide Abuse Reporting Hotline:** Accepts reports regarding child and adult abuse 24 hours a day: 800-752-6200.



## **CHILD ABUSE: DEFINITIONS**

Child Abuse is an “umbrella” term that is used to describe all forms of abuse to children. We break down the umbrella term into its component parts.

### **Sexual Abuse:**

Sexual abuse includes any contacts or interactions between a child and an adult or older child in which the child is being used for the sexual gratification of the perpetrator. The child may be a willing or unwilling partner. Sexual abuse may be committed when the abuser is in a position of power or control over the victim.

### **Physical Abuse:**

Physical abuse of children includes any non-accidental physical injury caused by a child's caretaker. It may include burning, beating, punching, etc. By definition, the injury is not by accident. It may result from over-discipline or punishment inappropriate to the child's age or condition.

### **Emotional Abuse:**

This type of abuse includes: blaming, belittling or rejecting a child; constantly treating siblings unequally; and persistent lack of concern by an adult for a child's welfare. While emotional abuse can occur by itself, it often accompanies physical abuse and sexual abuse.

### **Neglect:**

Neglect is the inattention to the basic needs of the child such as food, clothing, shelter, medical care and supervision. It is a chronic failure most times to provide adequately for children. Neglected children may also be abandoned, homeless or living in an environment that may be injurious to their physical and emotional welfare.

## **CHILD ABUSE: INDICATORS**

**Sexual Abuse:** Victims may demonstrate an array of the following behavioral and physical indicators. Please note that **not all** children will demonstrate observable changes in their behaviors and actions. Although some changes are negative, other changes in children may be viewed as positive. For example, some children may become more compliant. In utilizing the indicators below, please be mindful of sudden or drastic behavioral changes.

### **Behavioral**

- Regression of behavior
- Poor peer relationships
- Tells stories of sexual nature, reports sexual activity, acts out sexual behavior with dolls, toys or others
- Sudden behavior changes
- Fear of persons/places
- Sleeping and eating issues
- Prostitution
- Run-away attempts
- Drug use
- Reluctance to participate in recreational activity
- Young children's preoccupation with sex organs of self, parents or other children
- Withdrawn behavior
- Aggressiveness

### **Physical**

- Difficulty walking and sitting
- Torn clothing
- Stained or bloody underwear
- Pain or itching in the genital area
- Sexually transmitted diseases
- Early pregnancy
- Urinary tract infections
- Bleeding, cracks or tears around orifices
- Psychosomatic complaints (stomach aches, headaches, etc.)
- Gagging, vomiting
- Bed wetting or soiling once toilet training is completed

## **Physical Abuse:**

### **Physical**

- Evidence of repeated injuries
- Wounds in various stages of healing
- Fractures, joint injuries
- Unusual unexplained head injuries (including missing hair)
- Unusual burns (immersion, cigarette, rope, dry burns caused by irons or other appliances)
- Pattern injuries (cord, paddle, etc.)
- Internal injuries – jejuna hematoma, rupture of inferior vena cava, peritonitis (from hitting/kicking)
- Bites or bruises
- Bruises on posterior side, clustered or in unusual patterns
- Lacerations/abrasions on the lips, eye, any portion of infant's face, on gum tissues (forced feeding), on external genitalia
- Missing or loose teeth

### **Behavioral**

- Afraid of physical contact or overly anxious to please adults
- Overly aggressive or destructive
- Unusually timid or fearful
- Physical/language development problems

**Emotional Abuse:** rarely manifested in physical signs and is most often observed through behavioral indicators such as:

- Low self-esteem/self-worth
- Lack of belief in thoughts and behaviors
- Belittling oneself and verbal comments in general about oneself

### **Neglect:**

- Abandonment
- Lack of supervision
- Lack of medical/dental care
- Lack of adequate nutrition
- Lack of adequate clothing and hygiene
- Consistently hungry and dirty
- Constant fatigue
- Assumes adult responsibilities
- Severe developmental lags
- Suffers persistent illnesses
- Begs and steals food

see Appendix A:

Healthy vs. Unhealthy Behaviors for  
Pre-school and K-4<sup>th</sup> grade children

## **CHILD ABUSE: RESPONSE**

Every county in the Commonwealth of Kentucky has access to evaluation and care from a Child Advocacy Center that specializes in the evaluation and care of children who may be victims of child sexual abuse. Additionally, each Kentucky county has a local DCBS office that is statutorily responsible for responding to allegations of child abuse/neglect.

### **Child Advocacy Centers:**

Children's Advocacy Centers or "CACs" exist in each of the fifteen development districts and provide a multidisciplinary team approach to the response, investigation, treatment, and prosecution of the crime of child sexual abuse. CACs are defined in **KRS 620.020(4)** (see appendix for complete statute) and are private, non-profit agencies governed by local boards of directors. Based on the national best practices standards and accreditation of the National Children's Alliance, CACs in Kentucky were designed specifically to provide both critical services and a foundation for the important work of multidisciplinary teams in the Commonwealth. The Kentucky Association of CACs (KACAC), a chapter member of the National Children's Alliance, provides support and direction for the ongoing development of CACs to help ensure all are providing nationally recognized "best practices" services to the extent their local community resources will allow.

Medical examinations conducted at CACs are thoroughly documented in medical records that are maintained by the CAC and provided to MDT investigators and/or prosecutor in a timely manner.

CACs are identified as specialized children's services clinics within the Commonwealth and are the primary agency responsible for providing comprehensive child sexual abuse medical examinations to children when there are allegations and/or concerns of sexual abuse or molestation. Comprehensive child sexual abuse medical examinations provided at a CAC include at minimum:

- A medical history taken from the child and a non-implicated parent, guardian or primary caretaker;
- A physical examination with detailed attention to the anogenital area;
- If clinically indicated, a colposcopic examination; and
- A mental health screening, provided on the same day and at the same location as the physical examination, to determine the impact of the alleged abuse on the mental health status of the child and the need for mental health services.

All comprehensive child sexual abuse medical examinations provided at CACs are provided by licensed physicians that have received specialized training in the medical examination of sexually-abused children and have access to and have been trained on the use of a colposcope. CAC physicians must also participate in peer review and complete continuing education and training on the medical diagnosis and treatment of sexually abused children.

## **CHILD ABUSE: REFERRAL AND RESOURCES**

**Child Advocacy Centers:** [www.kacac.org/centersgeneral.htm](http://www.kacac.org/centersgeneral.htm) Centers provide multiple services including specialized child sexual abuse medical examinations, forensic interviews, advocacy, and mental health services for victims of child abuse.

**Kentucky Association of Child Advocacy Centers:** Association of CACs provides technical assistance and training. [www.kacac.org](http://www.kacac.org) or (606)437-7447.

**Prevent Child Abuse Kentucky (PCAKy)** 1-800-CHILDREN or [www.pcacky.org](http://www.pcacky.org)

**Statewide Abuse Reporting Hotline:** Accepts reports regarding child and adult abuse 24 hours a day: 800-752-6200.

**The Rape, Abuse and Incest National Network (RAINN)**  
Operates National 1-800-656-HOPE hotline, national statistics, resources, and links

**Office of Victims' Advocacy:** Division of the Office of the Attorney General provides training and technical assistance regarding prosecution and the criminal justice system. 502-696-5312, 800-372-2551, or <http://ag.ky.gov/victims/>

((NCANDS), 2007) (Services, 2009) (Association, 2010)

## **DOMESTIC VIOLENCE: DEFINITIONS**

### **Domestic Violence:**

Domestic violence is a pattern of coercive behaviors that may include repeated battering and injury, psychological abuse, sexual assault, progressive social isolation, deprivation, and intimidation. Someone who is or was involved in an intimate relationship with the victim perpetrates these behaviors.

## **DOMESTIC VIOLENCE: INDICATORS**

- Visible physical injuries: bruises, lacerations, burns, human bite marks, and fractures (especially of the eyes, nose, teeth, and jaw); injuries during pregnancy, miscarriage, or premature births; injuries that are inconsistent with explanation; multiple injuries in different stages of healing; unexplained delay in seeking medical treatment for injuries.
- Stress-related illnesses: headaches, backaches, chronic pain, gastrointestinal disorders, sleep disorders, eating disorders, fatigue, anxiety-related conditions (such as heart palpitations, hyperventilation, and panic attacks).
- Partner is unwilling to leave woman alone during the examination
- Partner completes the history forms or answers questions addressed to the patient
- Marital and/or family problems
- Depression
- Alcohol or other drug addictions
- Absenteeism: lateness, leaving early.
- Changes in job performance: difficulty concentrating, repeating errors, slower work pace
- Unusual or excessive number of phone calls from family members with strong reactions to these calls.
- Disruptive personal visits to the workplace from employee's present or former partner or spouse.
- Overly dressed: turtlenecks, long sleeves in the summertime.
- Jumpy, irritable
- Withdrawn
- Statements: "My husband won't let me...", "He got so mad that he put his fist right up to my nose...", etc.
- Lack of personal grooming. A total change from past habits.
- Shows low self-esteem
- Health issues or hospitalization during pregnancy including pre-term birth

# DOMESTIC VIOLENCE: REFERRALS AND RESOURCES

An immediate response to domestic violence may include safety planning with a patient.

When personal safety planning is viable, it must be undertaken with caution and an understanding by the client that leaving an abuser is the most dangerous time. Below are suggestions for what to share with a patient. (See APPENDIX for printable brochure)

## Personal safety plan

### WHAT DOES THE PATIENT NEED TO TAKE WHEN LEAVING?

#### Identification

Driver's License  
Children's Birth Certificates  
Birth Certificate  
Social Security Cards  
Welfare Identification

Money and/or credit cards  
Bank books  
Checkbooks

#### Legal papers

PROTECTIVE ORDER  
(Patients should keep these at all times)  
Lease, rental agreement, house deed  
Car registration and insurance papers

Health and life insurance papers  
Medical records for you and your children  
School records  
Work permits/Green card/VISA  
Passport  
Divorce & custody papers/marriage license

#### Other

House and car keys  
Medications  
Jewelry  
Address Book  
Pictures of you, your children, and your abuser  
Children's toys, toiletries, and diapers Change of clothes

## Why is a Safety Plan Necessary?

Once a violent act occurs in a relationship, the violence almost always reoccurs. In fact, the violence tends to occur more frequently and will most likely increase in severity. This happens even though the abuser is likely to apologize and will promise to change. Therefore, it is extremely important that patients have a plan and think ahead about what should be done in case of an attack, or repeated attacks from the abuser upon his or herself and any children in the household. Although some abusers do not give any indications or signals prior to an abusive incident, patients may be able to predict an attack by the abuser's behavior. For example, a certain look, a certain phrase that is said, certain times of the month or year, or when discussing various subjects which could provoke anger, are some things to look for. In many cases, victims of domestic violence contemplate leaving their abusers several times before finally taking action. There are some practical steps which can be used to help keep the patient and children safe.

## Safety With a Protective Order

If a patient or the patient's children have been threatened or assaulted the patient can request a protective order from the county District Court Clerk. This may be done 24 hours a day, 7 days a week. After business hours the patient will need to contact the Police Department to seek

one. Among, other things, the patient may request temporary custody, an order for no contact, and/or an order for the batterer to vacate the home. The patient should keep the protective order in hand at all times. The patient should give a copy of the order to the child's school and should call the police if the partner breaks the order.

### **Safety During an Explosive Incident**

If an argument seems unavoidable, the patient should try to have it in a room or area where there is access to an exit. The patient should stay away from the bathroom, kitchen, bedroom, or anywhere else where weapons might be available. Patients should practice how to get out of the home safely: identifying which doors, windows, elevator, or stairwell would be best. These safety measures should be practiced with children also. Patients should identify one or more neighbors to tell about the violence and ask that they call the police if they hear a disturbance coming from the home. Patients can devise a code word to use with children, family, friends, and neighbors when police are needed. Patients can decide and plan for where to go if there is a need to leave the home (even if the patient believes this will not occur). Patients will need to use internal judgment and might decide to give in to an abuser in a given moment to survive.

### **Safety In Patient's Own Home**

Patients should consider changing the locks as soon as possible. Additional locks and safety devices can secure windows. Patients should discuss a safety plan with any children in the home. Patients need to inform the children's school, daycare, etc. about who has permission to pick up the children. Patients can inform neighbors and landlord that the abusive partner no longer lives in the home and that they should call the police if they see him/her near your home. Patients may designate a "safe meeting place" with the children.

### **Safety when Preparing to Leave**

Patients should open a savings account and/or credit card in his or her own name to start to establish or increase independence. Getting a post office box or having an alternate safe address for mail to allow private receipt of checks and correspondence further builds independence. Patients can leave money, an extra set of keys, copies of important documents, extra medicines, and clothes with a trusted someone or in a safe place in case there is a need to leave quickly. Safety plans should be reviewed often.

**Remember: Leaving an abuser is the most dangerous time for the victim!**

### **Safety On the Job and In Public**

The patient should decide whether to inform anyone in the workplace. Informing office or building security and providing a photo of the abuser can increase safety. Patients may also arrange to have a coworker or voicemail screen calls. A safety plan should include the workplace and leaving the workplace.

### **REFERRALS/RESOURCES:**

**Domestic Violence Shelters:** In addition to providing a safe, secure environment for victims/survivors and their children, programs now also offer a variety of support services to residents and non-residents including: Legal/Court advocacy, Case management, Safety



planning, Support groups, Individual counseling, Housing assistance, Job search and Children's groups. To locate your regional center, go to [www.kdva.org](http://www.kdva.org) or call 800-799-SAFE (7233) to be connected to the nearest shelter.

**Kentucky Domestic Violence Association (KDVA):** This statewide coalition of domestic violence programs provides information, training, and technical assistance. 502-209-KDVA (5382) or [www.kdva.org](http://www.kdva.org)

**Statewide Abuse Reporting Hotline:** To report spouse abuse, as well as child abuse and vulnerable adult abuse, 24 hours a day: 800-752-6200

**UK Center for Research on Violence Against Women:** Advances scientific inquiry into the legal and clinical complexities presented by crimes against women. 859-257-2737 or [www.research.uky.edu/crvaw/](http://www.research.uky.edu/crvaw/)

**Victims' Advocacy Division:** This division of the Office of the Attorney General provides training and technical assistance regarding prosecution and the criminal justice systems. 502-696-5312, 800-372-2551 or <http://ag.ky.gov/victims/>

**KnowMoreSayMore.org:** Website provides information specific to reproductive health and interpersonal violence. [www.knowmoresaymore.org](http://www.knowmoresaymore.org)

## VULNERABLE ADULT ABUSE: DEFINITIONS

**Vulnerable Adult:** A person eighteen (18) years of age or older who, because of mental or physical dysfunctioning, is unable to manage his or her own resources, carry out activities of daily living, or protect himself or herself from neglect, exploitation, or a hazardous or abusive situation without assistance from others, and who may be in need of protective services.

**Caretaker:** An individual or institution who has been entrusted with or who has the responsibility for the care of the adult as a result of family relationship, or who has assumed the responsibility for the care of the adult person voluntarily or by contract, employment, legal duty, or agreement.

**Neglect:** A situation in which an adult is unable to perform or obtain for himself or herself the goods or services which are necessary to maintain his or her health or welfare, or the deprivation of services by a caretaker which are necessary to maintain the health and welfare of an adult.

**Exploitation:** Obtaining or using another person's resources, including but not limited to funds, assets, or property, by deception, intimidation, or similar means, with the intent to deprive the person of those resources.

**Abuse:** The infliction of injury, sexual abuse, unreasonable confinement, intimidation or punishment that results in physical pain or injury including mental injury.

## VULNERABLE ADULT ABUSE: INDICATORS

In addition to the possible indicators listed below, a patient's report that someone is mistreating them should be included. Just like we should listen to children when they report they are being harmed, a vulnerable adult's report of mistreatment should not be dismissed on the basis of dementia or some other cognitive impairment.

### **Indicators of Neglect:**

- Soiled clothing
- Soiled bedding
- Poor hygiene
- Urine odors
- Dry skin
- Weight loss
- Inappropriate food
- Sunken area under the eyes and around the cheek bones
- Left alone or locked up for extended periods of time
- Lack of necessary aids (cane, walker, glasses, dentures)
- Lack of food or water

### **Indicators of Exploitation:**

- Unusual activity in the bank account
- Level of care inconsistent with resources

- Missing property
- Sudden affection or attention to the elder
- Attempts to isolate from support system
- Negative reaction to personal touch

#### **Indicators of Physical Abuse:**

- Scratches
- Bruises
- Cigarette burns
- Strangulation marks
- Skin tears
- Pain upon touching
- Scalp injuries
- Hematomas
- Detached retina
- Fractures
- Dislocations
- Untreated wounds
- Poisoning

## **VULNERABLE ADULT ABUSE: REFERRAL AND RESOURCES**

Isolation, fear, minimization, denial, and community and cultural values sometimes make it very difficult for vulnerable adults to reach out for help, and even more difficult to acknowledge, recognize, and strategize for their own safety.

The dynamics of vulnerable adult maltreatment are very different (cultural values, expectations of an elder or disabled person) versus younger victims of domestic violence, abuse, neglect, and exploitation. Vulnerable adults experience and internalize the victimization differently than other age groups.

### **Safety Planning for Vulnerable Adult Maltreatment**

*The information in the following Safety Plan is, in most part, based on the work of Anne Ganley and Susan Schechter, “Domestic Violence: A National Curriculum for Child Protective Service.” Family Violence Prevention Fund, 1996. Competent adults, unlike children, have the right to refuse to participate in this or any aspect of social services.*

### **Guidelines for Safety Planning**

1. Safety Planning is two-fold:
  - a. Strategy for getting a patient physically away from the maltreatment; and/or,
  - b. Planning for a patient to remain safely in the situation.

2. Safety Planning is based on principles of empowerment to assist in the development and implementation of the safety plan(s).
3. The Safety Plan:
  - a. Increases the patient's ability to protect self, particularly when a crisis exists and the potential for harm is high;
  - b. Helps to continually assess the degree of danger;
  - c. Confronts minimization and denial of the presence and extent of maltreatment;
  - d. Enhances safety by maximizing support system and resources; and,
  - e. Specifies a plan of action.
4. Safety planning is essential during any contact with a patient, whether it is by telephone or face-to-face. A safety plan is for the patient, to be carried out by the patient, and developed by the patient for self and others.
5. A safety plan can be brief or comprehensive.
6. It is essential that the safety plan be person-centered, specific, practical, detailed, and developed and implemented by the elder with appropriate supports.
7. The safety plan is, in part, based on participation of community partners, significant family members, and friends. The process may be difficult.
8. It is recommended that the patient and significant others practice the safety plan so that each develops automatic responses if a crisis occurs.

### **Elements of Safety Planning:**

1. Listen to the patient recount the events of maltreatment. Acknowledge and reinforce the patient's attempts to protect self and others.
2. Help the patient identify behaviors exhibited by the offender that may place the patient at risk of harm. (When are you the most vulnerable, such as time of day, week, or month?)
3. Educate the patient on the different types of maltreatment. Help identify the types of maltreatment the patient is experiencing or has experienced. Explain that it may be necessary for the patient to seek help to get out of the situation.
4. Explain to the patient that anticipated high-risk times can be reduced by having family members, friends, and other support system members visit during those times or periods of time, or by participating in community activities and agency programs, such as senior center, adult day, church, and so forth.
5. Identify areas of the house where maltreatment occurs most often, and develop strategies for avoiding these areas.
6. Consider a variety of options that may provide safety (for example, have friend or family member present in the home when an "outside" presence is there to prevent maltreatment; use of safe houses).

7. Educate the patient to recognize and use community resources such as emergency shelter, elder shelter, transportation, police intervention, and legal action.
8. Check for practicality, for example, the neighbor's home should not be considered a "safe home" if the neighbor is gone most of the time.

### **Safety Planning with Maltreated Vulnerable Adults**

Sample questions for discussing safety:

1. What do you think you need to be safe?
2. What particular concerns do you have about your or other household members' safety?
3. How have you protected yourself in the past?
4. Do you have a support system?
5. Who in your support system will help you with what you want to do?
6. Are you willing to accept assistance from "outside" your current support system, i.e. community agencies?

**If the patient is not currently living in the situation that resulted in maltreatment, evaluate the following options:**

1. Change the locks on the doors and windows.
2. Install a better security system, i.e. window bars, locks, better lighting, and smoke detectors.
3. Find a lawyer, including Legal Aid Services, knowledgeable about vulnerable adult maltreatment and related issues, and ask about other options for protection.
4. In rural areas, the patient may want to cover the mail box with bright colored paper so the Police and/or emergency medical service may more easily locate the home. A beacon light may also be considered.
5. Educate the patient about getting an order of protection, and help the patient get one, if desired.
6. Tell a trusted neighbor that the offender no longer resides in the home and ask the neighbor to inform the patient when or if the offender returns to the area.

**If the patient is leaving the situation, review the following:**

1. How and when is it most safe to leave? Is there transportation? Money? A place to go? Special arrangements needed?
2. Is the new place where the patient will be staying safe?
3. What community, medical, legal, faith-based resources, and services are needed for the patient to feel safe? Provide information. Assist with telephone calls, if appropriate. Encourage the use of community resources.
4. Is the patient comfortable calling the police if needed?
5. Who will be told about the patient leaving?
6. Who needs to be contacted about the patient leaving?
7. Who is the patient's support network? Does the patient trust them for protection or assistance needed?

8. What options may be used so the offender does not locate or have access to the patient?
9. Is traveling safe?
10. Is a protective order a viable option?
11. Is the patient able to live alone and meet own needs? If not, what services are needed?  
Will the patient be able to live alone with supportive services?
12. Tell the patient that if the decision is to leave the situation, the patient should have the following available:
  - Health insurance cards, i.e. Medicare;
  - Social Security card;
  - Bank account number(s), credit, savings, passbook(s), keys to safe deposit box;
  - Mortgage papers, lease rental agreements, house deed;
  - Medication(s) and prescriptions;
  - Legal documents, such as Power of Attorney (POA), Durable Power of Attorney (DPOA), curatorship, conservatorship, and so forth;
  - Assistive devices;
  - Marriage license, driver's license, car title;
  - Clothing and comfort items;
  - Phone numbers and addresses for family, friends, and community agencies (i.e. faith community, medical professionals); and
  - Arrangements for animal care.

**If the patient is remaining with the offender, review the following:**

1. What works best to keep the patient safe in an emergency?
2. Who is available to call during a crisis?
3. Will the patient call the police or other protective services if maltreatment occurs again? Is there a telephone in the house? Is there a telephone accessible?
4. If the patient wants to leave temporarily, what is available? Help the patient think through the options. Provide information.
5. Is a protective order a viable option?
6. Is there a way out of the house?
7. Identify danger areas and/or items in the house.
8. Are resources available in the community to serve the maltreated vulnerable adult?  
Are the resources accessible?
9. Does the patient have accessible emergency funds?
10. What is the patient's physical, mental, cognitive, and emotional status?

### Safety Planning Resource List

Resource/Person	Phone Number /Address	Contact
Shelter Services		
Emergency Shelter		
Other Safe Housing		
Faith Community		
Medical Care		
Providers		
Local DCBS Office		
Police		
Legal Assistance		
Mental Health		
Counseling		
Support Group(s)		
Area Agency on Aging and Independent Living		
(Neighbors)		
Other Support		
(Family)		
Other Support		
(Friends)		
Other Helpful Agencies		

## HUMAN TRAFFICKING: DEFINITIONS

**Bonded labor**, or debt bondage, is probably the least known form of labor trafficking today, and yet it is the most widely used method of enslaving people. Victims become bonded laborers when their labor is demanded as a means of repayment for a loan or service in which its terms and conditions have not been defined or in which the value of the victims' services as reasonably assessed is not applied toward the liquidation of the debt.

**Forced labor** is a situation in which victims are forced to work against their own will, under the threat of violence or some other form of punishment, their freedom is restricted and a degree of ownership is exerted. Forms of forced labor can include domestic servitude; agricultural labor; sweatshop factory labor; janitorial, food service and other service industry labor; prostitution, and begging.

**Child labor** is a form of work that is likely to be hazardous to the health and/or physical, mental, spiritual, moral or social development of children and can interfere with their education. The International Labor Organization estimates worldwide that there are 246 million exploited children aged between 5 and 17 involved in debt bondage, forced recruitment for armed conflict, prostitution, pornography, the illegal drug trade, the illegal arms trade and other illicit activities around the world.

## HUMAN TRAFFICKING: INDICATORS

### Physical Health

- Untreated STDs, HIV/AIDS, pelvic pain, rectal/urinary trauma
- Pregnancy; unwanted, little/no prenatal care, related complications from lack of care in delivery or termination of pregnancy, infertility
- Malnutrition; dehydration, poor personal hygiene, dental problems
- Bruises, scars, broken bones, other signs of physical abuse (esp. hidden areas)
- Infections caused by unsanitary medical "treatment" poorly administered
- Chronic back, hearing, vision, or respiratory problems
- Undetected critical/life-threatening diseases (cancer, diabetes mellitus, heart disease, infectious diseases)
- Drug/alcohol abuse, eating disorders, etc.

### Mental Health

- Anxiety
- Depression
- Disorientation
- Trauma, PTSD
- Flat affect
- Phobias
- Panic attacks
- Suicidal ideation/tendencies
- Self-mutilation



# HUMAN TRAFFICKING: REFERRALS AND RESOURCES

## **If you suspect your patient is a victim of human trafficking:**

- Attend to acute medical needs **FIRST**.
- Determine if interpretive services are necessary.
- Do NOT use the patient's friend/relative/etc. for translation.
- It is best to use a hospital translator because live translators are able to document the discussion in the patient's chart.
- Based on what you already know about your patient, review and utilize the Human Trafficking Screening Tool. It may only be necessary to ask a few questions from the screening tool to determine if your patient is a victim of human trafficking.
- If you are unsure of your next best action,  
**Call:** The National Human Trafficking Hotline 888.3737.888  
This call center will listen to your scenario and can provide guidance as to your next best action. They will also ask if you would like to 'report' this case of human trafficking and you can provide as much information as your patient will allow, so that they may continue to 'reporting' process and document the case.

*Remember: An adult patient (18 or older) has the right to decline assistance.*

- If the patient is a **minor**, it is **MANDATORY** to report the case to Child/Adult Protective Services **Call:** 1.800.752.6200
- If the patient is a **foreign national**, you may also wish to contact an immigration attorney:  
**Call one of the following:**
  - Legal Aid of the Bluegrass\_\_\_\_\_859.233.2556
  - Maxwell Street Legal Clinic\_\_\_\_\_859.233.3840
  - Catholic Charities of Louisville\_\_\_\_502.636.9263

## **Screen for other immediate needs:**

- Medical, Mental Health, Food, Clothing, Shelter

Please read this page carefully before screening anyone for human trafficking.

The following are screening questions social service organizations can ask in order to determine if an individual is potentially a victim of human trafficking. As with domestic violence/sexual assault victims, if you think a person is a victim of trafficking, it is best to NOT begin by asking directly if the person has been beaten or held against his/her will. Instead, you should start at the edges of his/her experience. If possible, please enlist the help of a staff member who speaks the person's

language and understands the person's culture, keeping in mind that any questioning should be done confidentially.

You should screen interpreters to ensure they do not know the victim or the traffickers and do not otherwise have a conflict of interest.

Before you ask the person any sensitive questions, it is important to get the person alone if they came to you accompanied by someone who could be a trafficker posing as a spouse, other family member or employer. However, when requesting time alone, you should do so in a manner that does not raise suspicions.

If you think you have come in contact with a victim of human trafficking, you may call the National Human Trafficking Hotline at 1.888.3737.888. This hotline will help you determine if you have encountered victims of human trafficking, will identify local resources available in your community to help victims, and will help you coordinate with local social service organizations to help protect and serve victims so they can begin the process of restoring their lives.

For more information on human trafficking visit [www.acf.hhs.gov/trafficking](http://www.acf.hhs.gov/trafficking).

In the Kentucky area, the following agencies are working directly with **Kentucky Rescue and Restore Victims of Human Trafficking**. These individuals/agencies may be contacted directly with any questions or concerns regarding human trafficking or to report any cases of trafficking you have knowledge of personally:

- Kentucky Rescue and Restore Victims of Human Trafficking, Catholic Charities of Louisville, Louisville, KY 40208. 502.636.9263 (office)
- Women's Crisis Center, Covington, KY 41011 859.491.3335 (office)
- Bluegrass Rape Crisis Center, Lexington, KY 40588 859.253.2511 (office)



## HUMAN TRAFFICKING SCREENING QUESTIONS

### *Force/Fraud/Coercion Indicators:*

1. How did you get your job?

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2. How did you get into this country?

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3. Who brought you into this country?

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4. Did you come to this country for a specific job that you were promised?

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5. Who promised you this job?

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6. Were you forced to do different work?

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7. Who forced you into doing different work than what was promised?

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8. Was there some sort of work contract signed?

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9. Who organized your travel?

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10. How was payment for your travel handled?

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11. Are you getting paid to do your job?

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12. Do you actually receive payment or is your money being held for you?

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13. Do you owe your employer money?

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14. Are there records or receipts of what is owed to your employer/recruiter?

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15. Are there records/receipts of what was earned/paid to you?

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16. How were financial transactions handled?

17. Are you in possession of your own legal (I.D.) documents? If not, why?

18. Were you provided false documents or identification?

19. Are you being made to do things that you do not want to do?

*Physical Abuse Indicators:*

1. Were you ever threatened with harm if you tried to leave?

2. Did you ever witness any threats against other people if they tried to leave?

3. Has your family been threatened?

4. Do you know about any other person's family ever being threatened?

5. Were you ever physically abused, or did you ever witness abuse against another person?

6. What type of physical abuse did you witness?

7. Were there any objects or weapons used in the physical abuse?

8. Where are these objects or weapons located?

9. Was knowledge of this abuse ever communicated to a person outside of this situation (e.g., police reports, domestic violence reports, hospital records, social service records)?

10. Was anyone else ever abused or threatened with harm in your presence?

11. How were medical problems handled, and who attended to them?

*Sex Trafficking Indicators:*

1. How did you get involved in the sex industry? Describe your understanding or expectations of what you would be doing.

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2. What did you actually end up doing in the sex industry?

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3. Has anyone taken pictures of you in compromising positions, then threatened to make the photos public if you don't do what they say?

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4. Have you been raped/ forced to have sex with someone or perform other sexual acts?

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5. Has someone "encouraged" or forced you to have sex with their friend as a "favor" to them?

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6. Were you prostituted in your town, country, or other countries before entering the U.S.?

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7. If you were prostituted, describe the establishment (bar, strip club, massage parlor, etc) and location (i.e. Rural, urban, island, military, entertainment strip, etc).

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8. At what age did you begin in the sex industry?

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*Lack of Freedom Indicators:*

1. Is your freedom of movement restricted? How?

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2. Can you leave your job or situation if you want?

---

3. Do you live and work in the same place?

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4. What were the conditions under which you were left unattended?

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5. Were there instances of physical restriction through locks, chains, etc.?

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6. Where are the locks used and who has the keys to them?

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7. How was movement in public places handled (e.g., car, van, bus, subway)?

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8. Who supervised your movement in public places?

---

9. How was the purchase of private goods and services handled (e.g., medicines, prescriptions)?

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10. Do you have any access to media (TV., radio, phone, etc) Specifically?

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*Behavioral indicators:*

1. Are you afraid of anyone? Who?

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2. Why are you afraid of them?

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3. What would you like to see happen to the people who hurt you (e.g., jail, deportation)?

---

4. How do you feel about the police? Why?

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*Environmental Indicators:*

1. Where do you live/eat/sleep?

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2. Where do the perpetrators live/eat/sleep?

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3. Are the living conditions between the two very different (good vs. bad)?

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*Indicators for Child Victims of Human Trafficking:*

1. Are you currently in school? When was the last time you were in school?\_\_\_\_\_

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2. Describe where you live and sleep. What are the conditions like? How many people do you share living space with?

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3. Do you work? What kind of work do you do? How many hours a day do you work?

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4. Where are you parents? When did you last see them? Why do you no longer live with them?

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Kentucky Rescue & Restore  
Catholic Charities of Louisville  
Bluegrass Rape Crisis Center, Lexington, Ky  
Women's Crisis Center, Covington, Ky  
Kentucky Association of Sexual Assault Programs, Inc. , Frankfort, Ky

# REPORTING REQUIREMENTS

*Consistent with state law, you must report known or suspected abuse, neglect, and/or exploitation of children and certain adults, as described below. Persons reporting in good faith are immune from criminal and civil liability. Failure to comply with reporting laws could result in criminal penalties and/or possible civil liability.*

**NOTE: HIPAA allows medical providers to make reports of child and adult abuse when required by state law. HIPAA also requires that the health care provider notify the victim that a report has been made. Patient authorization for the report is not required.**

Kentucky's mandatory abuse reporting laws require that abuse, neglect, and exploitation be reported when the victim is a child (under 18), the spouse of the offender, or an otherwise "vulnerable" adult. FOR INFORMATION, SEE KRS 600.020(1), KRS 620.630, KRS 209 (attached).

*The purpose for reporting known or suspected adult or child abuse, neglect, and exploitation is:*

- to identify victims;*
- to provide services aimed at preventing & remedying maltreatment; (if indicated)*
- and,*
- to document incidents of maltreatment*

**WHO IS MANDATED TO REPORT?** In Kentucky, all people, including a physician or nurse.

## **WHAT MUST BE REPORTED?**

- Any abuse or neglect of a **child** (person under the age of 18)
- Any abuse or neglect (regardless of age of victim) **inflicted by a spouse.**
- Any abuse or neglect of a **vulnerable adult** (age 18 and older), who because of mental or physical dysfunctioning, is unable to manage her/his own resources or carry out the activity of daily living or protect self from neglect or hazards without assistance from others. *This includes abuse of elders and adults with disability who may be dependent upon others for daily care in one or more areas (i.e. financial management, necessities, etc.)*

**TO WHAT AGENCY IS THE REPORT MADE?** Reports should be made to the local Department for Community Based Services (DCBS) office or the statewide hotline at **800-752-6200**. Reports can also be made to local or state law enforcement.

## **COMMUNITY RESOURCES:**

The roles of agencies involved in vulnerable adult maltreatment are described in the following section.



**Department for Community Based Services (DCBS):** provides an array of services from financial assistance to protection. DCBS is mandated by statute to investigate reports of suspected adult/spouse abuse, neglect, and exploitation in the community and in long-term care facilities. DCBS staff provides adult protective services and supportive services to help vulnerable adults remain safe in their homes or alternate care facilities. Adult Protective Services are voluntary unless court ordered. Examples of services that may be accessed through adult protection are social work counseling and coordination of services.

In addition to Adult Protective Services, General Adult Services are provided to adults and elders. This includes elders who are 65 years and older (but who are not mentally or physically dysfunctional) who are being abused, neglected, or exploited by a caretaker, family member, or household member. General Adult Services include referrals to community partners to help the adult remain at home and meet their own needs. All General Adult Services are voluntary services.

***\*Adult protective services are voluntary. This means the adult may accept or refuse services offered by DCBS, except in life-threatening situations where the adult lacks the capacity to consent and refuses to consent to services, in a state of abuse or neglect, and when an emergency exists. In these cases, a DCBS representative may petition the court for an order for involuntary adult emergency protective services.***

**Department for Aging and Independent Living (DAIL):** The Kentucky Department for Aging and Independent Living (DAIL) oversees the administration of statewide programs and services on behalf of Kentucky's elders and individuals with disabilities. Its mission is to preserve individual dignity, self respect and independence of Kentucky's elders and individuals with disabilities through leadership, education, and delivery of programs and services.

In partnership with Kentucky's 15 Area Agencies on Aging and Independent Living, Community Mental Health Centers, Center for Independent Living and other community partners, DAIL provides leadership and addresses issues and circumstances that stand in the way of elders and individuals with disabilities achieving the best possible quality of life. Programs administered by DAIL include, guardianship, homemaker services, meals on wheels and court-ordered services. Homemaker services may help the elder adult remain in his or her home longer by helping with budgeting, activities of daily living, applications for other agency services and follow-up appointments with those agencies, and information and referral services.

**Area Agency on Aging and Independent Living (AAAIL):** is designated as the lead for aging issues, concerns, services, and programs within the Area Development District. The AAAIL administers programs that are authorized by the Older Americans Act and Kentucky Area Development Districts, Area Agencies on Aging and Independent Living. Priority for programs is given to persons 60 and over, but persons in other age groups may be served as well..

Funds for programs for seniors are provided by the U. S. Department for Health and Human Services, U.S. Department of Labor, and Kentucky General Fund monies. Programs and services provided through contracts with the AAAs include:

- Title III – Supportive services, nutrition in congregate settings or home delivered meals, senior centers, in-home services;
- Title V – Senior Community Service Employment Programs;
- Title VII – Vulnerable Elder Rights Protection and the Long Term Care Ombudsman Program;

- General Fund – Home Care, Adult Day Care Program, and Personal Care Attendant Program.

AAAILs work with community agencies when appropriate to address the needs of the elderly. AAAILs, working together with community partners, may help the patient obtain services such as medical assistance, food stamps, housing, legal assistance, and Medicaid.

In vulnerable adult abuse issues, AAAILs contact the Kentucky Cabinet for Health and Family Services' Department for Community Based Services to report suspected elder abuse situations. While there are many cases of abuse perpetrated against the elderly, statistics indicate that a significant number of cases are self neglect. This type of case may require interventions such as making the home safer (cleanup, barrier removal, home maintenance or repair), providing basic human necessities (personal care, assistive devices, nutrition), addressing medical needs, or removing the elder from the abusive setting in an emergency. When an elder can remain at home through use of community-based resources, the AAAILs may work with community partners to coordinate service delivery.

AAAILs conduct follow-up reports, when appropriate, to identify potential service needs and develop a plan of service for addressing those needs. The AAAIL will work with other community-based agencies or organizations to achieve this goal.

## **Community Mental Health Centers**

Community Mental Health Centers are the regional planning bodies for mental health and mental retardation services within the 14 regions throughout the state. The Community Mental Health Center Board and programs are established in accordance with KRS 210.370 – KRS 210.460. Of the many duties of the Community Mental Health and Mental Retardation Board, two of them are to 1) “act as administrative authority of community mental health and mental retardation programs” and 2) provide “oversight and be responsible for the management of the community mental health and mental retardation programs.” By law, Community Mental Health and Mental Retardation programs can provide inpatient services, outpatient services, partial hospitalization or psychosocial rehabilitation services, emergency services, consultation and education services, and mental retardation services. Services can be provided to all age groups.

## **Spouse Abuse Centers**

Kentucky has private and state-funded spouse abuse centers. A state-funded spouse abuse center is in each of the 15 Area Development Districts. A center provides services to victims, adult and child, of domestic violence. Among the services provided are shelter, counseling, advocacy, and support groups, and children programs.

## **Rape Crisis Centers**

There are 13 rape crisis centers providing services to all Kentuckians. Local rape crisis centers may offer any of the following services and can also provide referrals to other resources.

1. Victim assistance, such as a 24-hour rape crisis line, counseling for survivors, support to help family and friends of the rape victim, support groups for survivors;

2. Public awareness, such as rape awareness and risk reduction, sexual harassment in the workplace, legal and medical aspects of sexual victimization;
3. Consultation, such as consultation for area professionals working with survivors of rape and sexual abuse, and in-service training.

In addition to the above-described agencies, communities have many resources available to them, such as law enforcement, the faith community, and medical and health care resources.

Two emergency, temporary shelters for elder abuse victims of maltreatment are available in Kentucky. They include The ElderShelter Network in Louisville, Kentucky, at 502-454-6005 and S.A.R.A.H. located in Northern Kentucky at 606-738-4270.

### **Kentucky Area Agencies on Aging**

<b>Area Development District</b>	<b>Telephone Number</b>
Purchase Area	270-251-6114
Pennyrile Area	270-886-9484
Green River Area	270-926-4433
Barren River Area	270-781-2381
Lincoln Trail Area	270-769-2393
KIPDA Area	502-266-6084 or 888-737-3363
Northern Kentucky Area	859-283-1885
Buffalo Trace Area	606-564-6894
Gateway Area	606-674-6355
FIVCO Area	606-739-5191
Big Sandy Area	606-886-2375
KY River Area	606-436-3158
Cumberland Valley Area	606-864-7391
Lake Cumberland Area	270-866-4200
Bluegrass Area	859-269-8021

### **Hot Line/Crisis Numbers**

<b>Agency</b>	<b>Telephone Number</b>
Alzheimer's Association	800-272-3900
Child and Adult Abuse	800-752-6200
Better Business Bureau	800-948-5791
Department for Public Health	502-564-2154
Consumer Protection	800-727-4272
Attorney General	800-372-2960
Pathways Mental Health	800-562-8909
DUI Information (Pathways)	800-718-0377
DCS, Inc. (SSA Appeals)	800-601-1874
FIVCO Long Term Care Ombudsman	877-295-4137
General Telephone Company	800-483-6697
Guardianship	800-372-2973
KY Relay Voice Service	800-648-6057 or 800-325-0778
KY Relay TDD Service	800-648-6056
KY State Police Emergency	800-222-5555
Legal Aid	800-274-5863 or 800-245-4137
KMA Fraud	800-627-4720

Durable Medical Equipment	800-895-6465
Migrant Family Helpline	800-234-8848
State Ombudsman	800-372-2973
Poison Control	800-772-5725
Safe Return Registration	800-572-8566
Social Security Administration	800-772-1213
Samaritan Hospital Copeline	800-776-2673
Veteran's Administration	800-292-4562
Victim Information Notification Everyday (VINE)	800-816-0491
Long Term Care Ombudsman	800-372-2991
Legal Helpline for Older Kentuckians	800-200-3633
Elder Care Locator	800-677-1116

### **Community Mental Health Centers and Hospitals by County**

Appalachian Regional Hospital (ARH)	606-439-1331
Eastern State Hospital (ESH)	859-246-7000
Central State Hospital (CSH)	502-253-7000
Western State Hospital (WSH)	270-866-4431

<u>County</u>	<u>Office Number</u>	<u>Crisis Number</u>	<u>Hospital</u>
Adair	270-679-4782	800-633-5599	ESH
Allen	270-843-4382	800-223-8913	WSH
Anderson	859-253-1686	800-928-8000	ESH
Ballard	270-442-7121	800-592-3980	WSH
Barren	270-843-4382	800-223-8913	WSH
Bath	606-329-8588	800-562-8909	ESH
Bell	606-528-7010	800-526-9552*	ARH
Boone	859-331-6505	877-331-3292	ESH
Bourbon	859-253-1686	800-928-8000	ESH
Boyd	606-329-8588	800-562-8909	ESH
Boyle	859-253-1686	800-928-8000	ESH
Bracken	606-564-4016	606-564-4016*	ESH
Breathitt	606-666-9006	800-262-7491	ARH
Breckinridge	270-765-2605	800-641-4673	CSH
Bullitt	502-589-8600	800-221-0446	CSH
Butler	270-843-4382	800-223-8913	WSH
Caldwell	270-886-2205	800-264-5163	WSH
Calloway	270-442-7121	800-592-3980	WSH
Campbell	859-331-6505	877-331-3292	ESH
Carlisle	270-442-7121	800-592-3980	WSH
Carroll	859-331-6505	877-331-3292	ESH
Carter	606-329-8588	800-562-8909	ESH
Casey	606-679-4782	800-633-5599	ESH
Christian	270-886-2205	800-264-5163	WSH
Clark	859-253-1686	800-928-8000	ESH

Clay	606-528-7010	606-864-2104*	ARH
Clinton	606-679-4782	800-633-5599	ESH
Crittenden	270-886-2205	800-264-5163	WSH
Cumberland	270-864-5631	800-633-5599	ESH
Daviess	270-684-0696	800-433-7291	WSH
Edmonson	270-843-4382	800-223-8913	WSH
Elliott	606-329-8588	800-562-8909	ESH
Estill	606-253-1686	800-928-8000	ESH
Fayette	859-253-1686	800-928-8000	ESH
Fleming	606-564-4016	606-564-4016*	ESH
Floyd	606-886-8572	800-422-1060	ARH
Franklin	502-253-1686	800-928-8000	ESH
Fulton	270-442-7121	800-592-3980	WSH
Gallatin	859-331-6505	877-331-3292	ESH
Garrard	859-253-1686	800-928-8000	ESH
Grant	859-331-6505	888-578-3212	ESH
Graves	270-442-7121	800-592-3980	WSH
Grayson	270-765-2605	800-641-4673	CSH
Green	270-679-4782	800-633-5599	ESH
Greenup	606-329-8588	800-562-8909	ESH
Hancock	270-684-0696	800-433-7291	WSH
Hardin	270-765-2605	800-641-4673	CSH
Harlan	606-528-7010	606-864-2104*	ARH
Harrison	859-253-1686	800-928-8000	ESH
Hart	270-843-4382	800-223-8913	WSH
Henderson	270-684-0696	800-433-7291	WSH
Henry	502-589-8600	800-221-0446	CSH
Hickman	270-442-7121	800-592-3980	WSH
Hopkins	270-886-2205	800-264-5163	WSH
Jackson	606-528-7010	606-864-2104*	ARH
Jefferson	502-589-8600	800-221-0446	CSH
Jessamine	859-253-1686	800-928-8000	ESH
Johnson	606-996-8572	800-422-1060	ARH
Kenton	859-331-6505	877-331-3292	ESH
Knott	606-666-9006	800-262-7491	ARH
Knox	606-528-7010	606-864-2104*	ARH
Larue	270-765-2605	800-641-4673	CSH
Laurel	606-528-7010	606-864-2104*	ARH
Lawrence	606-329-8588	800-562-8909	ESH
Lee	606-666-9006	800-262-7491	ARH
Leslie	606-666-9006	800-262-7491	ARH
Letcher	606-666-9006	800-262-7491	ARH
Lewis	606-564-4016	606-564-4016*	ESH
Lincoln	606-253-1686	800-928-8000	ESH
Livingston	270-442-7121	800-592-3980	WSH
Logan	270-843-4382	800-223-8913	WSH
Lyon	270-886-2205	800-264-5163	WSH
Madison	859-253-1686	800-928-8000	ESH

Magoffin	606-886-8572	800-422-1060	ARH
Marion	270-765-2605	800-641-4673	CSH
Marshall	270-442-7121	800-592-3980	WSH
Martin	606-886-8572	800-422-1060	ARH
Mason	606-564-4016	606-564-4016*	ESH
McCracken	270-442-7121	800-592-3980	WSH
McCreary	606-679-4782	800-633-5599	ESH
McLean	270-684-0696	800-433-7291	WSH
Meade	270-765-2605	800-641-4673	CSH
Menifee	606-329-8588	800-562-8909	ESH
Mercer	859-243-1686	800-928-8000	ESH
Metcalfe	270-843-4382	800-233-8913	WSH
Monroe	270-843-4382	800-223-8913	WSH
Montgomery	859-329-8588	800-562-8909	ESH
Morgan	606-329-8588	800-562-8909	ESH
Muhlenberg	270-886-2205	800-264-5163	WSH
Nelson	502-765-2605	800-641-4673	CSH
Nicholas	859-253-1686	800-928-8000	ESH
Ohio	270-684-0696	800-433-7291	WSH
Oldham	502-589-8600	800-221-0446	CSH
Owen	859-331-3292	877-331-3292	ESH
Owsley	606-666-9006	800-262-7491	ARH
Pendleton	859-331-6505	877-331-3292	ESH
Perry	606-666-9006	800-262-7491	ARH
Pike	606-886-8572	800-422-1060	ARH
Powell	606-253-1686	800-928-8000	ESH
Pulaski	606-679-4782	800-633-5599	ESH
Robertson	606-564-4016	606-564-4016*	ESH
Rockcastle	606-528-7010	606-864-2104*	ARH
Rowan	606-329-8588	800-562-8909	ESH
Russell	270-679-4782	800-633-5599	ESH
Scott	502-253-1686	800-928-8000	ESH
Shelby	502-589-8600	800-221-0446	CSH
Simpson	270-843-4382	800-223-8913	WSH
Spencer	502-589-8600	800-221-0446	CSH
Taylor	270-679-4782	800-633-5599	ESH
Todd	270-886-2205	800-264-5163	WSH
Trigg	270-886-2205	800-264-5163	WSH
Trimble	502-589-8600	800-221-0446	CSH
Union	270-684-0696	800-433-7291	WSH
Warren	270-843-4382	800-223-8913	WSH
Washington	859-765-2605	800-641-4673	CSH
Wayne	606-679-4782	800-633-5599	ESH
Webster	270-684-0696	800-433-7291	WSH
Whitley	606-528-7010	606-864-2104	ARH
Wolfe	606-666-9006	800-262-7491	ARH
Woodford	859-253-1686	800-928-8000	ESH

## **Kentucky State Police Posts**

Kentucky State Police Post 1	Kentucky State Police Post 9
Hickory, KY	Pikeville, KY
502-856-3721	606-437-7311

Kentucky State Police Post 2	Kentucky State Police Post 10
Nortonville, KY	Harlan, KY
502-676-3313	606-573-3131

Kentucky State Police Post 3	Kentucky State Police Post 11
Bowling Green, KY	London, KY
270-782-2010	606-878-6622

Kentucky State Police Post 4	Kentucky State Police Post 12
Elizabethtown, KY	Frankfort, KY
270-765-6118	502-227-2221

Kentucky State Police Post 5	Kentucky State Police Post 13
LaGrange, KY	Hazard, KY
502-222-0151	606-439-2343

Kentucky State Police Post 6	Kentucky State Police Post 14
Dry Ridge, KY	Ashland, KY
859-428-1212	606-928-6421

Kentucky State Police Post 7	Kentucky State Police Post 15
Richmond, KY	Columbia, KY
859-623-2402	502-384-4796

Kentucky State Police Post 8	Kentucky State Police Post 16
Morehead, KY	Henderson, KY
606-784-4127	270-826-3312

## CHILD ABUSE/NEGLECT

### **KRS 600.020: Definitions for KRS Chapters 600 to 645 (*excerpts only*)**

As used in KRS Chapters 600 to 645, unless the context otherwise requires:

- (1) “Abused or neglected child” means a child whose health or welfare is harmed or threatened with harm when his parent, guardian, or other person exercising custodial control or supervision of the child:
  - (a) Inflicts or allows to be inflicted upon the child physical or emotional injury as defined in this section by other than accidental means;
  - (b) Creates or allows to be created a risk of physical or emotional injury as defined in this section to the child by other than accidental means;
  - (c) Engages in a pattern of conduct that renders the parent incapable of caring for the immediate and ongoing needs of the child including, but not limited to, parental incapacity due to alcohol and other drug abuse as defined in KRS 222.005;
  - (d) Continuously or repeatedly fails or refuses to provide essential parental care and protection for the child, considering the age of the child;
  - (e) Commits or allows to be committed an act of sexual abuse, sexual exploitation, or prostitution upon the child;
  - (f) Creates or allows to be created a risk that an act of sexual abuse, sexual exploitation, or prostitution will be committed upon the child;
  - (g) Abandons or exploits the child;
  - (h) Does not provide the child with adequate care, supervision, food clothing, shelter, and education or medical care necessary for the child’s well-being. A parent or other person exercising custodial control or supervision of the child legitimately practicing the person’s religious beliefs shall not be considered a negligent parent solely because of failure to provide specified medical treatment for a child for that reason alone. This exception shall not preclude a court from ordering necessary medical services for a child; or
  - (i) Fails to make sufficient progress toward identified goals as set forth in the court-approved case plan to allow for the safe return of the child to the parent that results in the child remaining committed to the cabinet and remaining in foster care for fifteen (15) of the most recent twenty-two (22) months;

...

- (8) “Child” means any person who has not reached his eighteenth birthday, unless otherwise provided;

...

- (19) “Dependent child” means any child, other than an abused or neglected child, who is under improper care, custody, control, or guardianship that is not due to an intentional act of the parent, guardian, or person exercising custodial control or supervision of the child.

...

- (24) “Emotional injury” means an injury to the mental or psychological capacity or emotional stability of a child as evidenced by a substantial and observable impairment in the child’s



ability to function within a normal range of performance and behavior with due regard to age, development, culture, and environment as testified to by a qualified mental health professional;

...

(42) "Parent" means the biological or adoptive mother or father of a child.

(43) "Person exercising custodial control or supervision" means a person or agency that has assumed the role and responsibility of a parent or guardian for the child, but that does not necessarily have legal custody of the child.

...

(45) "Physical injury" means substantial physical pain or any impairment of physical condition.

...

(54) "Sexual exploitation" includes but is not limited to, a situation in which a parent, guardian, or other person having custodial control or supervision of a child or responsible for his welfare, allows, permits, or encourages the child to engage in an act which constitutes prostitution or encourages the child to engage in an act of obscene or pornographic photographing, filming, or depicting of a child as provided for under Kentucky law;

#### **KRS 620.030: Duty to report dependency, neglect, or abuse (*child abuse*)**

(1) Any person who knows or has reasonable cause to believe that a child is dependent, neglected, or abused shall immediately cause an oral or written report to be made to a local law enforcement agency or the Department of Kentucky State Police; the cabinet or its designated representative; the Commonwealth's attorney or the county attorney; by telephone or otherwise. Any supervisor who receives from an employee a report of suspected dependency, neglect, or abuse shall promptly make a report to the proper authorities for investigation. If the cabinet receives a report of abuse or neglect allegedly committed by a person other than a parent, guardian, or person exercising custodial control or supervision, the cabinet shall refer the matter to the Commonwealth's attorney or the county attorney and the local law enforcement agency or the Department of Kentucky State Police. Nothing in this section shall relieve individuals of their obligations to report.

(2) Any person, including but not limited to a physician, osteopathic physician, nurse, teacher, school personnel, social worker, coroner, medical examiner, child-caring personnel, resident, intern, chiropractor, dentist, optometrist, emergency medical technician, paramedic, health professional, mental health professional, peace officer, or any organization or agency for any of the above, who knows or has reasonable cause to believe that a child is dependent, neglected, or abused, regardless of whether the person believed to have caused the dependency, neglect, or abuse is a parent, guardian, person exercising custodial control or supervision, or another person, or who has attended such child as a part of his or her professional duties shall, if requested, in addition to the report required in subsection (1) of this section, file with the local law enforcement agency or the Department of Kentucky State Police or the Commonwealth's or county attorney, the cabinet or its designated representative within forty-eight (48) hours of the original report a written report containing:

(a) The names and addresses of the child and his or her parents or other persons exercising custodial control or supervision;

(b) The child's age;

(c) The nature and extent of the child's alleged dependency, neglect, or abuse, including any previous charges of dependency, neglect, or abuse, to this child or his or her siblings;

(d) The name and address of the person allegedly responsible for the abuse or neglect; and  
(e) Any other information that the person making the report believes may be helpful in the furtherance of the purpose of this section. (3) Neither the husband-wife nor any professional-client/patient privilege, except the attorney-client and clergy-penitent privilege, shall be a ground for refusing to report under this section or for excluding evidence regarding a dependent, neglected, or abused child or the cause thereof, in any judicial proceedings resulting from a report pursuant to this section. This subsection shall also apply in any criminal proceeding in District or Circuit Court regarding a dependent, neglected, or abused child.

(4) The cabinet upon request shall receive from any agency of the state or any other agency, institution, or facility providing services to the child or his or her family, such cooperation, assistance, and information as will enable the cabinet to fulfill its responsibilities under KRS 620.030, 620.040, and 620.050.

(5) Any person who intentionally violates the provisions of this section shall be guilty of a:  
(a) Class B misdemeanor for the first offense;  
(b) Class A misdemeanor for the second offense; and  
(c) Class D felony for each subsequent offense.

**Effective:** July 15, 2008

**History:** Amended 2008 Ky. Acts ch. 72, sec. 4, effective July 15, 2008. -- Amended 2007 Ky. Acts ch. 85, sec. 330, effective June 26, 2007. -- Amended 1988 Ky. Acts ch. 258, sec. 2, effective July 15, 1988; and ch. 350, sec. 43, effective April 10, 1988. -- Created 1986 Ky. Acts ch. 423, sec. 64, effective July 1, 1987.

**Legislative Research Commission Note.** The 1988 amendments to this section are effective April 10, 1988, except for the second sentence of subsection (1), which is effective July 15, 1988.

## VULNERABLE ADULT ABUSE

### **KRS 209.020: Definitions for chapter (*excerpts only*):**

As used in this chapter, unless the context otherwise requires:

(4) “Adult” means a person eighteen (18) years of age or older who, because of mental or physical dysfunctioning, is unable to manage his or her own resources, carry out the activity of daily living, or protect himself or herself from neglect, exploitation, or a hazardous or abusive situation without assistance from others, and who may be in need of protective services;

...

(6) “Caretaker” means an individual or institution who has been entrusted with or who has the responsibility for the care of the adult as a result of family relationship, or who has assumed the responsibility for the care of the adult person voluntarily or by contract, employment, legal duty, or agreement;

(7) “Deception” means but is not limited to:

(a) Creating or reinforcing a false impression, including a false impression as to law, value, intention, or other state of mind;

(b) Preventing another from acquiring information that would affect his or her judgment of a transaction; or

(c) Failing to correct a false impression that the deceiver previously created or reinforced, or that the deceiver knows to be influencing another to whom the person stands in a fiduciary or confidential relationship;

- (8) “Abuse” means the infliction of injury, sexual abuse, unreasonable confinement, intimidation, or punishment that results in physical pain or injury, including mental injury;
- (9) “Exploitation” means obtaining or using another person’s resources, including but not limited to funds, assets, or property, by deception, intimidation, or similar means, with the intent to deprive the person of those resources;
- ...
- (11) “Emergency” means that an adult is living in conditions which present a substantial risk of death or immediate and serious physical harm to himself or herself or others;
- ...
- (16) “Neglect” means a situation in which an adult is unable to perform or obtain for himself or herself the goods or services that are necessary to maintain his or her health or welfare, or the deprivation of services by a caretaker that are necessary to maintain the health and welfare of an adult

**KRS 209.030: Administrative regulations -- Reports of adult abuse, neglect, or exploitation -- Cabinet actions -- Status and disposition reports.**

- (1) The secretary may promulgate administrative regulations in accordance with KRS Chapter 13A to effect the purposes of this chapter. While the cabinet shall continue to have primary responsibility for investigation and the provision of protective services under this chapter, nothing in this chapter shall restrict the powers of another authorized agency to act under its statutory authority.
- (2) Any person, including but not limited to physician, law enforcement officer, nurse, social worker, cabinet personnel, coroner, medical examiner, alternate care facility employee, or caretaker, having reasonable cause to suspect that an adult has suffered abuse, neglect, or exploitation, shall report or cause reports to be made in accordance with the provisions of this chapter. Death of the adult does not relieve one of the responsibility for reporting the circumstances surrounding the death.
- (3) An oral or written report shall be made immediately to the cabinet upon knowledge of suspected abuse, neglect, or exploitation of an adult.
- (4) Any person making such a report shall provide the following information, if known:
  - (a) The name and address of the adult, or of any other person responsible for his care;
  - (b) The age of the adult;
  - (c) The nature and extent of the abuse, neglect, or exploitation, including any evidence of previous abuse, neglect, or exploitation;
  - (d) The identity of the perpetrator, if known;
  - (e) The identity of the complainant, if possible; and
  - (f) Any other information that the person believes might be helpful in establishing the cause of abuse, neglect, or exploitation.
- (5) Upon receipt of the report, the cabinet shall conduct an initial assessment and take the following action:

- (a) Notify within twenty-four (24) hours of the receipt of the report the appropriate law enforcement agency. If information is gained through assessment or investigation relating to emergency circumstances or a potential crime, the cabinet shall immediately notify and document notification to the appropriate law enforcement agency;
- (b) Notify each appropriate authorized agency. The cabinet shall develop standardized procedures for notifying each appropriate authorized agency when an investigation begins and when conditions justify notification during the pendency of an investigation;
- (c) Initiate an investigation of the complaint; and
- (d) Make a written report of the initial findings together with a recommendation for further action, if indicated.

(6) (a) The cabinet shall, to the extent practicable, coordinate its investigation with the appropriate law enforcement agency and, if indicated, any appropriate authorized agency or agencies.

(b) The cabinet shall, to the extent practicable, support specialized multidisciplinary teams to investigate reports made under this chapter. This team may include law enforcement officers, social workers, Commonwealth's attorneys and county attorneys, representatives from other authorized agencies, medical professionals, and other related professionals with investigative responsibilities, as necessary.

(7) Any representative of the cabinet may enter any health facility or health service licensed by the cabinet at any reasonable time to carry out the cabinet's responsibilities under this chapter. Any representative of the cabinet actively involved in the conduct of an abuse, neglect, or exploitation investigation under this chapter shall also be allowed access to financial records and the mental and physical health records of the adult which are in the possession of any hospital, firm, financial institution, corporation, or other facility if necessary to complete the investigation mandated by this chapter. These records shall not be disclosed for any purpose other than the purpose for which they have been obtained.

(8) Any representative of the cabinet may with consent of the adult or caretaker enter any private premises where any adult alleged to be abused, neglected, or exploited is found in order to investigate the need for protective services for the purpose of carrying out the provisions of this chapter. If the adult or caretaker does not consent to the investigation, a search warrant may be issued upon a showing of probable cause that an adult is being abused, neglected, or exploited, to enable a representative of the cabinet to proceed with the investigation.

(9) If a determination has been made that protective services are necessary when indicated by the investigation, the cabinet shall provide such services within budgetary limitations, except in such cases where an adult chooses to refuse such services.

(10) In the event the adult elects to accept the protective services to be provided by the cabinet, the caretaker shall not interfere with the cabinet when rendering such services.

(11) The cabinet shall consult with local agencies and advocacy groups, including but not limited to long-term care ombudsmen, law enforcement agencies, bankers, attorneys, providers of nonemergency transportation services, and charitable and faith-based organizations, to encourage the sharing of information, provision of training, and promotion of awareness of adult abuse, neglect, and exploitation, crimes against the elderly, and adult protective services.

(12) (a) By November 1 of each year and in accordance with state and federal confidentiality and open records laws, each authorized agency that receives a report of adult abuse, neglect, or exploitation shall submit a written report to the cabinet that provides the current status or disposition of each case referred to that agency by the cabinet under this chapter during the preceding year. The Elder Abuse Committee established in KRS 209.005 may recommend practices and procedures in its model protocol for reporting to the cabinet under this section.

(b) By December 30 of each year, the cabinet shall provide a written report to the Governor and the Legislative Research Commission that summarizes the status of and actions taken on all reports received from authorized agencies and specific departments within the cabinet under this subsection. The cabinet shall identify any report required under paragraph (a) of this subsection that is not received by the cabinet. Identifying information about individuals who are the subject of a report of suspected adult abuse, neglect, or exploitation shall not be included in the report under this paragraph. The report shall also include recommendations, as appropriate, to improve the coordination of investigations and the provision of protective services. The cabinet shall make the report available to community human services organizations and others upon request.

**Effective:** June 20, 2005

**History:** Amended 2005 Ky. Acts ch. 132, sec. 3, effective June 20, 2005. -- Amended 1998 Ky. Acts ch. 370, sec. 2, effective July 15, 1998. -- Amended 1980 Ky. Acts ch. 372, sec. 3, effective July 15, 1980. -- Amended 1978 Ky. Acts ch. 370, sec. 3, effective June 17, 1978. -- Created 1976 Ky. Acts ch. 157, sec. 4.

**Legislative Research Commission Note** (7/15/98). The amendment to this statute proposed in the introduced version of House Bill 652 was deleted in the House Committee Substitute that was adopted and became 1998 Ky. Acts ch. 370; no changes to the existing statute were left in that Act as enacted.

**Legislative Research Commission Note** (11/9/93). Prior references to the "department" in this statute were changed to "cabinet" pursuant to 1982 Ky. Acts ch. 393, sec. 50(5), and KRS 7.136(2).

## SPOUSE ABUSE

### **KRS 209A.020: Definitions for chapter (*excerpts only*)**

As used in this chapter, unless context otherwise requires:

(4) "Adult" means a person without regard to age who is the victim of abuse or neglect inflicted by a spouse;

...

(6) "Abuse" means the infliction of injury, unreasonable confinement, intimidation, or punishment resulting in physical harm or pain, including mental injury;

...

(9) "Neglect" means a situation in which a person deprives his or her spouse of reasonable service to maintain health and welfare;

### **KRS 209A.030 Administrative regulations -- Reports of abuse or neglect -- Cabinet actions -- Penalty for failure to report abuse or neglect. (SPOUSE ABUSE)**

(1) The secretary may promulgate administrative regulations in accordance with KRS Chapter 13A to effect the purposes of this chapter. The secretary may offer or cause to be offered protective services for safeguarding the welfare of an adult who has experienced abuse or neglect inflicted or caused by a spouse. While the cabinet shall continue to have primary responsibility for investigation and the provision of protective services under this chapter, nothing in this chapter shall restrict the powers of another authorized agency to act under its statutory authority.

(2) Any person, including but not limited to physician, law enforcement officer, nurse, social worker, cabinet personnel, coroner, medical examiner, mental health professional, alternate care facility employee, or caretaker, having reasonable cause to suspect that an adult has suffered abuse or neglect, shall report or cause reports to be made in accordance with the provisions of this chapter. Death of the adult does not relieve one of the responsibility for reporting the circumstances surrounding the death.

(3) An oral or written report shall be made immediately to the cabinet upon knowledge of suspected abuse or neglect of an adult.

(4) Any person making such a report shall provide the following information, if known:

- (a) The name and address of the adult;
- (b) The age of the adult;
- (c) The nature and extent of the abuse or neglect, including any evidence of previous abuse or neglect;
- (d) The identity of the perpetrator, if known;
- (e) The identity of the complainant, if possible; and
- (f) Any other information that the person believes might be helpful in establishing the cause of abuse or neglect.

(5) Upon receipt of the report, the cabinet shall take the following action:

- (a) Notify the appropriate law enforcement agency, if indicated;
- (b) Initiate an investigation of the complaint; and
- (c) Make a written report of the initial findings together with a recommendation for further action, if indicated.

(6) Any representative of the cabinet may enter any health facility or health service licensed by the cabinet at any reasonable time to carry out the cabinet's responsibilities under this chapter.

(7) Any representative of the cabinet actively involved in the conduct of an abuse or neglect investigation under subsection (5) of this section shall also be allowed access to the mental and physical health records of the adult which are in the possession of any individual, hospital, or other facility if necessary to complete the investigation mandated by this section. Page 2 of 2

(8) Any representative of the cabinet may with consent of the adult enter any private premises where any adult alleged to be abused or neglected is found in order to investigate the need for protective services for the purpose of carrying out the provisions of this chapter.

(9) If a determination has been made that protective services are necessary when indicated by the investigation, the cabinet shall provide such services within budgetary limitations, except in such cases where an adult chooses to refuse such services.

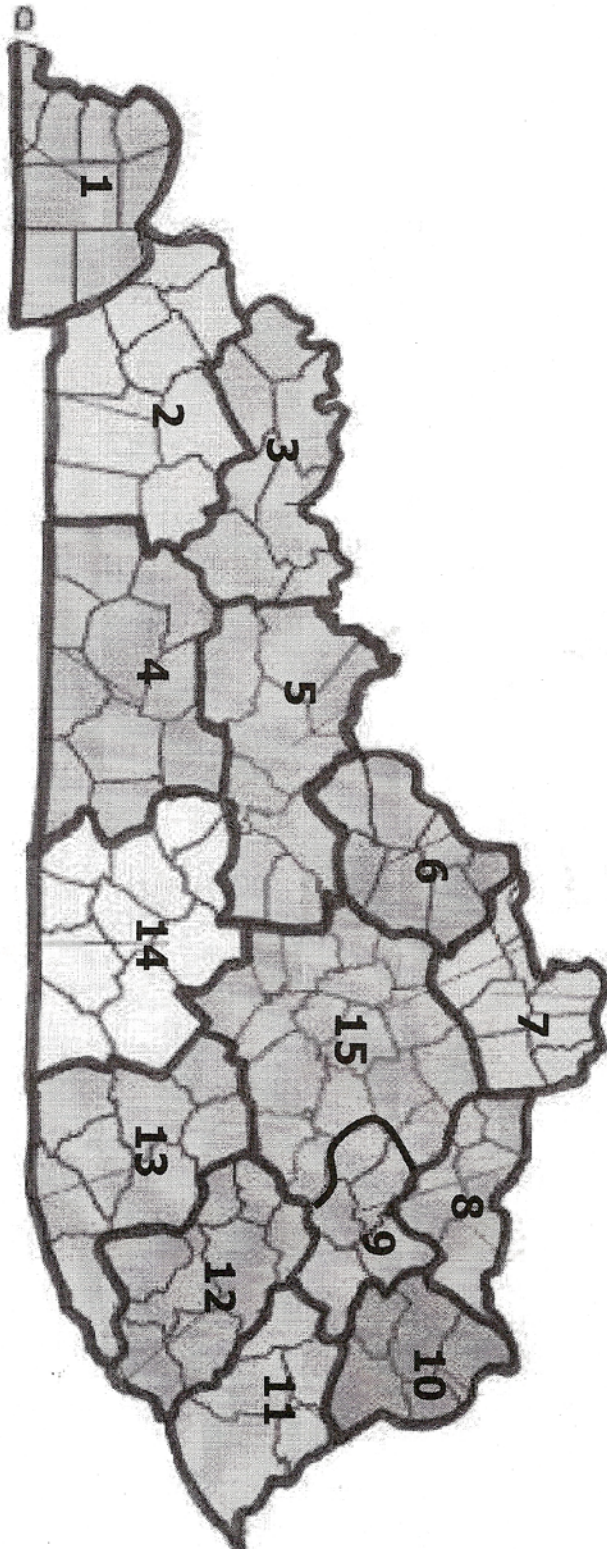
(10) In the event the adult elects to accept the protective services to be provided by the cabinet, no other person shall interfere with the cabinet when rendering such services.

(11) Anyone knowingly or wantonly violating the provisions of subsection (2) of this section shall be guilty of a Class B misdemeanor and penalized in accordance with KRS 532.090. Each violation shall constitute a separate offense.

**Effective:** June 20, 2005

**History:** Created 2005 Ky. Acts ch. 132, sec. 22, effective June 20, 2005.

**Service Providers by Area Development District (ADD)**  
(RCC=Rape Crisis Center, DV=Domestic Violence Shelter, CAC=Child Advocacy Center, EAC=Elder Abuse Council)



<b>1.</b> Purchase ADD RCC & CAC 800-928-7273 DV 800-585-2686 EAC 270-653-4314	<b>2.</b> Pennyrite ADD RCC & DV 800-766-0000 CAC 270-881-1111 EAC 270-889-6573 or 270-886-9484	<b>3.</b> Green River ADD RCC 800-226-7273 DV 800-822-2873 CAC 270- 830-8400 EAC 270-687-7491 or 270-926-4433	<b>4.</b> Barren River ADD RCC 800-656-4673 DV 800-928-1183 CAC 270-783-4357 EAC 800-832-1924	<b>5.</b> Lincoln Trail ADD RCC & CAC 877-672-2124 DV 800-767-5838 EAC
<b>6.</b> KIPDA ADD RCC & DV 502-581-7222 CAC 502-584-8505 EAC 502-574-7390 or 502-266-5571	<b>7.</b> Northern Ky ADD RCC & DV 800-928-3335 CAC 859-442-3200 EAC 859-472-2217	<b>8.</b> Buffalo Trace ADD RCC & DV 800-928-3335 CAC 877-563-0572 EAC 606-564-9411	<b>9.</b> Gateway ADD RCC 800-562-8909 DV 800-221-4361 CAC 606-780-7848 EAC 800-862-0526	<b>10.</b> FVCO ADD RCC 800-562-8909 DV 800-926-2150 CAC 866-325-4737 EAC 606-836-3187
<b>11.</b> Big Sandy ADD RCC 800-422-1060 DV 800-649-6605 CAC 866- 437-7447 EAC 606-886-2374	<b>12.</b> Ky. River ADD RCC 800-375-7273 DV 800-928-3131 CAC 866-248-6486 EAC 606-436-3158	<b>13.</b> Cumberland Valley ADD RCC 606-523-9386 DV 800-755-5348 CAC 606-878-9116 EAC 606-528-8788	<b>14.</b> Lake Cumberland ADD RCC 800-656-4673 DV 800-755-2017 CAC 270-343-6922 EAC 606-376-5400 or 270-866-4200	<b>15.</b> Bluegrass ADD RCC 800-656-4673 DV 800-544-2022 CAC 859-225-5437 EAC 859-269-8021 or 859-228-0551



## ***A Checklist: What You Need To Take When You Leave***

### ***Identification***

- ☐ Driver's License
- ☐ Children's Birth Certificates
- ☐ Your Birth Certificate
- ☐ Social Security Cards
- ☐ Welfare Identification

### ***Financial***

- ☐ Money and/or credit cards
- ☐ Bank books
- ☐ Checkbooks

### ***Legal papers***

- ☐ YOUR PROTECTIVE ORDER  
(Keep this with you at all times)
- ☐ Lease, rental agreement, house deed
- ☐ Car registration and insurance papers
- ☐ Health and life insurance papers
- ☐ Medical records for you and your children
- ☐ School records
- ☐ Work permits/Green card/ISA
- ☐ Passport
- ☐ Divorce & custody papers/marriage license

### ***Other***

- ☐ House and car keys
- ☐ Medications
- ☐ Jewelry
- ☐ Address Book
- ☐ Pictures of you, your children, and your abuser
- ☐ Children's toys, toiletries, and diapers
- ☐ Change of clothes for you and your children

## ***Emergency Resources in \_\_\_\_\_ County***

Police Department.....

Sheriff's Department.....

Kentucky State Police... (800) 222-5555

District Court Clerk (for Protective Orders)

Domestic Violence Program Crisis Line

## ***Other Community Resources***

Rape Crisis Center

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Department for Community Based Services/  
Cabinet for Families and Children

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Commonwealth Attorney's Office

.....

County Attorney's Office

.....

Hospital

.....

Mental Health Service

.....

Detention Center

.....

Kentucky Domestic Violence Association  
(502) 695-2444

# ***Domestic Violence Personal Safety Plan***



## ***Committed to Peace in Kentucky Homes***

Developed by:  
Kentucky Domestic Violence Association

Reprinted from:  
Domestic Violence Personal Safety Plan,  
Domestic Violence Prevention Board  
and OASIS, Five Steps to Safety



## ***Why is a Safety Plan Necessary?***

Once a violent act occurs in a relationship, the violence almost always reoccurs. In fact, the violence tends to occur more frequently and will most likely increase in severity. This happens even though the abuser is likely to apologize and will promise to change.

Therefore, it is extremely important that you have a plan and think ahead about what should be done in case of an attack, or repeated attacks from your abuser upon you or your children.

Although some abusers do not give any indications or signals prior to an abusive incident, you may be able to predict an attack by your abuser's behavior. For example, a certain look, a certain phrase that is said, certain times of the month or year, or when discussing various subjects which could provoke anger, are some things to look for.

In many cases, victims of domestic violence contemplate leaving their abusers several times before finally taking action. There are some practical steps which you can use to help keep you and your children safe.

### ***Safety With a Protective Order***

If you or your children have been threatened or assaulted you can request a protective order from your county District Court Clerk.

You may request a protective order 24 hours a day, 7 days a week. After business hours you will need to contact the Police Department to seek one.

Among, other things, you may request temporary custody, an order for no contact, and/or an order for the batterer to vacate the home.

Keep your protective order on you at all times.

Give a copy of the order to your child's school.

Call the police if your partner breaks the order.

## ***Safety During an Explosive Incident***

If an argument seems unavoidable, try to have it in a room or area where you have access to an exit. Try to stay away from the bathroom, kitchen, bedroom, or anywhere else where weapons might be available.

Practice how to get out of your home safely. Identify which doors, windows, elevator, or stairwell would be best. Practice these safety measures with your kids.

Identify one or more neighbors you can tell about the violence and ask that they call the police if they hear a disturbance coming from your home.

Devise a code word to use with your children, family, friends, and neighbors when you need the police.

Decide and plan for where you will go if you have to leave home (even if you don't think you will need to.)

Use your instincts and judgments. If the situation is very dangerous, consider giving the abuser what he/she wants to calm them down. You have the right to protect yourself until you are out of danger.

### ***Safety In Your Own Home***

Change the locks on your door as soon as possible.

Buy additional locks and safety devices to secure your windows.

Discuss a Safety Plan with your children.

Inform your children's school, daycare, etc. about who has permission to pick up your children.

Inform neighbors and landlord that your partner no longer lives with you and that they should call the police if they see him/her near your home.

Designate a "safe meeting place" with your children.

## ***Safety when Preparing to Leave***

Open a savings account and/or credit card in your own name to start to establish or increase your independence.

Get your own post office box or have information mailed to a safe address. You can privately receive checks and letters to begin your independence.

Leave money, an extra set of keys, copies of important documents, extra medicines, and clothes with someone you trust or in a safe place so you can leave quickly.

Determine who would be able to let you stay with them or lend you some money.

Keep the shelter or hotline phone number close at hand at all times for emergency phone calls, or memorize the number.

Review and update your safety plan as often as possible in order to plan the safest way to leave your batterer.

Think of other ways to increase independence

**Remember: Leaving your abuser is the most dangerous time!**

### ***Safety On the Job and In Public***

Decide who at work you will inform of your situation. This should include office or building security. Provide a picture of your batterer if possible.

Arrange to have an answering machine, Caller ID, or a trusted friend to screen your calls.

Devise a Safety Plan for when you leave work.

# References

## *References for statistics regarding sexual violence:*

Tjaden & Thoennes, U.S. Dept. of Justice (US DOJ), *Findings from the National Violence Against Women Survey* (2000). [www.ncjrs.org](http://www.ncjrs.org)

Kilpatrick & Ruggiero, National Violence Against Women Prevention Research Center, *Rape in Kentucky: A Report to the Commonwealth* (2003).

Bureau of Justice Statistics, US DOJ, *Criminal Victimization*, 2005, [www.ojp.usdoj.gov](http://www.ojp.usdoj.gov).

## *Reference for information regarding domestic violence specific to reproductive health:*

Chang J, Berg C, Salzman L, Herndon J. 2005. Homicide: A Leading Cause of Injury Deaths Among Pregnant and Postpartum Women in the United States, 1991-1999. *American Journal of Public Health*. 95-(3): 471-477

Silverman, JG, Decker, MR, Reed, E, Raj, A. Intimate Partner violence Victimization Prior to and During Pregnancy Among Women Residing in 26 U.S. States: Associations with Maternal and Neonatal Health. *American Journal of Obstetrics and Gynecology* 2006; 195(1): 140-148.

Gazmararian JA, Petersen R, Spitz AM, Goodwin MM, Salzman LE, Marks JS. Violence and reproductive health: current knowledge and future research directions. *Maternal and Child Health Journal* 2000; 4(2): 79-84.

## *References for information regarding child sexual abuse:*

The National Child Abuse and Neglect Data System (NCANDS). *Child Maltreatment 2007*. (NCANDS collects annual data provided by the child Protective Services Agencies across the U.S. NCANDS was created by the Department of Health and Human Services in response to federal legislation requiring the collection of national data on child abuse and neglect through the Child Abuse Prevention and Treatment Act (CAPTA)).

Kentucky Cabinet for Health and Family Services, Department of Community Based Services. (2009). *This state agency collects annual data capturing the number of referrals for child protective services investigations. The statewide statistics provided in this document are drawn from Kentucky's state fiscal year 2009 data.*

Kentucky Medical Association. (2010 in press). *Model Protocol*.

Johnson, T.C. (2007). *Understanding Children's Sexual Behaviors: What's Natural and Healthy – Updated 2007*. San Diego: CA.