

PRINCIPLES OF CAREGIVING DEVELOPMENTAL DISABILITIES MODULE

CHAPTER 5: ABUSE AND NEGLECT

FACILITATOR GUIDE

CONTENT:

- A. Introduction
- B. Reporting abuse and neglect
- C. Definitions of abuse and neglect
- D. Responding to abuse and neglect
- E. Additional resources

Estimated time for this chapter: 2.5 hour

Needed Materials:

1. Facilitator Guide
2. Participant Guides
3. 3 prepared pieces of newsprint paper

COMPETENCIES:

1. Identify physical signs and symptoms of suspected abuse and/or neglect.
 2. Identify behavioral signs and symptoms of suspected abuse and/or neglect.
 3. Identify environmental signs that may be related to suspected abuse and/or neglect.
 4. Identify what information is necessary for reporting suspected abuse and neglect.
 5. Explain what you need to do if you suspect abuse or neglect.
-
-

KEY TERMS:

Abuse

Exploitation

Abusive treatment

Mandatory reporting

Adult Protective Services (APS)

Neglect

Child Protective Services (CPS)

Vulnerable

A. INTRODUCTION

Facilitator Note:

Because people with disabilities have been treated poorly by society throughout history, we spend extra time making sure that Direct Care Workers understand the importance of recognizing abuse, neglect and exploitation (taking advantage of a person for personal gain).

Some children and adults with developmental disabilities are vulnerable. This requires support providers and families to be aware of signs and symptoms of maltreatment and neglect.

Characteristics that increase a person's vulnerability include:

- Powerlessness
- Dependency
- Compliance
- Inability to prevent, escape, or disclose abuse
- Lack of body ownership
- Desire to fit in
- Denial or failure to recognize signs of abuse

People with developmental disabilities are more likely to be abused and neglected than the general population. People with disabilities are more likely to experience:

- Multiple forms of abuse and neglect
- Multiple perpetrators of abuse
- Abuse and neglect over a long period of time
- Lack of appropriate health care
- Inappropriate use of prescribed medications (use of medication to subdue or overmedicate)
- Misleading statements and behavior by support providers
- Using the disability to explain or minimize abuse
- Blaming injuries on the child (adult)
- Empathy for the support provider/caregiver clouds concerns for child(adult)
- Concerns and reports overruled by authority figures
- Multiple contacts with health care providers and other professionals, with failure to recognize or respond to abuse
- Ignoring, misunderstanding, or misinterpreting signs and symptoms of abuse

Reprinted from "Responding to Maltreatment of Children with Disabilities," Mary A. Steinberg, M.D. and Judith R. Hylton. With permission of the Oregon Institute on Disability & Development at Oregon Health Services University.

B. REPORTING ABUSE AND NEGLECT

All health care providers, social workers and Direct Care Workers have an ethical and legal responsibility to report to Child Protective Services (CPS), Adult Protective Services (APS), or law enforcement any suspected abuse, neglect, or exploitation. In addition to your mandated reporting responsibility, any concerns you have about the care or treatment of a person you are working with must be reported to your employer and to the Division of Developmental Disabilities.

Facilitator Note: Complement this material with the section on reporting in Fundamentals, chapter 2 Legal and Ethical Issues.

The Mandatory Reporting Laws of the State of Arizona

(Arizona Revised Statute 13-3620)

“Any person who reasonably believes that a minor is or has been the victim of physical injury, abuse, child abuse, a reportable offense or neglect that appears to have been inflicted on the minor by other than accidental means...shall immediately report or cause reports to be made of this information to a peace officer or to Child Protective Services in the Department of Economic Security, except if the report concerns a person who does not have care, custody or control of the minor, the report shall be made to a peace officer only.”

(Arizona Revised Statute 46-454)

Duty to report abuse, neglect and exploitation of vulnerable adults; duty to make medical records available; violation; classification

A physician, registered nurse practitioner, hospital intern or resident, surgeon, dentist, psychologist, social worker, peace officer or other person who has responsibility for the care of a vulnerable adult and who has a reasonable basis to believe that abuse or neglect of the adult has occurred or that exploitation of the adult's property has occurred shall immediately report or cause reports to be made of such reasonable basis to a peace officer or to a protective services worker. The guardian or conservator of a vulnerable adult shall immediately report or cause reports to be made of such reasonable basis to the superior court. All of the above reports shall be made immediately in person or by telephone and shall be followed by a written report mailed or delivered within forty-eight hours or on the next working day if the forty-eight hours expire on a weekend or holiday.

C. DEFINITIONS OF ABUSE AND NEGLECT

Abusive Treatment:

Abusive Treatment includes, but is not limited to:

- a. **Physical abuse** by inflicting pain or injury to an individual. This includes hitting, kicking, pinching, slapping, pulling hair or any sexual abuse (including inappropriate touch).
- b. **Emotional abuse** which includes ridiculing or demeaning an individual, making derogatory remarks to an individual or cursing directed towards an individual.
- c. **Programmatic abuse** is the use of procedures or techniques, which are not part of the support/service plan or are prohibited.

Facilitator Notes:

Abuse can include anything that intentionally harms the person being supported. This can include physical harm like hitting, pinching, kicking, slapping, pulling hair, sexual assault. It can also include emotional harm like name calling, swearing at a person, demeaning them or making them feel bad about themselves. Abuse can also occur when a direct care worker violates the Article 9, for example, refusing to give a person an afternoon snack because the individual did not eat all their lunch.

Neglect:

Neglect means a pattern of conduct without the person's informed consent resulting in deprivation of food, water, medication, medical services, shelter, cooling, heating, or other services necessary to maintain physical or mental health.

It also includes:

- a. Intentional lack of attention to physical needs of the individual such as using the bathroom, bathing, meals and safety.
- b. Intentional failure to report medical problems or changes in health condition to immediate supervisor or nurse.
- c. Sleeping on duty or abandoning work station (including leaving the individual unsupervised).
- d. Intentional failure to carry out a prescribed treatment plan for the individual.
- e. Failure to provide required supervision, propping a pool fence open, not following traffic laws, or taking other unnecessary risks.

Facilitator Notes:

Neglect occurs whenever a direct care worker, or other person responsible for a child or vulnerable adult, fails to meet that person's needs. Examples of neglect could include failing to meet nutritional needs, not following medical orders or ISP directives, falling asleep on the job, not assisting with going to the restroom or hygiene needs, not following the Article 9 guidelines (not following the attendant care agreement, not meeting safety needs, not providing required supervision, propping the pool fence open, not following traffic laws, or taking other unnecessary risks).

Exploitation happens when a direct care worker or other person responsible for the individual takes or uses that person's money, possessions, or other resources for their own benefit.

Facilitator Note: State that abuse and neglect can take many forms and can sometimes be difficult to identify.

ACTIVITY:

Signs and Symptoms of Abuse and Neglect

Before class, prepare three large pieces of newsprint pad or other large paper by labeling the top of each as follows:

- Physical Signs
- Emotional/Behavioral Signs
- Environmental Signs

Hang the papers on the wall, put them on stands, or in some other way make them accessible to the class.

Have the class work in small groups or rotate as individuals through the three "stations" brainstorming and writing on the papers as many examples of signs of abuse and/or neglect as they can. You may need to give an example or two to get the groups started.

After the groups or individuals have had a chance to rotate through each of the newsprint pads adding their ideas, review the information gathered with the larger group. Be sure to provide plenty of positive feedback for answers provided. If they do not show up on the papers, you will want to include the examples provided below.

D. RESPONDING TO ABUSE AND NEGLECT

Facilitator Note:

Review one or more of the Abuse and Neglect Scenarios with the class. (The scenarios are in the Instructor Resources section in the back of this chapter). This activity can be done one-on-one, or if you have a larger group you can have them work in pairs or small groups to review the scenario. Ask the class to identify the different signs of abuse or neglect within the scenario(s).

If working in pairs or groups, debrief each scenario out loud with the larger group. Be aware of the time, but spend adequate time to ensure that everyone in the class is able to identify the characteristics of the various types of abuse.

Transition to the next section by saying something like, “as mandatory reporters, we have certain responsibilities when we have a suspicion of abuse or neglect”. You may want to ask the group to share what they already know about mandatory reporting.

Reporting abuse and neglect

All known or suspected abuse and/or neglect *must* be reported to:

Adult Protective Services (if the person is 18 years old or older)
1-877-767-2385

Child Protective Services (if the person is 17 years old or younger)
1-888-767-2445

The Division of Developmental Disabilities (DES/DDD) written report in the form of an Incident Report (see the chapter on Incident Reports) must be completed.

Failure to report abuse or neglect can also be considered abuse with consequences that could include:

- Termination
- Fine
- Imprisonment

Facilitator Note:

Any suspected abuse or neglect must be reported immediately to Child Protective Services (if the individual is under the age of 18) or Adult Protective Services (if the

individual is 18-years-old or older). It is your responsibility by law, meaning it is mandatory for you, to report directly **or to assure that** a report is made to Child Protective Services (CPS) or Adult Protective Services (APS) if you suspect that a person you support is being abused, neglected, or taken advantage of (exploitation). An incident report to the Division of Developmental Disabilities must also be completed. Additional follow-up may be requested.

It is strongly recommended and preferred that Direct Care Workers make immediate reports of suspected abuse or neglect directly to CPS, APS, or law enforcement. If the allegations are reported to an agency supervisor, the supervisor can call in the mandatory report; however it is still the responsibility of the Direct Care Worker to make sure the report is made as soon as possible.

If abuse or neglect is suspected and/or observed, it must be reported immediately to:

**The DES/DDD Support Coordinator
Child Protective Services (children under the age of 18)
or Adult Protective Services (adults 18 years of age or older).**

This includes abuse, physical injury, denial or deprivation of medical surgical care to a minor or abuse neglect or exploitation of an incapacitated or vulnerable adult

**Child Protective Services 24 Hour
Reporting Number
1-888-767-2445**

**Adult Protective Services 24 Hour
Reporting Number
1-877-767-2385**

As a mandatory reporter, it is the responsibility of the Direct Care Worker to assure a report is made to Child Protective Services or Adult Protective Services depending on the age of the individual.

What to Report	
Abuse or Neglect of a Child	Abuse or Neglect of a Vulnerable Adult
Name of the child	Name of the adult
Address of the child	Name of responsible person – if it is someone other than the individual
Name of parents or the responsible person	Adults age
Age of the child	Nature and extent of their vulnerability
Nature and extent of injuries or neglect	Nature and extent of injuries, neglect or exploitation
Any evidence of previous injuries or neglect	Other information that may be helpful in investigating the case
Any other information that may be helpful in investigating the case	Other information as requested
Other information as requested	
When to Report	
Any time you are concerned for the immediate health and safety of the individual you are supporting, call law enforcement!	
IMMEDIATELY report to a local Child Protective Services Worker	IMMEDIATELY report to a local adult protective services worker.
Submit written report (serious incident report) to the Division of Developmental Disabilities within one working day.	Submit written report (serious incident report) to the Division of Developmental Disabilities within one working day.

Steps to take if you suspect abuse and/or neglect

If you know or suspect that one of the individuals you are supporting is being abused or neglected, here are the steps to follow:

Protect the person.

Facilitator Note: Protecting the person does not mean physically intervening with another person. The Direct Care Worker must take care not to put themselves in a dangerous situation.

Protecting the person may include calling the police to handle the situation. It may also include staying with the person until their safety is ensured.

Report it verbally to your supervisor.

Facilitator Note: The verbal report is a courtesy to your employer and does not meet the intent of the mandatory reporting requirement.

Write an Incident Report.

Facilitator Note: This is a good time to hand out or show an incident report form. The next section will cover all the information that should be included in the report. You will want to include a discussion about how the incident report form fits in the reporting continuum of communication to the Division of Developmental Disabilities, the responsible person, and CPS or APS for meeting the mandatory reporting requirements.

Participate in the investigation process as requested.

Facilitator Note: Participating in the investigation includes sharing what you know with your agency, the Division of Developmental Disabilities, and Child or Adult Protective Services. It also means not talking about the alleged abuse or neglect with other people who are not part of the investigation team.

Remember, abuse and neglect are prohibited in all services and programs operated or supported by the Department of Economic Security, Division of Developmental Disabilities, and anyone doing so is subject to dismissal and prosecution.

We, as Direct Care Workers, have additionally been identified by law as mandatory reporters. That means we have a legal obligation to report any reasonable suspicion that abuse, neglect or exploitation are occurring.

IMPORTANT! Your job is to *report!* You are not the person doing the investigation! By reporting your concerns, you have done your job. There is no need for you to go back to do follow-up regarding the allegations. In fact, you are not allowed to do any investigating! Although it may create temporary turmoil or upset, the benefit to the person you support is the top priority. You have done your job, and should feel confident that you are doing your part.

E. ADDITIONAL RESOURCES FOR PARTICIPANTS

Physical signs of abuse or neglect can include:

- Bruises
 - On different parts of body
 - In unusual shapes (circling the arm or in the shape of a handprint or object)
 - Unusually large
 - Frequent, high numbers
 - In unusual places
 - In different stages of healing
- Burns
 - Unusual shapes
 - Unusually large
 - Unusual places
- Cuts / Abrasions
- Fractures
 - Any bone breakage of the face, jaw, or skull should be regarded as suspicious as should spiral fractures of the long bones
- Poor hygiene
- Vaginal/Rectal pain
- Medication issues
- Dehydration
- Malnutrition
- Sunburn
- Frequent illness/stress related illnesses
- Untreated long term illness
- Skin infections
- Sexually transmitted diseases in a person not known to be sexually active
- Pregnancy in a person not known to be sexually active
- Malnourishment
- Failure to thrive
- Frequently dirty
- Body odor
- Rotting teeth

Behavioral signs of abuse or neglect can include:

- Avoidance of significant family, friends or care workers
- Delays in seeking treatment
- Regression / Deterioration of skills
- Incontinence (lack of bladder control)
- Fear of a specific person or location
- Fear of being touched
- Flinching / Startle response
- Significant change in interest in sexual acts
- Changes in eating habits
- Changes in sleeping habits
- Withdrawal
- Depression
- Expression of poor self esteem and self image
- Overly critical of self and others
- Extremes in behavior
- Sudden unexplained changes in behavior
- Reporting of abuse and/or neglect
- Running away
- Extremes in relationships
- Poor peer relationships
- Not able to be consoled
- Vaguely expressed fear of being in the abusive environment
- Perfectionism
- Loss of joy, fun
- Promiscuity, prostitution
- Wearing multiple layers of clothing
- Violent symbolic play, artwork, and/or storytelling

Environmental signs of abuse or neglect can include:

- Lack of necessities like food, water, heating, cooling
- Lack of utilities
- Lack of adequate space
- Lack of ventilation
- Animal or insect infestation
- Unsafe conditions due to lack of maintenance i.e. bare wires, uncovered outlets, broken pipes etc.
- Filth including garbage, human or animal waste, rotten food, etc.
- Clothing is filthy and in disrepair
- The individual has responsibility far beyond what is fair and developmentally appropriate
- Caregivers cannot be located in cases of emergencies
- Individual fails to attend schools or programs without explanation
- Bad odor in the environment
- Animals in the environment are neglected and/or abused

INSTRUCTOR RESOURCES

Scenarios:

Chelsea has a seizure disorder. Her family is very disorganized and frequently forgets to give her the prescribe seizure medications. Sometimes the prescription is not filled on time. She has frequent seizures and as a result has facial scars and missing teeth. A month ago, you mention to the family that maybe Chelsea should see her doctor to have her medication levels checked. The family agreed but has not taken her yet. Today you had to call 911 when she had a seizure.

Chelsea's situation represents medical neglect.

Steven is a 15 year old with Down syndrome. As a result of prior abuse, he has severe behavior outbursts that include hitting and biting others. He takes Clonidine, and one of its side effects is sedation. You notice his caregiver has been giving him twice the dosage because he becomes passive and sleeps most of the time.

Steven's situation represents misuse of prescribed treatments.

Joey, age 4, has fetal alcohol syndrome and developmental delays. You saw a bruise on his face and when you asked the caretaker what happened she went into great detail about the effects of fetal alcohol syndrome and how he constantly runs into things and hurts himself. She did not explain how the bruise on his face occurred.

Joey's situation is one where the caregiver used the child's disability to explain the injury.

Randy is a twenty five year old with cerebral palsy who lives with his older brother. You just started working with him. You notice the house is very dirty and that there is no food in the refrigerator or cupboards. It looks like Randy had not been dressed or out of his bed for a long time. He doesn't have any clean clothes. While helping Randy, you see that he has a very bad pressure sore. After Randy gets dressed, you ask him if he wants to go to the grocery store. Randy tells you that his brother takes his monthly check and that he never has any money. You ask Randy's brother for some money to buy groceries and he asks you to leave and never come back.

Randy's situation is one of possible neglect and exploitation.

Sandy is a 15 year old woman diagnosed with autism. She uses gestures and vocalizations to communicate. For a while, you have noticed that Sandy appears to be afraid and does not want to be touched when you are helping with her shower. For the past few days, she refuses to get into the shower at all. While helping her change, she points to herself and starts crying. You are not comfortable asking the family what is going on.

Sandy is showing signs of possible physical and/or sexual abuse

You work with a nice, young mother going through a hard time. You think she might have substance abuse issues. She has 4 children. You work with the oldest boy who is seven. She has a new boyfriend and asked you to do respite and babysit for all of the kids so they can go out. You felt bad for the mother and agreed to it. It is now 11 am on the following day and there is no food for the kids. The mother was supposed be at home by 11 the night before and she is not answering her cell phone. You can't get a hold of anyone at your agency.

This is an example of programmatic abuse and neglect.

Portions reprinted from "Responding to Maltreatment of Children with Disabilities"

Mary A. Steinberg, M.D. and Judith R. Hylton

With permission of the Oregon Institute on Disability & Development at Oregon Health Services University