

Chapter 1 : Elder Abuse|Violence Prevention|Injury Center|CDC

Interpersonal types of trauma are those events that occur between people. The people involved may have an established relationship, or it can be a one-time encounter. For example, child abuse occurs when a parental figure or person of authority abuses a child; sexual assault is any unwanted sexual contact by one or more individuals to another.

In this section of the NCLEX-RN examination, you will be expected to demonstrate your knowledge and skills of abuse and neglect in order to: The types of abuse and neglect are sexual abuse, physical abuse and neglect, psychological abuse and neglect, and financial abuse and neglect. The term elder abuse refers to any physical, psychological, sexual or financial abuse that is carried out against an elderly person; domestic violence entails the use of physical, psychological, sexual or financial abuse against a spouse, family member or significant other; and child abuse and neglect includes acts of violence or neglect against children that can include physical, psychological, sexual or financial abuse as well as physical, psychological, and financial neglect. Examples of physical neglect can include things like not providing physical care and not providing for the physical needs of the victim when the abuser has the responsibility to do so. Psychological neglect can include things like isolating the victim from others and isolating the victim in their own home away from other members of the family unit; and financial neglect is not providing the victim with basic and essential needs even though ample financial resources are available to provide for these needs. Current research indicates that abuse and neglect affect all people of all ages; however, there are some risk factors associated with the victim and there are also some risk factors associated with the perpetrator that have a correlation to abuse and neglect. These risk factors place the perpetrator at risk to abuse others and these risk factors make the victim vulnerable to abuse. Some patient populations are more at risk of abuse and neglect than other populations of patients. For example, females, pregnant women, infants, children, cognitively impaired individuals, the developmentally challenged person, those with physical or mental disabilities, and the elderly are at greater risk for abuse and neglect than other patient populations that are not affected with these same disorders and conditions. These factors are risk factors and not a reason for abusing others. This history and the cycle of violence, also referred to as the cycle of battering, places great risk on the spouse victim when spousal abuse is occurring. The cycle of violence includes the honeymoon phase, the tension building stage, the violence stage and the reconciliation phase. The victim undergoes a honeymoon phase where the relationship is relatively peaceful; the victim and the perpetrator rebuild tension in the relationship during the second phase of the cycle of violence; during the third phase, the abuse is again triggered, after which the couple reconciliates and moves again into this unending cycle of violence. In addition to assessing the risk factors associated with abuse and neglect, the registered nurse also assesses clients for any signs and symptoms of abuse and neglect. Such situations require that the registered nurse apply their critical thinking and professional judgment skills to the assessment of clients who may or may not be the victim of abuse or neglect. Additionally, if the nurse suspects spousal abuse, the nurse should separate the victim from the possible abusive spouse so that the victim is freer to speak with and confide in the nurse. The nurse should also be aware of the fact that many perpetrators of violence hover near the client in an attempt to stop the victim from divulging and sharing the truth with a health care professional; this, in itself, could be an additional sign of spousal or intimate partner abuse that the nurse should consider during the assessment. Clients who are victims of abuse and perpetrators are assessed not only for their physical needs, but also, for their psychological and social needs. For example, the victim of abuse is assessed for depression and other psychological problems such as poor self-esteem; the perpetrator is assessed for substance abuse and other psychological disorders; and the victim of elder abuse is assessed for their social support systems and their coping mechanisms. Some nursing diagnoses that may be appropriate for the child that is abused include: Physical interventions include the care and treatment of any physical injuries and the separation of the victim from the perpetrator. For example, a young child may have to be treated for burns; an abused spouse may have to be treated for a fracture of the femur; and an elder may have to receive fluid replacement and nutritional support when they have been the victim of elder neglect at the hands of a family member. Nurses fulfill the assessed psychosocial needs with a number of interventions

such as the provision of a safe environment for abused and neglected clients, safety planning, the identification of resources in the community, and the psychosocial support of the nurse and other members of the health care team within a trusting, open, supportive and nonjudgmental professional relationship. The experience of abuse or neglect is a traumatic psychological crisis that must be addressed as such. It will not disappear with a lack of action. An order of protection against the perpetrator is often recommended. Abusers and victims alike need the reinforcement of teaching relating to coping and coping strategies. For example, abusers may need reinforcement about the need to attend anger management or parenting classes, and victims, on the other hand, may need reinforcement about the need separate from the abuser to prevent the ongoing and endless cycle of violence. Some of these expected outcomes in terms of child abuse and neglect can include:

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Although research on the association between interpersonal trauma and physical health in older women is equivocal, the majority have found that this type of trauma is related to poor physical health. 10,14 For example, older women who experienced interpersonal violence had poorer self-reported physical health and higher medication use than.

Showing results 26 - 50 of Rogers, M. An independent consultation with older clients Monograph Project Report. Multilevel modeling in family violence research. *Journal of Family Violence*, 33 2 Development and validation of a screening questionnaire of family mistreatment against older adults for use in primary care settings in Mexico. Impact of an educational intervention for district nurses about preparedness to encounter women exposed to intimate partner violence. *Scandinavian Journal of Caring Sciences*, 32 2 , Self-employment in elderly care: A way to self-fulfilment or self-exploitation for professionals? Dynamics of virtual work pp. The use of care robots in aged care: A systematic review of argument-based ethics literature. *Archives of Gerontology and Geriatrics*, 74, The responsabilisation of social work. Transforming the politics and practices of caring Chapter 4. Exploring gender and elder abuse from the perspective of professionals. State health department approaches to addressing shared risk and protective factors across multiple forms of violence. Aging and the law: The legal aspects of aging and care provision. A cross sectional study on the prevalence of elder abuse in the rural field practice areas of a tertiary care hospital in Mangaluru. *Journal of Pharmacy Practice and Community Medicine*, 3 2 , Medication regimen complexity and low adherence in older community-dwelling adults with substantiated self-neglect. *Journal of Applied Gerontology*, just published. The national elder mistreatment study: An 8-year longitudinal study of outcomes. *LGBT Health*, 4 6 , Generational differences in knowledge, recognition, and perceptions of elder abuse reporting. *Educational Gerontology*, 43 11 , A profile of older Americans Department of Health and Human Services. Neoliberalism and resilience among older Yoruban people in a semiurban community, South West Nigeria. Prevalence and correlates of sexual, physical, and psychological violence against women and men of 60 to 74 Years in Sweden. *Journal of Interpersonal Violence*, just published. Disability, support and long-term social care of an elderly Spanish population, *International Journal for Equity in Health*, 16 4. A crime at any age: Intimate partner abuse in later life. *California Law Review*, 5 , An intersectional exploration of quality of life for elderly South Asian immigrant women in a Canadian sample. *Journal of Cross-Cultural Gerontology*, 32 2 , Association of Black Nursing Faculty Journal, 28 4 ,

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The abuse may also be the result of a well-intentioned attempt by the caregiver to ensure the person's well-being (such as bruising from holding to prevent self-injury). As the perpetrators are often family members or caregivers, the person may be less willing or unable to report the abuse.

Chapter 4 : Elder Abuse Research | EJI | Department of Justice

Working with Elders who have trauma histories by interfering with interpersonal relations and productive Elder abuse cases are complex.

Chapter 5 : Los Angeles, CA therapists focusing on elder abuse

This Summit has become a unique forum for people from all disciplines and philosophies to gather for in-depth exchange of current information on all facets of violence, abuse and trauma prevention, intervention and research.

Chapter 6 : SAGE Reference - Betrayal Trauma

*ABSTRACT*This article provides a summary of salient trauma findings and conveys the dearth of research pertaining specifically to the trauma of elder abuse. This material, in conjunction with information contained in other articles composing this special issue, lays the foundation for advancing a trauma-informed approach to assisting older adults who have experienced polyvictimization.

Chapter 7 : Minneapolis, MN therapists focusing on young adults ()

-- *The dynamics of interpersonal trauma* -- *The impact and long term effects of interpersonal trauma* -- *Creating a secure base: fundamental principles of safe trauma therapy* -- *Working with interpersonal trauma* -- *Child abuse as interpersonal trauma* -- *Child sexual abuse as interpersonal trauma* -- *Rape as interpersonal trauma* -- *Sexual.*