Recognizing and Reporting Abuse, Neglect, and Exploitation of Vulnerable Populations

Division of Developmental Disabilities





DEPARTMENT OF ECONOMIC SECURITY

Your Partner For A Stronger Arizona

Instructor Guide

10/20/2020

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Course Description

Participants will learn how to identify abuse, neglect, and exploitation and the expectations for mandated reporting.

TIMING

4 hours

AUDIENCE

All DDD employees and providers.

ASSESSMENT

Participants must score a minimum of 80% on assessment to pass the course

COURSE GOAL

Participants will define abuse, neglect, and exploitation, expectations for mandated reporting, and guidelines for appropriate touch.

COURSE OBJECTIVES

- Define and identify abuse and neglect.
- List factors that increase vulnerability to maltreatment of people with developmental disabilities
- List issues surrounding privacy and touch.
- List requirements and procedures for mandated reporting.
- Understanding whistleblower protections

ACTIVITY MATERIALS

It is recommended that the instructor be familiar with the technology used in the course ensure that it is functioning properly.

General	Supplies
	Computer
	Internet connection
	Access to Google Meets, Zoom, or other presentation platform
Instruct	or Supplies
	PowerPoint Presentation
	"Hand Over Hand Hand Under Hand Support" video link:
	https://www.youtube.com/watch?v=74-LLEGESak
	"Arizonans with Disabilities and Why Reporting Abuse Matters" video
	link: https://www.youtube.com/watch?v=oShKs 3MV9M&authuser=0
	Jamboard access or other whiteboard/collaborative application
Activity	Supplies
	Jamboard(s) or other whiteboard/collaborative application o Myths and Stereotypes o Risk Factors o Professional Boundaries
	Polling feature in Zoom/Google Meets
	Breakout rooms in Zoom or additional Google meets for breakouts.
Class H	andouts – 1 per Participant
	Participant Guide – fillable PDF
	Group Assignments with Google meets for break out or Zoom breakout sessions. Instructors can use the round robin they have assigned to them for Google Meets.

Facilitator Focus

Your focus is delivering this virtual-delivery course content to the participants as effectively as possible. You should work as a team with the Producer to divide the actions (slides, videos, chat, questions, time keeping) to ensure the participants remain engaged throughout the duration of the course.

A key point is keeping track of time – especially concerning breaks. Virtual delivery requires a few more stoppages to ensure the participants remain focused.

Producer Focus

Your job as the producer is to allow the Facilitator to focus on delivering the training material by handling the 'electronic' part of the class: The slides, the Chat, Google Classroom, and even the initial connection troubleshooting the participants may encounter.

To aid you in this endeavor, it is recommended that you download all course materials to your desktop to avoid any network-related interruption to the class. The material to download would include the Facilitator Guide, the PowerPoint presentation, and any videos that are delivered during the course. You should also be logged in to the Google Jamboard (or other whiteboard/collaborative application) for this course and have it available to you onscreen.

Unless otherwise noted, you will be the primary 'manager' of the PowerPoint presentation (within the web-based classroom app) as well as monitoring the chat and either answering the posed questions or interrupting the instructor to get an answer for the participant.

ICON GUIDE

	Click for slide animation		Break
	Write on board	¥	Lunch
?	Question	Jamboard	Jamboard activity
	Activity		
N. C.	Important		
	Advance slide		

OVERVIEW

Recognizing and Reporting Abuse, Neglect, and Exploitation of Vulnerable Populations





18#18th

Producer: Monitor the Chat for any initial tech related connectivity questions or issues. As much as possible, try to handle questions/issues without involving the facilitator.

Say Welcome to Recognizing and Reporting Abuse, Neglect, and Exploitation of Vulnerable Populations.

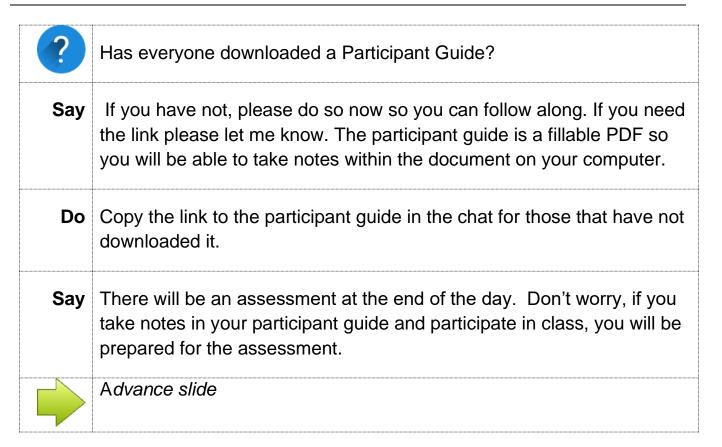
This topic is extremely important, especially for our line of work intellectual with supporting individuals and developmental disabilities. People with developmental disabilities are at higher risk of being victims of maltreatment. It is important for Arizonans with developmental disabilities to lead self-directed, healthy and meaningful lives. They can't do that if they are being abused or mistreated, and it is all of our responsibility to report any potential concerns.

Thank you for being here and caring about the individuals we serve.

Do

Introduce yourself including:

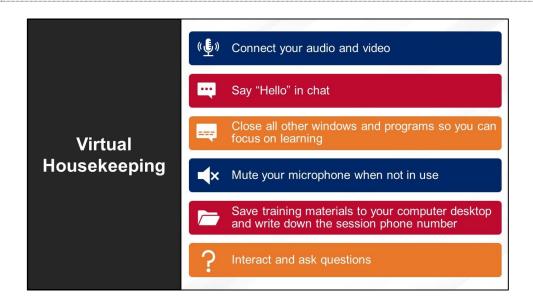
- Name
- Title
- Qualifications for teaching the course



Housekeeping

Say

Before we get started, I want to go over some virtual learning practices.



Do Share the following information with participants:

This course is being taught online using:

- Google Meet or Zoom and/or phone for
 - Audio and visual of the course
 - o Lecture, class debriefs, and discussions
 - Chat, for any questions or comments, or to answer Knowledge Checks

Google Jamboard is used to organize and deliver selected discussion questions and activities.

Just as with a face-to-face course, there are things we need to be mindful of while attending this virtual class:

- We will take breaks often, and it is essential that you return from those breaks on time so we can get the class restarted as scheduled
- After each break we will take attendance.
- If you need to leave the class, please mute your phone and send a chat message to the Producer, then return. Please be aware, however, that you may miss valuable information during your absence.
- Just as in face to face training participation is key to learning.
- Please use the **Chat** message or the **Q&A feature** if you have any questions. The Producer will be your first point-of-contact but if they cannot answer your question, I will attempt to do so.
- If using the Zoom platform use the "Raise Hand" feature if you
 have a question that you would like to ask in front of the class.



Are there any questions so far?

Facilitator Notes:

INTRODUCTIONS - INTRODUCE YOURSELF

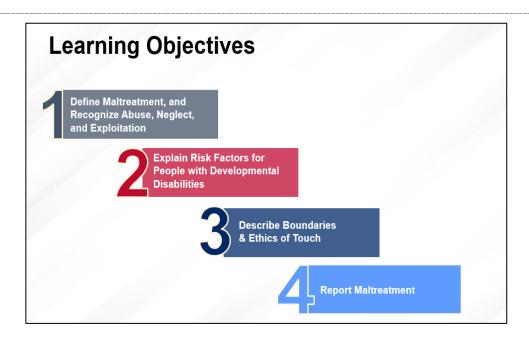
PG#	6
Say	Great. We're going to do introductions in just a few minutes. Share your name, position and how long you have been in your role.
Do	Introduce yourself in Chat and how long you have been with the division.

Introduce Yourself



Name, Title, How long in your role

Do	Have participants introduce themselves. You can have them do this in chat or you can call on the participants to answer.
Producer	Manage the chat for questions and/or any technical issues.
	Advance slide



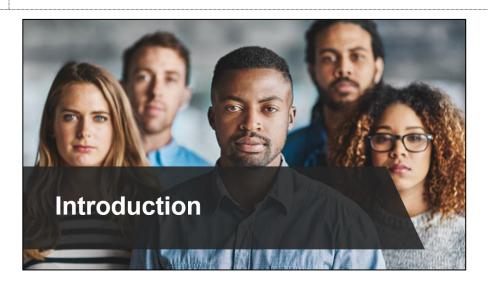
Say This course has four learning objectives:

- 1. Define maltreatment, and recognize abuse, neglect, and exploitation.
- 2. Explain risk factors for people with developmental disabilities
- 3. Describe boundaries and the ethics of touch, and
- 4. Report maltreatment



INTRODUCTION TO THE COURSE

PG# 7



Do:

Read the Introduction to the class.

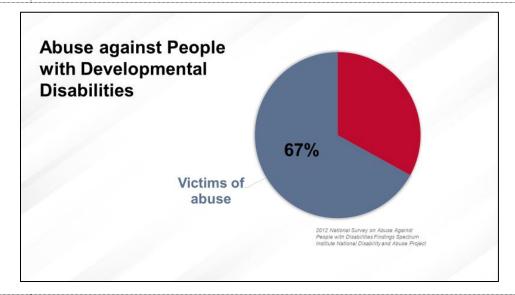
Say

In this class, you will learn how to identify maltreatment which includes abuse, neglect and exploitation. You'll also learn about the effects of abuse. We will talk about factors that put people with developmental disabilities at greater risk for abuse, neglect and exploitation and we'll talk about issues surrounding touch. Finally, you'll learn what to do when you suspect maltreatment. The topics in this course are difficult and may trigger strong emotions. We will be taking frequent breaks and I encourage you to take care of yourself and step away from the computer if you get overwhelmed or triggered.

That being said, let's go ahead and get started.









What fraction of people with developmental disabilities do you think have or will experience some form of abuse at some point in their lives?



Click on slide animation to display answer.

Sav

According to the National Survey on Abuse Against People with Disabilities, 2/3 or 67% of people with developmental disabilities have experienced abuse. The same survey identified the prosecution rate of abusers of people with developmental disabilities.

For more information about abuse and crimes against people with disabilities, click the following link or copy and paste it to your browser:

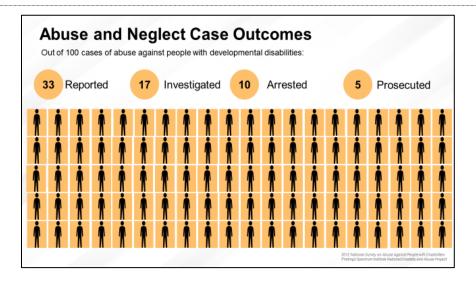
https://www.ncjrs.gov/ovc_archives/ncvrw/2017/images/en_artwork/Fact_Sheets/2017NCVR W PeopleWithDisabilities 508.pdf

Source: 2017 National Crime Victims' Rights Week Resource Guide. Crime and Victimization Fact Sheets

Producer Monitor Chat for questions



9



What percentage of cases of abuse of people with developmental disabilities do you think result in prosecution of the abuser?

Click for animation

Say Out of 100 cases, 67 went unreported.

Say Which leaves only 33 that were reported.

Of those 33 reported cases, how many do you think were investigated?

Click on slide animation

Say 17. Out of those 17 investigations

Say 10 arrests were made. Out of those 10 arrests

How many do you think were prosecuted?

Click on slide animation

PG# 12 (continued) That means that only 5 instances of 100 incidents of abuse were Say prosecuted. 95 out of 100 or 95% of instances of abuse went unprosecuted. These statistics are the reason we are here today. As a professional in direct care, social work, and other positions that that provide support to vulnerable individuals, we all are responsible for ensuring the safety of the individuals we serve. A huge part of that responsibility is reporting suspected abuse and neglect. Many people are considered mandated reporters. (This means that we are required by law to report suspected abuse, neglect, and exploitation to the police and/or a protective services authority.) We will learn about who is a mandated reporter, but regardless, we should all feel the responsibility to protect the vulnerable and report if we suspect abuse, neglect, exploitation, or maltreatment. Advance Slide

LESSON 1: DEFINE MALTREATMENT, AND RECOGNIZE ABUSE, NEGLECT, AND EXPLOITATION

OBJECTIVES

- Define maltreatment
- Recognize abuse, neglect and exploitation
- List common characteristics of perpetrators

Supplies

Define Maltreatment and Recognize Abuse, Neglect, and Exploitation

- Define maltreatment
- Recognize abuse, neglect, and exploitation
- List common characteristics of perpetrators

Say

In our first lesson today, we will be defining abuse, neglect and exploitation. We will be talking a lot about the signs and symptoms that someone might display if they are being victimized and be able to recognize the effects that abuse, and neglect can have on the victim.



> ACTIVITY: DEFINITIONS OF ABUSE, NEGLECT, AND EXPLOITATION



Introduce activity. Take a Poll. Do

> For this activity, the creator of the meeting will need to create a poll. This poll can be set up and saved prior to class then launched when needed.

The question for the poll will be:

Is abuse, neglect, and exploitation always easily identifiable?

Answers:

Yes

No

Unsure

Producer Monitor the Chat and question feed as well as the poll results.

We are going to take a poll on Abuse, Neglect and Exploitation. I will post the poll in the activities section of the meet. To find it, it is in the tab next to the chat at the top of the screen. Share your screen so that the class can see the meets window if possible. Point to the activities tab on the tool bar. 솖 Now that I have showed you where the poll is located please Say vote on what you think, and we will review the results together. **Do** Review the results of the poll with the group. Let's look at the responses. If you are unsure that is ok by the Say end of the day you will know the answer to that question. For anyone that replied yes, would you mind sharing your reasons for saying yes? Do: Let someone answer Say: For anyone that replied no, would you mind sharing your reasons for saying no? Do: For both yes and no response, validate answers. Note: The answer is no as there are kinds of abuse and neglect that leave no outward marks on a person. We will discuss that in detail as we go along. Advance slide

Abuse

Intentional infliction of pain or injury to a member

- · Intentional infliction of physical harm
- Injury caused by negligent acts or omissions
- · Unreasonable confinement
- · Sexual abuse or sexual assault

A.R.S. § 46-451 DDD Policy 6002-G



Producer	Monitor the Chat for questions.	
Say	On this slide is the state definition of abuse. Take a minute to read it. It's also in your participant guide.	
	Advance slide	

PG#	‡ 13	
;	3 Categories	of Abusive Treatment
	Physical	Includes hitting, kicking, pinching, slapping, pulling hair, sexual abuse
	Emotional	Verbal ridiculing or demeaning an individual, making derogatory remarks, or cursing at an individual
	Programmatic	Violations of Article 9 such as using a restricted technique without an approved Behavior Treatment Plan or using a prohibited technique.
Say	The DES Division of Developmental Disabilities (DDD) divides abuse into 3 separate categories.	
?	Can I have a volunteer read the definition of abusive treatment that corresponds to physical abuse?	
Say	Note that the DDD categorizes sexual abuse under physical abuse.	



Can I have a volunteer read the definition on that corresponds to **emotional** abuse?

Say

Emotional abuse is broad, which is good. It's up to the victim to determine if the behavior or words of another impact them negatively. If it does, emotional abuse exists.

Say

Note that Adult Protective Services (APS) does not have authority to investigate emotional or verbal abuse. However, **A.R.S. 13-3623 criminal code. D** states:

"A person who intentionally or knowingly engages in emotional abuse of a vulnerable adult who is a patient or resident in any setting in which health care, health-related services or assistance with one or more of the activities of daily living is provided or, having the care or custody of a vulnerable adult, who intentionally or knowingly subjects or permits the vulnerable adult to be subjected to emotional abuse is guilty of a class 6 felony."



Can I have a volunteer read the definition that corresponds to **programmatic** abuse?

Say

The easy way to remember Programmatic abuse is, if you violate Article 9-which you have or will be trained in, you are automatically violating this part of the DDD's policy and may be participating in programmatic abuse.

Facilitator note: Some violations of Article 9 include:

- Use of seclusion rooms (locked time out)
- Overcorrection
- Noxious stimuli
- Physical or mechanical restraints when used as a negative consequence to behavior.
- Behavior modifying medication if Prescribed as PRN, interfering with dosages or without a behavior plan.

Psycho surgery, insulin shock, electroshock or experimental drugs.

 Ask Are there any questions before moving on to the definition of neglect?

 Advance slide

Neglect

Is the deprivation of food, water, medication, medical services, shelter, supervision, cooling, heating or other services necessary to maintain a vulnerable adult's minimum physical or mental health





Do Have a volunteer read the definition.

The definition is also written in your participant guide. Say

Think back to the brainstorming activity we did earlier. What are some examples of neglect you heard?

Say

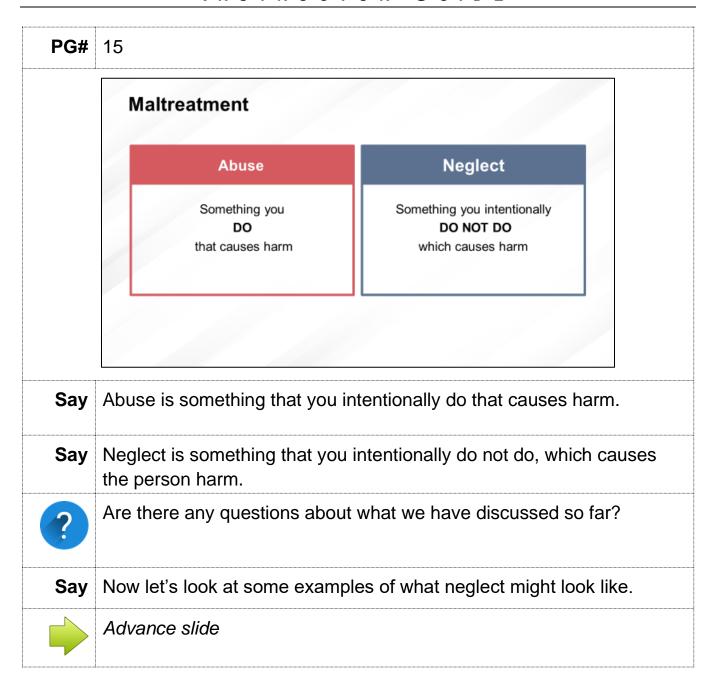
According to division policy, neglect may include:

- Intentional lack of attention
- Intentional failure to report maltreatment
- Lack of supervision
- Intentional failure to carry out a prescribed treatment
- Sleeping on duty
- Abandoning shift

Say

A good way to remember the difference between abuse and neglect is...





PG# 16-18



Say Here are some additional examples of neglect.

- Failing to provide access to medical and mental health treatment, and dental care
- Failing to properly provide medications leading to and could lead to overmedicating or under medicating.
- Failing to provide bathing, grooming, toileting, nail care, haircare which is likely to result in being unable to maintain physical health.

Note that sometimes *abuse* is the result of something *not* done—an injury due to a *negligent act* or omission.

For example, two people doing an assist or lift for a individual, but only one person lifts the individual, and so the individual falls breaks their hip.



Do you have any other examples to add?

Producer: Monitor Chat for suggestions and questions

Do: Write down any given examples and discuss, as necessary.

Say	Note also that often the individuals themselves might neglect their own care (if they are able to care for themselves).
	Advance slide

16-18

ENVIRONMENTAL SIGNS OF NEGLECT

AND MALTREATMENT

Environmental Signs of Neglect and Maltreatment

- · Environmental odors
- · Infestations
- · Filthy and cluttered environment
- · Leaving a vulnerable or frail individual that is unable to vacate independently in the event of an emergency

Consider if the vulnerable person's health or safety is being compromised.





What types of things may you see in someone's environment that may indicate neglect and maltreatment?

Do: Ensure the following points are covered:

- Environment is filthy and cluttered
- Environment smells/ infestations
- Clothing is filthy and in disrepair
- Individual left unsupervised

Consider: Is health or safety being compromised?



PG# 19-20

EXPLOITATION—ADULTS

Exploitation

Illegal or improper use of a vulnerable adult or his resources for another's profit or advantage.



A vulnerable adult is defined as someone who is 18 years of age or older who is unable to protect themselves from abuse, neglect or exploitation by others because of a mental or physical impairment.

A.R.S. § 46-451 DDD Policy 6000-G

Say Our final definition of maltreatment is Exploitation.

Do Read the Slide to the group.

Illegal or improper use of a vulnerable adult or his resources for Say another's profit or advantage.

A vulnerable adult is defined as someone who is 18 years of age or older who is unable to protect himself from abuse/neglect or exploitation by others because of a mental or physical impairment.

A Vulnerable adult also includes an incapacitated person as defined in A.R.S. section 14-5101.

Per A.R.S. § 46-451 and DDD Policy 6000-G

Say

Note that the definition of "vulnerable adult" applies in every category abuse, neglect, and also exploitation.



PG# 21-22



Exploitation or improper use of an adult might also include:





- Forced criminality
- · Labor exploitation or involuntary servitude
- · Underpaying for a task that benefits another person
- · Questionable use of bank accounts and/or investments
- · Questionable transfer or purchase of assets
- · Care or living expenses not paid/past due

Do Go over the points on the slide with the class. Following are details to also include when discussing this slide.

Say Exploitation can include use of force, coercion, or exerting undue influence over, or enticing an adult to engage in sex acts or perform labor/services for the profit or benefit of another.

Exploitation or improper use of an adult also includes (but is not limited to):

Forced criminality

Forcing the adult to carry out criminal activity through coercion or deception. Forcing the adult to beg for money or sell drugs.

· Labor exploitation or involuntary servitude

Forcing the adult to work long hours with little pay; restriction of movement and confinement to the workplace or to a limited area, often using violence or intimidation.

Say

Underpaying for a task

For example, the individual crafts a quilt and a staff person pays the individual only \$1.00 for the quilt.

- Questionable use of bank accounts and/or investments
- Questionable transfer or purchase of assets

Such as real estate property and/or vehicles

Care or living expenses not paid/past due

Such as rent, share of cost, utilities, and/or miscellaneous living expenses where someone has been assisting the adult with such expenses.



EXPLOITATION—CHILDREN

Exploitation

Use of a child by a parent, guardian or custodian for material gain which may include forcing the child to panhandle, steal or perform other illegal activities.

Department of Child Safety



Say

It's important to remember that children might also be exploited.

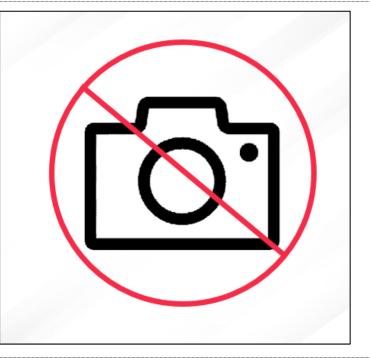
The Department of Child Safety defines exploitation as use of a child by a parent, guardian or custodian for material gain which may include forcing the child to panhandle, steal or perform other illegal activities.



Exploitation

Photographs of a resident without written consent are forbidden. Staff are prohibited from taking pictures with cameras of any kind; this includes, but is not limited to, smartphones, a personal camera, a camera phone or tablet.







Instructor Note: The wording on this slide and in PG cannot be altered.

Say

In consideration of advancing technology and the wide reach of the internet and social media, the Centers for Medicare and Medicaid have issued a statement regarding exploitation of vulnerable adults as it relates to photography of individuals with intellectual or developmental disabilities within our care.



Can I have a volunteer read this slide?

Thank the participant







Instructor Note: The wording on this slide and in PG cannot be altered.

Sav

Please take a minute to read this slide to yourself. The information is also in your participant guide.

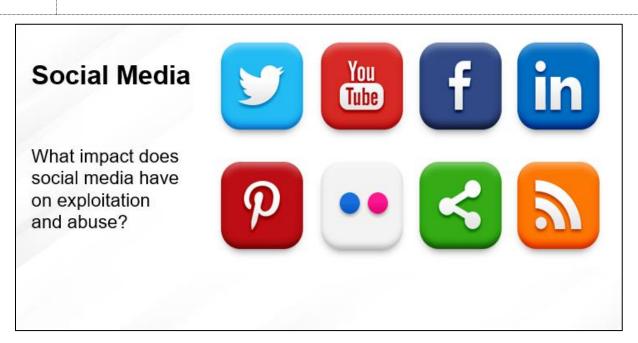
Say

This statement may seem harsh but let's think about where it's coming from. In the past, some people with disabilities were exploited as oddities or even circus acts. Think of the bearded woman or the 1,000-pound man. Pictures may have been taken and spread around for people to ridicule.

Certainly, we have come a long way in our treatment of people with disabilities. But there are always going to be people in the world who wish to do harm. All people deserve to be treated with respect and have their privacy honored.

While we are talking about photography and how it relates to exploitation, we need to discuss the use of social media.





- What impact does social media have on exploitation and abuse?

 Possible answers:
 - Photos being shared and altered (memes)
 - Levels of privacy-Oversharing information
 - People pretending to be other people
 - Boundaries-is he or she really your friend?
 - Financial exploitation
- ? Are there any questions about abuse, neglect, or exploitation before we move on?

Now that we've defined abuse, neglect, and exploitation, we're going to explore how to recognize the signs of abuse and neglect.



Advance slide

10 min break to break up the material. Do not skip this break.

Otherwise there is 38 slides of material that is being presented to the class in one section.

PG# 26-32

Recognizing Abuse

WARNING

This gallery contains graphic images that some viewers may find disturbing

Say

We will be reviewing some pictures that depict children and adults who have been abused. Some of the images will be graphic and may be disturbing. They may make you feel uncomfortable. However, they will help you identify non-accidental trauma or neglect. Feel free to step out of the room as needed.

Note also that your participant guide also has some additional information.

If you have any suspicion of abuse or neglect, report it. Later in the class, we'll talk about how to report.

Remember: When in doubt-report!



Advance the slide

Say



Just as we discussed Abuse can take many forms, in the following pictures we will look at types of physical abuse. We are going to start by looking at bruises and abrasions. In the pictures it may seem apparent as to what was used to hurt the person in the picture.

It is important to note Non-accidental or suspicious bruising usually looks like **the object that caused them**, they may have a pattern and are often located on the buttocks, lower back, upper arms, and/or thighs.



Advance the slide

Say



If you look closely at the childs face in this picture on the lef you can see the outline of finger marks. The same on the leg in the other picture. These can be made by a hand slapping the skin forcefully.



Advance the slide

Say



As with the hand marks, Grasp marks will look like a hand has grabbed the person. The bruise will typically encircle the arm. This particular bruise was cause by a frustrated caregiver who grabbed the person while trying to administer corporal punishment.



Say



The finger marks in this photo were caused by holding a child's head in place. Perhaps the caregiver was force feeding the child.



Advance the slide

Say



Lash Marks can be made with with a thin stick or other object. With this type of mark it usually looks like a swollen bruise or welt.



Advance the slide

Say



Ask: Does anyone know what a switch is?

Answer: It is a long thin branch from a tree that is used to administer punishment.

The marks in this picture where made from a switch.



Say



These bruises are referred to as "loop" marks, can be caused by a rope or cord. This bruise has taken the shape of the object that was used to hit the person.



Advance the slide

Say



Pinch marks or twisting- is a grip of a skin or twisting of the skin between two fingers.



Advance the slide

Say



Suspicious eye injuries include black eyes from being struck in the eye.





Many mouth injuries occur during eating and many of the individuals we support need assistance with eating.

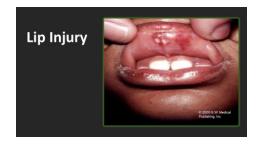
Injuries can result when feeding becomes a power struggle and caregivers try to force a person to eat or take medications.

Suspicious mouth injuries also include jaw fractures. The jaw is the 10th most commonly fractured bone in the human body. Jaw fractures are generally the result of direct force or trauma to the jawbone or even gagging injuries.

Loose or missing teeth may be suspicious if the person has no record of chronic poor teeth, lack of dental care, medication side effects, or poor oral hygiene.



Advance the slide



Lip injury. Injuries to the inside of the lip can be from accidental falls, from direct blows to the mouth, or from putting a hand over a child's mouth in an attempt to guiet or suffocate the child.

Upper lip and frenulum bruising and lacerations can be caused by force feeding.

The frenulum is the skin connecting upper lip to the gums or the tongue to the bottom of the mouth.



Advance the slide

Say

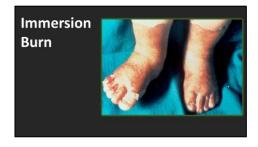


Scalding burns are caused by something wet such as hot water or steam. Accidents do happen and sometimes people will pull things down and burn themselves. It is important to pay attention to how they are reporting the injury happened, does the story match the injury?

In accidental situations, we also need to consider if there is adequate supervision for this vulnerable person.



Advance the slide



Immersion burns occur when a body part is submerged in a hot liquid.



Advance the slide

Say



This is a cigarette lighter burn (or branding burn). You can see it burned through several layers of skin. Clearly the lighter was held to the skin as the burn took the shape of the top of the lighter.



Advance the slide

Say



Just like in the previous slide the burn may be shaped in the pattern of the object making the burn (such as an iron or stove coil).



Advance the slide

Say



These are ligature marks-from some type of binding around the neck such as a cord or rope for the purpose of strangulation.



Advance the slide

Say



The picture on the left shows a youth with a human bite mark to the arm.

While children may bite each other, failure to protect a vulnerable child from the aggressor is neglect.

Human bite marks are usually superficial abrasions or contusions. Humans have four incisors and short canine teeth. The incisors leave rectangular marks, and the canines leave triangular marks. The bite mark arches are oval shaped.

Dogs have six incisors and long, curved canines. Their arch is long, with a short, straight anterior segment. The bite configuration is not oval. Dogs' canines can leave deep punctures, with tissue tearing.

Keep in mind that dog bites don't rule out abuse. If the vulnerable person is exposed to a dog that is prone to biting, this may be considered neglect on the caregiver's part.



Advance the slide

Say



There are many reasons someone may break a bone. As we age or take medications our bones can become brittle. Young people may be very active or someone may have an unsteady gait but multiple breaks in various stages of healing, bone breakage of the face, jaw or skull, spiral breaks, or untreated breaks are highly suspicious.



Say



Failure to Thrive **can** be result of neglect and/or abuse. However, it can be caused by many things including medical problems and factors in the child's environment. Many times the cause cannot be determined.

Failure to Thrive refers to children whose current weight or rate of weight gain is much lower than that of other children of similar age or gender. Height, weight, and head circumference do not match standard growth charts.



Click for animation

Say



This child was placed in a caring foster home and began to thrive.



Advance the slide



Facilitator Notes:

DO: Read the slide (including its citation) to the class or have a participant read it.



Advance the slide



Facilitator Notes:

DO: Read the slide to the class or have a participant read it.

Ask: Are there any questions?



Advance the slide



Say:

In this section, we have heard about some upsetting topics and have seen some very graphic pictures.

If you need to talk about or process what we covered so far, I'm available to talk during break.

That being said, let's take a break.

Be back at ______ .(15 minutes)

Conditions or Treatments Mistaken for Abuse

Do: Welcome class back from break.

Say Before break we discussed the definitions of abuse, neglect and exploitation. We also looked at some pretty graphic examples of abuse.

What should you do if you suspect abuse, neglect or exploitation? When in doubt, report!

Now that we have a good understanding of what signs and symptoms of abuse to look for, let's talk a little bit about some things that may look like abuse but are actually conditions or treatments that are often mistaken for abuse.

This next section covers things that may look like abuse but are conditions or treatments that are often mistaken for abuse.



Say

33

Mongolian Spots



Say

The first condition is called Mongolian Spots. Mongolian Spots are almost like a birthmark. They usually go away around age 5. As you can see, they look like bruises.

One way to tell the difference between bruises and Mongolian spots is that when pressure is applied, bruises change color. Mongolian spots do not. This is informational only. If you saw a suspicious looking bruise, your job is to report, not investigate.



How do these spots look different than the bruises we saw earlier? They don't look like an object that hit them or pinched them.





Say

Cupping is an ancient form of alternative medicine where a therapist places special cups on the skin to create a suction. This therapy can be used with the cups either wet or dry. Cupping is used for many reasons, from pain relief, inflammation, increase blood flow to an area of the body or to draw out toxins from the body. The process cupping can cause bruise like marks on the body from the suction. These marks will take the shape of the cups used.

In some practices the cup is filled with a flammable substance and set on fire. When the fire goes out the therapist places the cup on the skin and as the substance cools a vacuum is created.

In newer practices a rubber pump is used to create the suction.





Coining, or cao gio (pronounced gow yaw), is a common Southeast Asian alternative treatment. It is used for minor illnesses such as cold, flu, headache, fever, pain, cough, or low energy.

The practice of coining involves rubbing heated oil on the skin, most commonly the chest, back, or shoulders, and then strongly rubbing a coin over the area in a linear fashion until a red mark is seen.



What do you think? Are these conditions/practices considered abuse? Was the intent to harm?

Sav

A call to the hotline could be made on these but depending on the severity, it is highly possible it wouldn't be substantiated as abuse because of the cultural practice. Culture plays a big part in how we care for our children. If a parent uses this as a means to cure an ill child, the intent isn't to harm but to help.



But should we still be reporting?

Yes

It would be up to the protective service agency to investigate to determine if maltreatment exists.



34



Say

The children in these photos have bleeding disorders. Bleeding disorders and some blood thinning medications such at Coumadin, or Warfarin can increase the risks of bruising.

But notice there is no distinct pattern like the other bruising you saw. The picture in the top right corner is a boy with a bleeding disorder who rubbed his itchy eye too hard.



How does this look different than the black eyes you saw before? Please write your answer in your participant guide and take notes as we discuss the answer.

 The bruising is only on the eyelid-not pooling over the entire eye area.

If you support someone that has this condition or takes medication that increases their risk of being bruised, this should be clearly documented in the person's Planning Document/Risk Assessment.



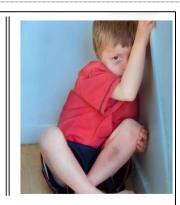
PG#

35

BEHAVIORAL INDICATORS OF POSSIBLE ABUSE AND NEGLECT







Behavioral Indicators Possible Abuse and Neglect

Say

We've covered some physical characteristics of maltreatment. There are also behavioral characteristics that may indicate maltreatment.

Take a few minutes to read in your participant guide about behavioral signs.

Indicators are generally circumstantial and should be considered as part of an overall situation.

Do Give participants a few minutes to read

Remember these indicators are generally circumstantial and should be considered as part of an overall pattern. Any one of these circumstances or behavior patterns may not be an indicator of an abusive or neglectful situation.

However, if you see a pattern of these circumstances along with more substantial signs such as physical indicators of abuse, then this can provide a better overall picture.

Sometimes single events or situations may be enough to be a strong indicator of abuse or neglect such as the victim reporting that he or she is or has been victimized.

There are also several environmental indicators of abuse and neglect.



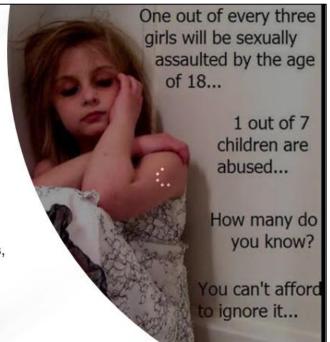
PG#	35				
	Behavioral Indicators of Possible Abuse and Neglect	Hostility/Defiance	Change in appetite	Use of alcohol and/or drugs	
		Withdrawal from friends or usual activities	Suicide attempts	Compulsive behavior such as constant washing	
		Anger/Hyperactivity	Developmental regression	Over-compliance, extreme docility	
		Changes in school performance	Low self-esteem and lack of friends	Denial of a problem with a marked lack of expression	
		Frequent absences from school	Indirect hints, allusions to problems at home	Sleep disturbances, e.g., bed wetting, nightmares	
		Running away from home	Reluctance to go home from school or content early arrival	Reluctance to go to a particular place or be with a particular person	
Say This is a list of common behavioral characteristics of individuals who have been abused or maltreated. No single one of these behaviors or combination of these behaviors necessarily means maltreatment. They may reflect distress for a variety of reasons					
Do	Give participants a few minutes to read.				
	Advance slide				

36

BEHAVIORAL INDICATORS OF SEXUAL ABUSE

Behavioral Indicators of Sexual Abuse

- <u>Unusual</u> interest in and/or knowledge of sexual acts
- Reluctance to undress of physical education/avoidance of P.E. class
- Seductive behavior with classmates, teachers, other adults
- Excessive, hurtful or sophisticated masturbation



Say

I want to talk about sexual abuse for a few minutes.

Sexual abuse falls under the category of physical abuse but there are some particular points to discuss about sexual abuse. In your participant guide there are lists of behavioral and physical signs that may indicate someone is being sexually abused or exploited.



37

PHYSICAL INDICATORS OF SEXUAL ABUSE

Physical Indicators of Sexual Abuse

- Pregnancy
- · Significant weight loss or gain
- · Recurrent urinary tract infections
- · Difficulty walking or sitting
- · Psychosomatic complaints
- · Pain or discomfort in the genital area
- · Sexually transmitted disease
- · Genital bruises
- · Unusual or offensive odors
- Torn or blood-stained clothing
- · Changes in bowel or bladder habits
- Evidence of trauma or unexplained bleeding to the genital or rectal area

Say

In addition to the behavioral and physical indicators that *may* indicate sexual abuse is happening, pregnancy, an STD or unexplained genital or rectal bleeding are *clear* indicators of sexual activity and probable abuse.

In many cases there are no visible signs of sexual abuse. Sexual abuse should be **immediately** suspected if any of these conditions are present in a child or non-sexually active vulnerable adult.



Are there any questions?



Say

I'm going to tell you 3 stories and I want you to listen for similarities and for differences. Jot down anything that catches your attention in your participant guide.

Facilitator note: Do not have the participants put the response in chat. Invite them to unmute their microphones and have a discussion regarding what they think.

Story 1

Johnny (13) who is normally really friendly and outgoing suddenly stops wanting to be around friends. He is 13 and really active but has not been eating as much as he normally does. Johnny is normally calm and respectful towards adults but recently he has had several outbursts of anger and hostility.

Ask: What stands out to you?

Say: What could be happening?

Answer: Something could be happening at home or elsewhere that is affecting him.

Ask: Should we report this?

Answer: Yes, when in doubt report it.

Story 2

Samantha (6) who is normally hyperactive has been abnormally hyperactive in the recent weeks. Her teacher has called to say she has been disruptive in class lately which is out of character for her. She also started sucking her thumb.

Ask: Based on what we have discussed so far what could be happening?

Answer: Something could be happening at home that is causing Samantha to regress.

Ask: Would you report this?

Answer: Yes, remember when in doubt report it.

Story 3

Dana (45) has who has cerebral palsy and lives in a group home with other women her age, has started to drink more heavily. She normally drinks a glass of wine at night with dinner but has started to drink several glasses at night. She has also been sleeping more and not wanting to go to her daily job that she has previously said she loved going to.

Ask: what stands out to you?

Answer: She is drinking more, and she doesn't want to go to a job she used to love.

Ask: Is this cause for concern?

Answer: Yes, since her habits have changed, and she no longer wants to go to a job she used to love.

Ask: could something be going on a work?

Answer: Yes, but it is not your job to investigate.

Ask: What should you do?

Answer: When in doubt report it.

Say What did you find was similar between the stories?

Answer: They all had some sort of behavioral change.

What did you find different?

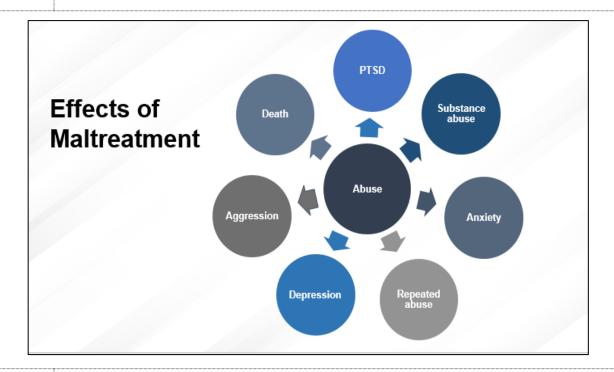
Answer: Not all of them reacted aggressively.

Could there have been additional circumstances that we are unaware of? Does this give you reason for concern?

Answer: yes, there are but it is not our job to investigate what exactly happened. We will talk later about what we can say to someone that we think may be being mistreated, but remember when in doubt, report it.

38

EFFECTS OF MALTREATMENT



Do Go over each "bubble" point on the slide with the class.



Click for slide animation

Say

PTSD - Post Traumatic Stress Disorder is a mental health condition that is triggered by a terrifying or traumatic event. This can manifest in many ways including some of the following that we will talk about that can also be effects of maltreatment.

Substance abuse – including drugs or alcohol.

Anxiety – the body's natural reaction to stress. Feelings of fear or nervousness.

Repeated abuse or continued cycle of abuse – example an abuse victim could abuse animals

Depression – a mental health disorder characterized by depressive mood or loss of interest in activities.

Aggression – this can be outbursts of anger and frustration And even death this can include suicide.

Say

We have looked at some graphic pictures and situations that may make us uncomfortable. These situations and actions really do happen, even more so to the vulnerable population we serve. We may not fully understand how these actions can affect vulnerable people.

It's important that we report actions or situations of abuse, neglect, exploitation, and maltreatment immediately so that vulnerable people can get the help and support they need.



39

ABUSE CHARACTERISTICS



Say

It's important to know that abuse is widespread and not confined to any one cultural, regional or economic group.

It happens in rural areas, towns, suburbs and cities.

At all socio-economic levels and is usually perpetrated by someone known to the victim



PROFILE OF AN ABUSER

Profile of an Abuser



Displaced aggression

Impulsive

History of exposure to abuse

Needs to control

Authoritarian

Lacks attachment to victim

Devalues victim

Say

An abuser can look like anyone or be anyone. However, there are some personality characteristics that are common among abusers.



Click on animation sequence

Do Read each line below on slide

- Frustration with authority, which can lead to displaced aggression toward weaker persons
- Impulsive
- They themselves may have a history of being abused or neglected as a child
- They have a need to control others
- A need to feel as though they are the authority. They will make decisions for the person, tell them what to do, and expect them to obey without question. The abuser may treat the individual like a servant, child, or even as his or her possession.
- They lack attachment to the victim
- They devalue the victim

Say

Because of our roles many of us are mandated reporters, and all of us should feel responsible for ensuring the safety of vulnerable individuals. We are required by law to report suspected abuse, neglect and exploitation to the police and/or a protective services authority. If you see anything suspicious – or when in doubt – report.



LESSON 2: MALTREATMENT OF PEOPLE WITH DEVELOPMENTAL DISABILITIES

OBJECTIVES

- Identify factors that increase vulnerability of people with developmental disabilities to maltreatment
- List common case characteristics of maltreatment against people with disabilities

Supplies

 Jamboard or other whiteboard/collaborative application to facilitate Myths and Stereotypes brainstrom

41

Maltreatment of People with Developmental Disabilities

- Identify factors that increase vulnerability of people with developmental disabilities to maltreatment
- List common case characteristics of maltreatment against people with disabilities

Say

At the beginning of this class we talked about the rates of maltreatment among people with developmental disabilities.

In this lesson, we'll discuss issues that make people with developmental disabilities more vulnerable to maltreatment and abuse.

People with disabilities are at higher risk for multiple forms of abuse, including physical, emotional and medical neglect, physical and sexual abuse, abandonment and even death.

Let's start by talking about risk factors that increase vulnerability of maltreatment.

PG# | 42

MYTHS AND STEREOTYPES



Say

Myths and stereotypes about individuals with disabilities contribute to increased vulnerability of abuse and neglect.

Sometimes these myths and stereotypes are positive—that they are cute and sweet, or always good, which can be patronizing.

But more often they're negative.



What are some of the myths/stereotypes you have heard about people with developmental disabilities?

These aren't necessarily things YOU believe, but things you have heard.



For this activity, pull up the following Jamboard for Myths and Stereotypes. Share your screen with the group so that you can type the class responses on screen.

PG# 42 (continued) Possible answers The person seems somehow repulsive or weird Contagious No one cares about them If one disability, they must have many disabilities Some people with CP may have mobility needs, and their speech might be slurred or hard to understand at times. Some people assume, because of this, they also have an intellectual disability, when many have average or above average intelligence. A judgment that this person is incapable of real learning Has no meaningful future. Sometimes if a person is not able to express or show their pain, we might assume that they do not have feelings or pain, though of course they do (Example) Vocational Rehabilitation Counselor for young man with Intellectual Disability who also had an expressive speech disorder. Very friendly, happy, kind person with a good work ethic. The man had been admitted to the psych unit because he had hit his mother. It was discovered he had a severe ear infection. Hitting his mother was most likely a result of the pain he was experiencing that he was and unable to understand or report. Because of his disability, it was assumed he was a danger to others. Assumption that all people with a certain disability are alike, -for example, that all children with autism have meltdowns, or that all children with Down syndrome are sweet-tempered all the time. Advance slide

	TROTROGIOR COIDE			
	RESPECT AND MALTREATMENT			
PG#	43			
	Respect and Maltreatment Devaluation Increased Risk of Maltreatment Lack of Respect			
?	How do you think these myths and stereotypes contribute to maltreatment of people with developmental disabilities?			
	Click for Devaluation			
Say	Myths and stereotypes contribute to less valued role in society. Someone who does not have a valued role, risks losing respect			
	Click for Lack of Respect			
Say	People who are devalued and not respected have a lower status in their family and community. Studies show this puts them at an increased risk for being maltreated. https://www.albertaelderabuse.ca/what-is-elder-abuse/theories-of-abuse			
	Advance slide			

PG#

44

REASONS MALTREATMENT IS NOT REPORTED





Click for slide animation

Say

At the beginning of class, we discussed that only 33% of abuse is reported. According to the National Survey on Abuse Against People with Disabilities, the reasons for not reporting included:

Say

As these appear on slide read the following:

- They believed that nothing would happen (Because who else is going to take care of me?)
 - They had been threatened or were afraid
 - Nearly half did not even recognize they were experiencing abuse because it was such a common occurrence in their lives
 - They did not know how or where to report

How often do folks in residential settings or in their family home get taught to use the house phone or how to call 911? Caregivers might be scared that if they know how to, they may call unnecessarily.



How does lack of reporting impact the vulnerability of abuse of people with developmental disabilities?

- Repeated abuse
- Perpetrator is free to keep abusing

PG#	44 continued
Say	Since maltreatment of individuals with disabilities is often not identified, reported or stopped as quickly as maltreatment of individuals without a disability, the abuse can go on for years without detection. The perpetrator can continue to victimize others. In addition to myths and stereotypes there are many other factors that increase the risk of maltreatment against people with disabilities. We're going to do an activity to look at some of these.
	Advance slide

PG# 45-46

ACTIVITY: VULNERABILITY RISK FACTORS

Vulnerability Risk Factors

Group 1 Features of disability

Group 2 Environmental risk factors

Group 3 Congregant care characteristics

Group 4 Cultural influence (i.e. history of abuse, religion)

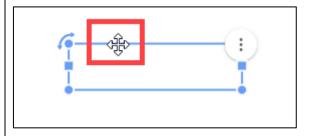
Producer Monitor Chat and answer any questions on technical issues with the breakout groups and the Jamboard. Spit participants into four groups. The groups will use the precreated Jamboard to take notes for their group. **Say:** For this activity everyone will use the Jamboard I will share in the chat. This is a virtual white board. Everyone that has a link can be in it at the same time and edit it as well. You can use sticky notes or a text box in the Jamboard to record your items. Let me show you. Share the activity Jamboard link with the group. Do Share your screen that contains the Jamboard. Review the following: Review how to change the page by pressing the arrows. Review the sticky notes feature and how they can type in the sticky note to add to the board. They can select the different colors of sticky note if they choose. k Sticky note ✐ ... 訌

Review that they can add a text box to type on the Jamboard as well. They only need to Click on the text box icon and then click anywhere on the Jamboard to create the box.



Note that both the sticky note and the text box are moveable on the Jamboard.

Demonstrate this by hovering over the item until the handles show up on the item. Click on the item and drag it to its new location.



Say

In a minute, you will get into groups. Each group is going to explore risk factors within their assigned category and solutions for some of the other groups.

Each group will have a tab for their specific group. For example, Group 1 will use the 1st page, group 2 will use the 2nd page and so on. For the first part of the activity your group will brainstorm risk

factors for your specific item. For the second part you will change pages and brainstorm solutions for that risk factor.

Group 1, you will have "Features of disability". What are some of the features of disabilities that might increase vulnerability? We covered myths and stereotypes earlier, so some of those things may come up but I also want you to think about features such as not being able to verbalize when something hurts or being physically compromised so they cannot run away.

Group 2, you will have "environmental risk factors". What are some things in an environment that might increase the risks? Some examples might be, living remotely where the person is isolated, or living in a home where there is abuse.

Group 3, you will have "Congregate care". Congregate care is a setting where three or more people live, like a group home or nursing home. How might living in that type of environment increase the risks?

And finally **Group 4** will have "cultural influence." What cultural factors might increase vulnerability? Perhaps that person is part of a culture or belief system where the disability is seen as a punishment from God.

Do

Break the class into 4 groups. Each group has their own separate page within the document that they will use to notate the risks and solutions they come up with.

In their breakout rooms or separate google meets, each group writes examples or factors that increase vulnerability for the risk characteristic posted at the station. Give the group 10 minutes to brainstorm risks for their category.

Note: This should be done pre-class. Using the round robin group that facilitators have been assigned.

After 10 minutes have each group switch slides and brainstorm on **solutions** to decrease the risk factors that another group has identified.

Give them an additional 5 minutes for brainstorming solutions

Group 1 can provide solutions for Group 2

Group 2 can provide solutions for Group 3

Group 3 can provide solutions for Group 4

Group 4 can provide solutions for Group 1

Say

Are there any questions before we get started?

Ok great we are going to go into our breakout groups you will have 15 minutes total to brainstorm risk factors and solutions for your category. Meet back in the main meeting room at _____(15 min)

Note: Please do not log out of the main class when getting into the other. You will be able to listen to my announcement of time change when logged into the separate meeting.

Facilitator note: You will need to make sure you are muted during the activity except when letting them to switch Jamboard or answering

	questions, otherwise they will be able to hear you. Also ensure that they are muted in the main meeting when they are in their groups.
Do	Have a student from each group present all that was added including the solutions to decrease the risks.

PG#

45-46



Let's see how that went. You can take notes if you like.

Group 1-Features of the disability. What features and solutions are on your paper?

After the group shares, ask does anyone have anything to add?

Make sure the following points are covered

- Dependent upon others for their care
- Taught to be compliant
- Physically unable to stop or prevent
- Speech limitations make it hard to disclose abuse
- Lack of understanding what is happening
- Lack of body ownership

Some additional solutions to decrease the risks:

- Making sure the person has a means to communicate, i.e.: aug. com device, communication board
- Using first person language and use a person-centered approach
- Advocate for the person to have developmentally appropriate body education
- Encourage the person to be their own advocate and to use their voice



How about **Group 2-Environmental Risk factors**. Who wants to be the spokesman for your group?

After the group shares,

Did they cover everything? Is there anything you'd like to add?

Make sure the following points are covered

- Exposure to:
 - Substance abuse
 - Domestic violence
- Financial stress/unemployment
- Unstable housing
- Insufficient healthcare
- Social isolation
- Overwhelmed caregivers (mention importance of supports from DDD)
- Lack of community resources

PG#	45-46
	Some solutions to decrease Environmental Risks may include: • Refer to agencies to help with finances • Encourage families to join support groups • Offer DDD services to relieve caregiver (when appropriate)
?	Okay, how about Group 3-Congregant care characteristics , it's your turn. After the group shares, ask Is there anything to add?
	 Make sure the following points are covered: Extreme power and control inequities Segregation Insufficient staffing ratios Lack of privacy Staff turnover Lack of training for caregivers
	 Some solutions to decrease the risks may include: Promote person centered language and approaches Make unexpected visits Ask to see the home/bedroom/bathroom Provide comprehensive ISP's that explains needs and wants thoroughly Address any issues where other residents might be more aggressive
	Make time to meet with the person/guardian without the home staff (before meeting or afterward)



How about our final group-**Cultural risk factors**, are you ready to share?

After the group shares, ask Does anyone have any thoughts to add? Responses may include:

- Devaluation of people with disabilities
- High value on physical beauty, intelligence, athleticism
- Some religious beliefs
- Generational history of abuse
- Children being seen not heard
- Respect elders under all circumstances

Some solutions to decrease Cultural Risk factors may include:

- Connecting parents with support groups
- Use person-centered language
- Address the individual first before anyone else on the team
- Highlight strengths of the person



Are there any comments or questions about the risk factors?

Do

Thank all groups for answers

Say

As you can see there are a lot of factors that increase the risk of maltreatment for someone with a developmental disability. While each case of maltreatment is unique, there are some common themes in cases. One of the common themes is caregivers as the perpetrators. In fact, over 90% of abuse against people with developmental disabilities is perpetrated by caregivers. The people that are in that person's life in a paid or unpaid capacity. After the break, we are going to explore more ways we can decrease the risks and improve the quality of care we provide.



Break 15 min



LESSON 3: BOUNDARIES AND ETHICS OF TOUCH

OBJECTIVES

- Discuss issues regarding privacy and touch
- List guidelines for personal touch when providing care

Supplies

- Jamboard or other whiteboard/collaborative application
- Hand Over Hand Hand Under Hand Support video: https://www.youtube.com/watch?v=74-LLEGESak

PG# 47

Boundaries and Ethics of Touch

- Discuss issues regarding privacy and touch
- List guidelines for personal touch when providing care

Say

In this lesson, we are going to discuss issues around privacy, personal space, touch, and guidelines for personal touch when providing care.



First let's define what privacy is.

The technical definition of privacy is "the state or condition of being free from being observed or disturbed by other people or public attention."

Based on what we've talked about so far, how might the topic of privacy and touch relate to maltreatment?

You can either answer in chat or unmute to answer.

If someone's privacy is continually violated due to their dependency on others, or due to their environment, they may not be able to identify when their privacy is being violated.

 Someone who is vulnerable may not feel they have the right to say no. This may increase their risk of maltreatment.

Producer | Monitor Chat for answers

Do	Validate answers
	Advance slide

	ACTIVITY PRIVACY
PG#	47
	Activity: Privacy
	The next three slides provide some thoughts about privacy.
	We'll read the slides together, and we'll list our thoughts about privacy expectations.
	Privacy
Say	Let's do a discussion activity about the concept of privacy, and privacy expectations.
Do	Read the slide to the class to prepare them for the discussion activity.

PG# 48-49



Say

Consider: We live in the age of technology. Cameras, videos, phones, and microphones everywhere. Imagine if you had a camera that followed you everywhere you went? It captured every single thing that you did in a day, week or month. What you eat, drink, talk about even going to the restroom. Many of the things we do in a day we would consider private and just for ourselves and wouldn't want anyone to see or hear. What things that you do in a day do you consider "private"? What else do you consider private?



PG# 48-49

Do you expect privacy when you...

Fill out a form at your doctor's office that includes your birthday and Social Security Number?

Talk to a trusted friend about private matters?



Say

When you fill out a form for your doctor, you expect your information to be kept confidential. When you talk with a close friend about private matters, you would appreciate respect, care, and discretion from your friend. What are some things you might say or write that you believe would remain private?



PG# 48-49 Do you expect privacy when you are... Sleeping at home in your Taking a shower? own bed? When you're asleep in your own bed, you expect quietness and Sav security. When you take a shower, you expect privacy. Consider that the people we work with, serve, and support may not have the same privacy that you and I have. Let's take a moment and consider a simple action, like showering. Why might a individual we're working with not have privacy in the shower? Encourage discussion Do Now, consider: If you required help or supervision in the shower every Say time you took a shower, how might you feel? Is there any way you can help the person you support to feel more comfortable? Encourage discussion; read back the collected thoughts to the class. Do Answer any questions.

PRIVACY OF TOUCH

PG# 50



Say:

- If someone's privacy is continually violated due to their dependency on others, or due to their environment, they may not be able to identify when their privacy is being violated.
- Someone who is vulnerable may not feel they have the right to say no. This may increase their risk of maltreatment.
- Avoid violating someone's privacy by being respectful of personal space and using appropriate techniques for touch.

Ask:

What to do think privacy of touch means?

Say	Fortunately, we have learned from the past and even put laws in place to protect the privacy and rights of the people we support.
?	What Arizona law does this relate to? Article 9
	Living in shared spaces such as a residential setting makes the concept of privacy change its meaning. Often doors will be removed, or doors will be left opened while people are being dressed or bathed. This changes the way a person measures personal boundaries, privacy and personal space.
	Advance slide

	PERSONAL SPACE ISSUES
PG#	52
	Personal Space Issues
Say	Personal Space is the area surrounding you that sets the comfortable distance between you and someone else. Many people refer to it as your bubble or their boundaries.
	Personal Space and boundaries are subjective because everyone is different. In most cultures, the minimum space for comfort is at least 18-inches (or about the length of a forearm).
	This space gives us room to maneuver in risky situations and allows time for preparing to "fight, flight or freeze."
2	Create a poll with the following question:
	Have you ever been out somewhere, and someone stepped too close to you and made you feel uncomfortable?
	Answers:
	Yes
	No
	Do: Allow for the class to answer and then discuss.

Say

For those that said yes that uncomfortable feeling is that fight, flight or freeze reaction. Its our gut telling us that someone is too close for comfort.

Say

When providing care, caregivers may feel that a person's personal space does not apply. After all, they were hired to provide support (bathing, dressing, using the bathroom).

Personal Space is a critical feature for our own protection.

Living in group homes and sharing all "spaces" makes the concept of privacy change its meaning. Having to rely on another person, often a new staff member who hasn't spent any time with you, to assist with your most intimate tasks, can change the way you measure your personal boundaries, your personal space, and privacy.

An average group home can have up to 10 staff working in a week (weekends, shift changes, and managers). Those people can completely change every few months due to turnover rates. This means that in a 5-year period there can be as many as 80 people or more that have seen this person naked and touched them intimately.

People with developmental disabilities may not develop a sense of personal space which may increase your risk for being violated and for violating others' personal space. If you are violating others' personal space you may be viewed by others as rude, aggressive, offensive, and forward. As a caregiver, we have the right to have our personal space respected. If the person we support is violating our personal bubble, we have a right and responsibility to say "this is making me uncomfortable" or create space between you and the person.

If someone we support is moving back or away from you, back off! Give them their space. We need to be aware of all body language as indicators that person feels uncomfortable or unsafe. The people we support may not be able to physically move away but they may communicate their discomfort by other means.



RESPECTING PERSONAL SPACE

PG#

54



Say

We often don't allow people with developmental disabilities to have personal space. Their personal space and boundaries are so often violated and disrespected that they "lose" their sense of personal space.

Boundaries and personal space do not always have to be a physical thing either.



Have you ever been talking with a stranger or even someone you know, and they call you sweety, honey or darlin?

How did it make you feel?

Do: Field responses in chat or have the class unmute to answer.

Say: For some of the individuals we support may not understand that someone calling them honey or sweety may just be how that person talks. They could think that the person calling them that is now their boyfriend or girlfriend.

	It is important to be mindful of all boundaries when we are interacting with the people we support but people in general.
Say:	Everyone has a right to personal space and a sense of safety.
	Some people with disabilities are unable to verbalize or physically move away to let us know their space if being violated.
	It is important to be aware of all body language and signs that indicates the person feels uncomfortable or unsafe.
?	How do you think your thoughts on personal space might differ if you were exposed mostly to caregivers for years and years who invade your personal space? How might that change your perspective? Accept all reasonable answers
Say	Personal space is a critical feature for our own protection.
Say	We talked about cultural differences as it relates to personal space. But there are also some major cultural differences as it relates to touch.
?	Internal Reflection with discussion: Pose the questions below. How many of you grew up in a home where everyone hugged? How many of you grew up in a home where hugs were reserved for immediate family only? How many of you grew up in an environment that upon meeting someone for the first time a hug and a kiss on a cheek was customary? Note: These questions can be asked out loud and as a prompt for a discussion.
Say	We may have learned things in our lives culturally that may not match with our professional life. We need to consider all of those differences.
?	What is our relationship with the people we support? Are we family? • no Are we friends?

	• no
Say	We are not friends and we are not family. Friends and family aren't paid to be in your life. We need to establish and maintain professional boundaries with the
	people we support.
	The one exception to that are the Adult Development Home/Child
	Development Home. These living arrangements are designed to be "surrogate" families.
Say	If someone's personal space is continually violated, it not only increases their vulnerability to abuse it may also put them at risk of violating others' personal space.
Say	The same is true regarding touch.
?	If someone we support is moving back or away from you, what do you want to do? • Back off
Say	Back off. Give them their space. Some of the people we support are unable to verbalize or physically move away to let us know that their personal space is being violated. Because of this, we need to be aware of all body language or signs that indicates the person feels uncomfortable or unsafe.
?	If you are violating others personal space how might you be viewed by others? • Perhaps rude, aggressive, offensive, and forward
	Advance slide.

CAREGIVER BOUNDARIES

PG#

55



As a caregiver, we have the right to have OUR personal space respected. We have the right and responsibility to protect that space and say "this is making me uncomfortable" or create space between you and the person. But this can turn into a teachable moment.



How can you effectively let someone know they are invading your personal space?

- Say "this is making me uncomfortable"
- Back up
- Bring attention to something that creates a natural space –for example, say "I love your shoes" and step back to look at the shoes.

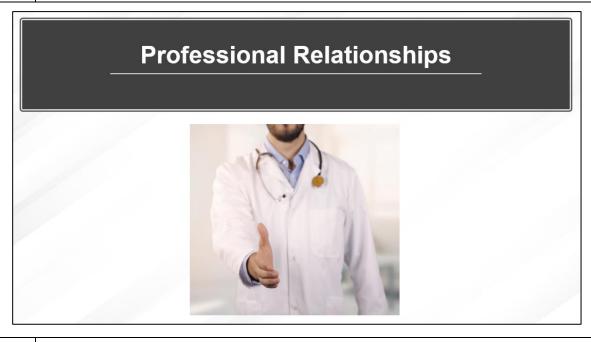
By doing this we are demonstrating the importance of our personal space.



PROFESSIONAL RELATIONSHIPS

PG#

57



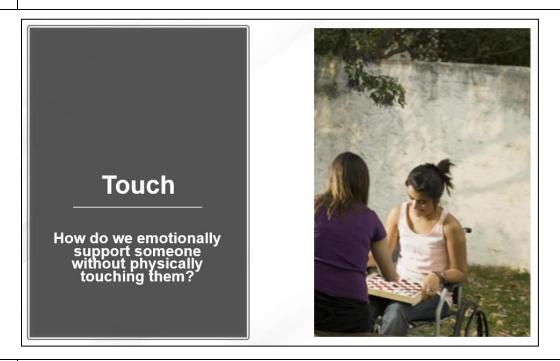
Say

- When you are working with people professionally, you should always take the most conservative approach.
- Paid caregivers may take liberties with people whom they barely know in physically demonstrative ways. Staff often hug, pat, caress or hold hands with the persons they serve.
- If these actions were taken on another staff member or colleague, it could be considered sexual harassment



PG#

58



?

How many of you have walked into a program and someone attending the program comes running and gives you a big "bear hug"? *Respond* in the chat or unmute to answer.

Most students will say yes

Say

Imagine how you would react if your doctor walked in your office and gave you a bear hug or how they would react if you went up and gave them a bear hug.

How inappropriate would that be? The same is true for the caregiver and individual they support's relationship. This is a professional relationship.

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Some examples of answers are below. Active listening Eye contact Acknowledging Complementing Remembering details about that person Following through on commitments Celebrating progress through goals Great examples of ways to build and maintain a professional and Say caring relationship. If someone had people in their lives doing these things, do you think they would miss the physical touch as much as someone who doesn't have anyone interacting with them in such ways? Ask people to unmute or to respond in chat. We need to model these behaviors for the people we support. This Sav will help them establish and maintain appropriate relationships with their caregivers. We also need to be aware of those that cannot verbally communicate their consent. Let's discuss what some nonverbal communication may look like. Advance slide

PG#	59	
	Behavior to Language	
	Nonverbal "Yes" Nonverbal "No"	
	 Head nod Leaning into activity Smiling Thumbs up Blinking Sign language Eye contact Shaking head/turning head away Pushing away Grunting Closing your body off Wagging fingers Closing eyes/losing contact/blinking 	
Say	Often people with developmental disabilities are not able to clea articulate what they want and need. Be mindful of non-verbal sig and consider creating a Behavior Language Dictionary.	•
Do	Go over the slide with the class. Answer any questions. NOTE: There's an example of the Behavior to Language Diction on the next slide.	onaı

	Behavior to Language Dictionary
PG#	59

When he/she does:	During this situation:	We think it means:	And we should:
Raymond turns his head	While eating dinner	I'm done eating	Clear away his plate

Say

As we get to know the individuals we work with, we will learn about their communication preferences. Your participant guide provides an example of a method to document communication. It's called a Behavior to Language Dictionary.

Parents, caregivers, siblings, anyone who knows the person can complete this form. Sharing that information with the rest of the team is an invaluable way to help the next care provider be successful and help the person being supported have a better quality of life. Here's an example.



When Raymond turns his head

While eating dinner

We think it means I'm done eating.

Clear away his plate

Now that we have discussed the different ways that people can communicate consent, let's talk about the rules of touch.



TEACHING THE RULES OF TOUCH

PG#

| 60

Teaching the Rules of Touch



?

What lessons have you been taught, or did you teach your children about parts of the body that should never be touched without permission?

- "No-no" areas
- Don't let strangers touch you
- Bikini zone
- Shoulders to thighs are off limits
- Anything covered by clothes

Do

Have a volunteer read the example scenario that is in the participant guide.

Say	Too often people are given the message that private areas only include the "privacy triangle" (genitals, bottom, and breasts).
	Individuals with developmental disabilities might take this message literally.
	Touching another person anywhere is off limits without that person's consent. This is the message that parents and caregivers should be teaching.
	Every part of the body is private- even the palm of the hand.
	We also need to teach rules about touch in other situations.
2	In order to shake someone's hand what do we have to do?
	We have to offer our own and the other person has to accept.
Say	If the people we support are taught the wrong rules they might be set up for failure.
Say	There are times when touch is necessary to provide assistance with personal care. We need to do this in ways that are respectful. We're going to go into what that looks like in just a few minutes.
Say	Consider the fact we discussed about the average group home can have up to 10 staff working in a week (weekends, shift changes and managers). Which can equate to as many as 80 people or more that have either seen this person naked or touched them in intimate ways.
	The person may begin to think that their body is a public place and that there are no strangers, just staff they have not met yet.
	Even providers that go to the person's own home may start providing

to the caregiver.

intimate care such as dressing and bathing without getting to know the person first. In fact, the individual may not even have been introduced



How would you feel if a total stranger started touching you?

- Vulnerable
- Scared
- Intimidated
- Angry



How could we prevent this situation from happening?

Say

As caregivers, it is vital that we educate the people we support about appropriate touch.

We need to teach that *every part of the body is private* and touching another person anywhere is off limits without consent.

Advance to the next slide to see an example in which an individual was not taught the proper rules of touch.



PG# 61	A young man with development disabilities commutes to his group supported employment using public transportation. While riding to work on the bus one day, a young lady sat next to him. They smiled at each other and struck up a conversation. Then
Teaching Rules of Touch Example	he reached over and placed his hand on her thigh. She screamed, the bus pulled over, and the police were called. Fortunately, the bus driver knew the man and where he worked so he called the program. Program staff arrived at the scene. The young man was so upset when the staff got there and was convinced he didn't do anything wrong because he "didn't touch her in her privates".
Say Let's read the Teach together.	We gave him the wrong message and did not properly teach that touching another person anywhere is off limits without that person's consent. ning the Rules of Touch example from the slide

BODY INTEGRITY RULE

PG#

62



Say

There are guidelines around when and how we use touch with an individual. When using touch to provide care it is critical to explain, ask permission, and inform the person.

We can do this by following the Body Integrity Rule.

Which is:

Allowing the individual to feel safe and in control of the situation is always more important than the task at hand.



BODY INTEGRITY STEPS PG# 63 **Body Integrity Steps** Wait for Explain task Explain response If yes, Proceed Fade assistance Say When providing care, we need to follow the steps listed on this slide. Let's go over each of the steps in more detail. You can take notes in your participant guide. First, we need to **explain** the task at hand and why we want to help them. If you cannot explain the task, you should not be doing it. Say Let's take the example of helping someone take a shower.

How would you explain to someone what you are going to do?

Hi Sara, I'm here to help you take your shower.



Next, **ask** if you can help and/or touch them. Be specific about where you are going to touch, even if it is to guide the person's hand.



Going back to our shower example, how would you ask permission?

Are you ready to take your shower?



After asking, it's important to **wait for a response**. Allow time for the person to process and watch for all signs of communication. Just because a person cannot speak, does not mean they cannot communicate yes or no.

Say Remember there are many non-verbal ways of communicating **yes**.

Producer

Monitor chat for answers and questions.

Ask the class to share in chat or unmute to respond how they would give a non-verbal way of saying yes. Give a personal example of how a person in your life knows you mean yes without you using words.

- Head nod
- · Leaning into activity
- Smiling
- Thumbs up
- Blinking
- Sign language
- Eye contact

Producer	Monitor chat for answers and questions
Say	Great job. Remember there are also non-verbal ways of communicating no.
Do	Ask the class to share in chat or unmute to respond how they would give a non-verbal way of saying no. Give a personal example of how a person in your life knows you mean no without you using words. • Signing • Turning head away • Pushing away • creating space • Grunting • Shaking head • Closing your body off • Wagging fingers • Closing eyes/losing eye contact/blinking
Say	If a person communicates "no" you can negotiate-can someone else help? Can we do it later? Is it too cold? But in the end, if the answer is STILL "no" that MUST be respected. Do not proceed with the task. The only exception is in a life-threatening situation. But these are rare.

GUIDE INSTRUCTOR

Say

Make sure you document how the person communicates yes or no. Those that write individual support plans should document the information in the Planning Document.

Those of you who are caregivers – if you discover the way a person communicates his or her needs, you have a responsibility to share this information.

The more people who can use this information to support the individual, the better.

Say



We've gone over some different ways a person can communicate "yes" or "no" and we have allowed time for that person to respond.

Let's continue with the rest of the body integrity steps. You can continue to take notes in your participant guide.

If a person's answer is "yes" than it is OK to proceed with the next step.



As we proceed, we need to **explain** what we are doing every step of the way. Going back to our showering example, what are some steps **Ask** you would explain and how would you explain them?

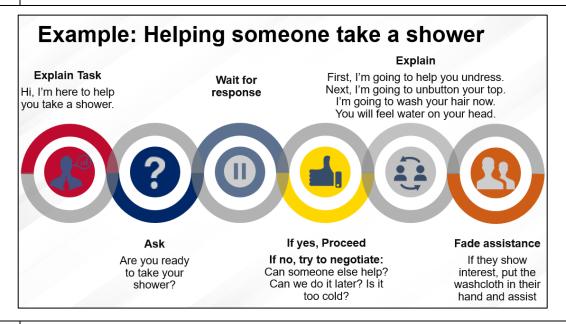
- First, we're going to walk to the bathroom.
- I'm going to help you undress. I'm going to unbutton your shirt.

I'm going to wash your hair now. You will feel water on your head.



PG# | 63-65

BODY INTEGRITY STEPS EXAMPLE: HELPING SOMEONE
TAKE A SHOWER



Say

Finally, when providing care, we always need to give the person we're supporting as much independence as possible.

As they learn or take initiative during the task, we need to fade assistance.

For example, when you are assisting someone to shower, start by soaping up the washcloth and washing their body. If the person shows interest in performing the task, put the washcloth in their hand and assist them to wash themselves.

In the example of assisting a person with washing, you would need to use hand over hand assistance. However, when possible, hand under hand guidance is a better technique.

Say

When you use the hand under hand technique, your hands perform the activity while the other person's rest on top of yours. In this way, the person feels what your hands are doing and is more comfortable and in control.

As you perform the activity, explain what you are doing with your hands.

Do

We are going to watch a 5-minute video on the difference between hand over hand and hand under hand.

Have the video pulled up and share the window and the computer sound using the Zoom meeting settings. If using Google meets use the share a chrome tab option when presenting.

https://www.youtube.com/watch?v=74-LLEGESak



What did you think?

Which method do you think is better for the individual being cared for? Why do you think that one is better than the other?



Are there any questions about the Body Integrity Rule?

How about anything else we've discussed?

Prompt: This video is a good example of how if we use hand over hand we can take away the persons choice as we can be "making them" perform the action we want.



PG#	n/a.
Say	All right, let's have a quick review-
?	Do we touch an individual without permission? No! Unless it's an emergency.
?	Are we friends or family of the people we support? No!
?	What is our role? Professionals
Say	That's right. We are in a professional role. Being in a professional role impacts our relationship with the people we are tasked to care for.
	Advance Slide

LESSON 4: REPORTING MALTREATMENT

OBJECTIVES

- List methods of reporting maltreatment and abuse to protective agencies
- Identify key differences between Adult Protective Services (APS) and Department of Child Safety (DCS)
- Recognize situations requiring a report to a protective service agency
- Understanding protections

Supplies:

 "Arizonans with Disabilities and Why Reporting Abuse Matters" video https://www.youtube.com/watch?v=oShKs 3MV9M&authuser=0

66



Reporting Maltreatment

- · Identify your role and responsibility of being a mandated reporter
- · Understand reporting protections
- Identify key differences between the Department of Child Safety (DCS) and Adult Protective Services (APS)
- · List methods of reporting maltreatment and abuse to protective agencies
- · Recognize situations requiring a report to a protective service agency

Say

The last lesson of the day will focus on the mandatory reporting process. We will list methods of reporting maltreatment and abuse to protective agencies.

We will identify key differences between Adult Protective Services (APS) and the Department of Child Safety (DCS).

Finally, we will look at situations and determine if a report to a protective service agency is necessary as well as any protections for reporters.



Advance slide

Video: Arizonans with Disabilities and Why Reporting Abuse Matters



Say

By reporting abuse, neglect or exploitation you may save a person from a situation that they couldn't, by themselves, get out of.

Let's take a few minutes to watch the video "Arizonans with Disabilities and Why Reporting Abuse Matters." it is about 4 minutes long.

You can launch the video. The video is about 4 minutes long. If you are in Google Meets you can share the video with audio using the present now, and **select chrome tab**. This will allow you to share the video with audio. The video must be populated prior to sharing the tab.

The video is about 4 minutes long. Here's the link:

https://www.youtube.com/watch?v=oShKs_3MV9M&authuser=0

NOTE: You might need to copy and paste the link into your browser to play it. The link is also on the slide if you want to run it from the PPT.

	Mandated Reporting
PG#	68
Say	First, let's focus on our duty to report abuse and neglect to Adult Protective Services or the Department of Child Safety. Medical professionals, social services staff, direct care staff, educators and law enforcement are among the many personnel who are mandated reporters.
	manualeu reporters.

Mandated Reporters

Mandated reporters are people who have a responsibility for the care of a child, an incapacitated or vulnerable adult.

These include, but are not limited to people in the following roles:

- · Medical Professionals
- · Social Services Staff
- Educators
- · Legal and Law Enforcement

Children: A.R.S § 13-3623 Vulnerable adults: A.R.S § 46-454



What does this mean?

Say

A mandated reporter is a person who has a responsibility for the care of a child, an incapacitated or vulnerable adult. Some examples of people who are mandated report may work in some of the following fields.

First Responders

Medical Professionals

Social services and direct care staff

Educators/teachers

Legal and law enforcement.

Being a mandated reporter, you have a duty to "say something" or report any reasonable belief or suspicions of abuse neglect or maltreatment.

As a mandated reporter your duties don't end at the end of your shift. Your duty to report goes beyond your shift. When you are a mandated reporter it is a 24/7 duty.

	REASONABLE BELIEF	
PG#	69	
Say	If you fail to report you may not only lose your job, you can be fined or arrested.	
	It is important to note that it is not your job to investigate.	
	Reasonable Belief	
	Reasonable belief includes: • A person discloses information to you indicating abuse or neglect	
	A person has unexplained (non-accidental) injuries or an explanation that is inconsistent with the injuries	
	Someone provides reliable information about a vulnerable person that has been abused, neglected or exploited	
	Children: A.R.S § 13-3623 Vulnerable adults: A.R.S § 46-454	
Say:	Reasonable belief is when, a person tells you something that	
	indicates abuse or neglect, a person had unexplained non	
	accidental injuries or injuries that are not consistent with the story	
	they tell. For example, you see a bruise on a child's arm that looks	
	like a handprint and when asked they say they fell. Also,	

reasonable belief is when someone provides reliable information about a vulnerable person that has been abused, neglected or exploited.

If anything like this happens or any other situation that makes you suspect that abuse is occurring or has occurred, it is your duty to report it. Even if you are not sure, report it. It is not your job to investigate.



	WHAT DO YOU SAY
PG#	70
	What do you say?
	"How did this happen to you?"
	"Where did this happen?"
	"When did this happen to you?"
	Avoid asking detailed questions
Say	If you suspect abuse, neglect or maltreatment how do you ask? What should you ask? How much is too much? First, recognize the individual may have experienced serious trauma. We don't want to make them relive that moment or be interviewed multiple times by multiple people. Ask questions to gather the necessary information to submit a report – what, when, and where.
	Most of this information can be obtained by asking "how did this happen to you?"
	You may need to follow up with "when did it happen?" and "where did it happen?"
	It is important to note you should not be asking for details.
	Asking additional questions could further traumatize the victim and potentially compromise the investigation by impacting

	how the victim responds to investigators or alert the perpetrator, which could result in putting the victim in harm's way.
	Let us look at a scenario.
	Carol who is 22 with a developmental disability, lives in a group home and works at a local grocery store. Carol comes back from working one day. You notice a bruise on her forearm that looks like finger marks. You ask Carol, "Hey it looks like you got a bruise, what happened?" Carol seems awkward about it and says "I bumped into a wall at work."
	Based on her response would you ask her any additional questions? Why or why not?
DO	Field Questions
Producer	Monitor Chat and field questions.
Say	It seems that Carol is uneasy about the bruise and how it happened, further questioning could make her agitated. You are still suspicious of the incident and think that someone may have grabbed her while at work.
?	What would you do?
Say:	Because you have suspicion that she has been hurt at work and her story doesn't really seem to match the injury. You should report it. You have basic information for a report. You don't want to press Carol for details especially since she is apprehensive about it. You know that it happened at work and when it happened. Even if you

report it and nothing comes of it, because you had the suspicion you did the right thing reporting it.

What if Carol says: My supervisor was angry that I dropped a jar of pickles and it broke. He grabbed my arm and yelled at me. He did apologize and said he was just mad and having a bad day and he promised it would never happen again. Please don't say anything, I don't want to lose my job.

It is important to reassure the individual that even if we report to protect them, they will not be penalized for saying something. For example, Carol would not lose her job. Victims are protected from penalization such as having to move out of their group home, losing their job or any other changes to the nature and/or location of services and supports.

Some of you may be thinking, but what if they find out I have reported them?

Let's talk about protections for reporting.



WHISTLEBLOWER PROTECTION

PG#

71

Whistleblower Protections

Federal Laws

The Whistleblower Protection Act 1989

Whistleblower Protection Enhancement Act 2012



State Laws

Children: A.R.S § 8-201, 471, 803

Children: A.R.S § 13-3620,3623

Vulnerable adults: A.R.S § 46-454

A.R.S § 38-532,533

Say

Just as we wouldn't penalize the victim, reporters are also protected from retaliation when a report is made with a reasonable belief that abuse or maltreatment has or is occurring.

There are protections in place at both the federal and state level.

The Whistleblower Protection Act (WPA) of 1989 protects federal employees from retaliatory action for voluntarily disclosing information about dishonest or illegal activities occurring at a government agency.

The Whistleblower Protection Enhancement Act (WPEA) of 2012 is an amendment to the original act and provides confidentiality and protection from retaliation to federal, former employees, or applicants who report allegations.

Additionally, if a claim of retaliation is filed by the whistleblower, the Whistleblower Protection Act may provide compensatory damages, double back pay, and job reinstatement if the claim is substantiated.

Arizona also has several statues that cover protections for those that would report abuse neglect or exploitation of a child or vulnerable adult.

These laws state that a person who reports any kind of wrongdoing are protected from retaliation such as harrasment, loss of employment, or any other action that causes the reporter harm.

Arizona Revised Statues:
Title 8 471, 803, 201 – Child Safety
Title 13 3620,3623,
Title 46 Chapter 4 Adult Protective Services
Title 38 -532-533 Conduct of Office



ARIZONA PROTECTIVE AGENCIES

PG#

72

Arizona Protective Agencies

Department of Child Safety

Child Abuse Hotline: 1-888-SOS-CHILD (1-888-767-2445)

https://dcs.az.gov/services/suspect-abuse-report-it-now

DES Adult Protective Services

Central Intake Unit: 1-877-SOS-ADULT (1-877-767-2385)

https://des.az.gov/services/aging-and-adult/adult-protective-services/file-aps-report-online

Say: ∣ I

Now that we have talked about reporting, let's talk about WHO you report to.

There are 2 state agencies that field and investigate reports of abuse, neglect and exploitation. The first agency is the department of Child Safety. This agency handles reports for any child 17 years and younger. There is a website and a hotline for this department to expedite investigating reports.

The other agency is Adult Protective Services. This agency is dedicated to investigating reports of the abuse, neglect and exploitation of any vulnerable adult. An adult is defined as anyone over the age of 18. This agency also has a website and a hotline.

Note: If the individual is in an emergency situation **Dial 911** prior to calling any additional agencies.

Do:	Review the Arizona Protective Agencies slide and answer any questions.
	Advance slide

OVERVIEW: ADULT PROTECTIVE SERVICES (APS) PG# 73 **Adult Protective** Services (APS) **Overview** Let's review some information about Adult Protective Services (APS). Say In your Participant Guide, you'll find some questions you can answer as you review the slides. Have participants write in their Participant Guides as you and the class Do go over the slides together. Advance slide







Adult Protective Services What APS Does

Say

APS has the authority to investigate allegations of abuse, neglect, and exploitation of vulnerable adults.





Say

People served by APS must be:

- An adult, 18 years of age or older.
- A vulnerable adult who is abused, neglected, or exploited.
- Reside within the state of Arizona, excluding tribal lands.

A vulnerable adult can be someone who is:

- An incapacitated person. That would be a person under lieu guardianship or conservatorship.
- A person who is unable to make decisions based on cognitive function, mental illness, or substance abuse.

At the time this training was developed,

About 72% of DDD members that become APS clients are female.

About 28% of DDD members that become APS clients are ages 18-59.





Say

The most common type of report for APS in general is regarding an individual self-neglecting.

Alleged perpetrators are most commonly the individual's family.

For example, this could be a family member who might care for a live-in elderly who has a diagnosis of dementia.





Say

If you suspect an instance of maltreatment, you can report it by:

- Calling the hotline
- Filing the report online, which is recommended because it will generate an email to your inbox so that you can print out and put the report in your case file

Always include pertinent details in the report that will help the investigator. Include who might have seen something, when the incident happened, etc.

You can also report via FAX or letter.





Say

Make sure you include the following when filing a report.

Individual Information

- Name
- Date of birth
- Social Security Number
- · Individual's location

With DDD specifically, the day program location is so important, because APS will normally go to the day program to conduct the assessment.

Reporter's Information

- Name,
- Date of birth.
- Your work location, so that the investigator can contact you if they have specific questions

Also include what the individual can do for themselves, what needs they have, if the individual relies on a caregiver in order to provide basic care.





Confidentiality for Reporters

Say

While you can remain anonymous when filing a report via phone, keep in mind that what you're reporting about might include someone who is in danger.

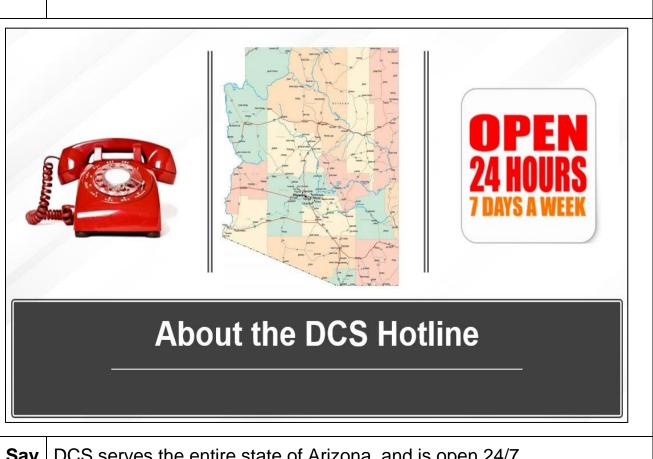
Also know that all reports are confidential.

Remember, when in doubt report it.



OVERVIEW: DEPARTMENT OF CHILD SAFETY (DCS) PG# 74 Department of Child Safety(DCS) Overview Let's review some information about the Department of Child Safety Say (DCS). In your Participant Guide, you'll find some questions you can answer as you review the slides. Have participants write in their Participant Guides as you and the class Do go over the slides together.

74



Say

DCS serves the entire state of Arizona, and is open 24/7.



74





Say

DCS's primary functions are to assess concerns that come into the department, and determine if it's a DCS report or not.

Arizona statute guides DCS as to whether they can or cannot investigate something. They screen concerns/reports to see if they are able to do an investigation.

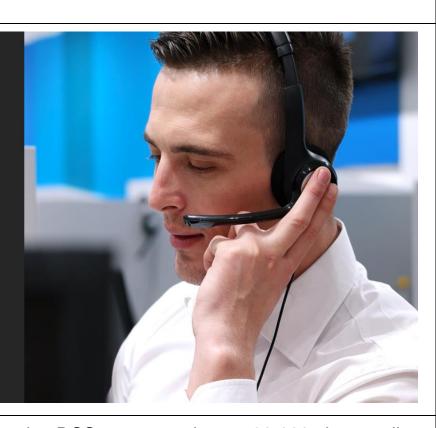
DCS assigns response times during the hotline intake call. When DCS receives a report or a concern of child abuse or neglect, they try to estimate how quickly they need to be there.

DCS is in contact with other child-welfare agencies throughout the country.



74

How Many Calls Does DCS Receive?



Say

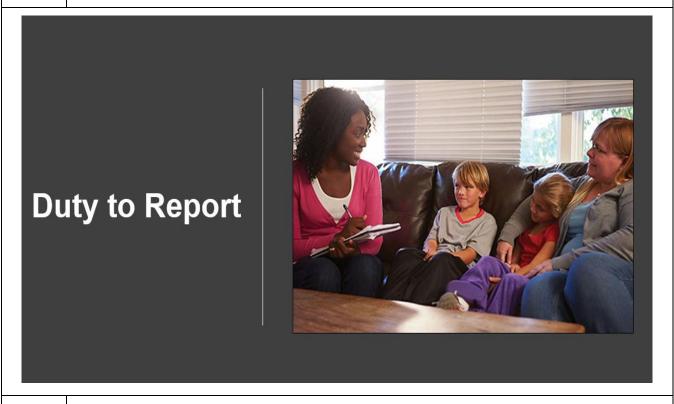
When school is in session DCS averages about -500-600 phone calls per day.

And on the weekends, about 250 phone calls.

DCS averages about 36% - 38% of those phone calls become reports that DCS would investigate.



74



Say

Again, you're required to report if you're a mandated reporter.

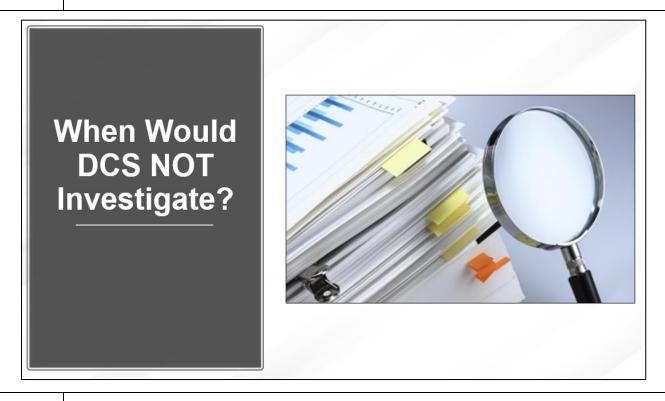
A mandated reporter is someone who works with children and families because of their job or volunteer work.

Remember a mandated reporter is always a mandated reporter 24/7.

No one is ever relieved of their duty to report.



74



Say

Sometimes DCS receives concerns from the hotline that they don't have jurisdiction to investigate.

Examples where DCS doesn't have jurisdiction to investigate include educational neglect, where parents or caregivers are not sending their children to school that's not something DCS would investigate on that allegation alone. That would be a law enforcement issue, or a truancy issue.

Say

Another example would be if something happened at a day care. DCS would report that to the Department of Human Services, and they would conduct their own investigation.

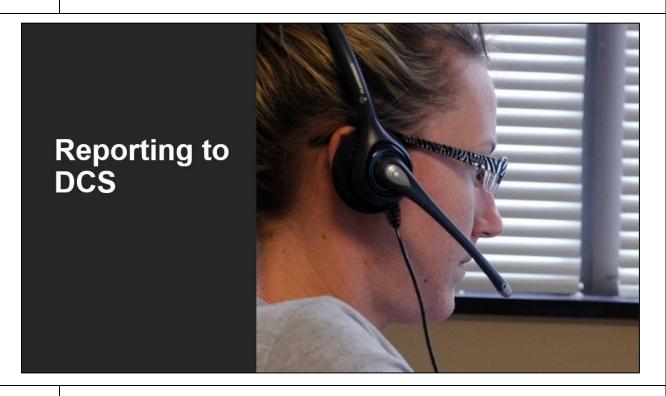
If children are receiving medical care from an accredited Christian Science practitioner, or a spiritual healer, or a tribal state, if they're receiving any kind of alternative medical care, DCS wouldn't necessarily be involved, unless the child is in imminent harm, or if the child could die from not receiving traditional medical care.

Custody issues between parents would be a family court concern.

Whether or not DCS files the report, the information is always documented.



74



Say

The law says you can report to the Department of Child Safety, that's the DCS hotline, or you can report it to law enforcement. And either one has met your legal mandate, you're covered legally by doing that.

In an emergency, where a child is in danger, or the child is going to be harmed if you send them home, always call the police because they're first responders.

When you initially report to DCS online, you'll create an ID and a pin, which you will use every time thereafter.

INSTRUCTOR GUIDE

Say

Then when you submit a report, there is a form number. You will use that form number to reference the submission that you made.

When you report online, you're going to be asked a series of questions, the same that you would on the phone.

There is a 72-hour response time online submission, but usually it's a few hours after you submit the report.

DCS will let you know if it's going to be reported or not, who is assigned to it, their supervisor, their contact information. If it's not a report DCS will let you know that as well.



INSTRUCTOR GUIDE

	DIFFERENCES BETWEEN APS AND DCS
PG#	75
Do	Review the Differences Between APS and DCS slide with the class. Answer any questions.

Adult Protective Services (APS)	Department of Child Safety (DCS)
Do not have authority to remove adult from residence.	Do have the authority remove a child from their residence.
Members who have decision making capacity have the right to refuse all services.	Member cannot refuse all services without potentially losing children.
Generally requires less court-mandated activity.	Generally requires significant judicial involvement.
State cannot take custody of an adult.	State can take custody of a child.

Say Note that individuals who have decision making capacity have the right to refuse all services; but the investigation is completed anyway.



76-79



Say

When you report, you'll be asked where this family resides and who's residing in the household, where these children are going to school, because that's how DCS locates them and conducts interviews if there is an investigation.

DCS also asks "when did this happen, what is the pattern of abuse, who abused the child" to ensure that it is a perpetrator that lives inside the home.

INSTRUCTOR GUIDE

Say

They'll also ask for your name per Arizona Revised Statute (ARS) 14-1010, which says all callers are asked to provide their name and number as the reporting source.

All DCS records are confidential for anybody who called into the hotline, information is only privy to people who are part of the departments.

No one is allowed to see that information besides the Department of Child Safety.

It's important for people to know, however, that they will remain confidential but not necessarily 100% anonymous.



PG	76-79		
	To Report or Not to Report—Scenarios and		
	QUESTIONS		
	To Report or Not to Report? Scenarios and Questions As you read the scenarios on the following slides, consider: Should you report the situation? Who would you report to?		
Note	Following are seven scenarios. From the seven, choose 3-5 of them to discuss with your class, depending on how much time you have. (Aim to do at least 3 of them.) All seven scenarios will be in the Participant Guide for reference.		
Say	In your Participant Guide you'll find seven scenarios. Together as a class we're going to discuss some of these scenarios.		
Do	Choose 3 – 5 scenarios and let the class know which scenarios will be discussed.		
	Pause for 10 minutes for reading. Have participants write their thoughts/notes in their Participant Guide, in preparation for the class discussion.		
	Advance slide		

PG# | 76-79 Scenario 1 Kevin is a 32-year-old person with cerebral palsy who uses a wheelchair for mobility and requires assistance for eating, dressing, bathing, and meal preparation. Kevin attends Day Treatment for Adults (DTA). A DTA staff member uses his phone to record Kevin eating and sends the recording out to other DTA staff with comments about posting it on YouTube. Should this situation be reported to protective services? Who would you report to? (APS/DCS) Do Ask a volunteer to read the slide. Should you report the situation to a protective service agency? Yes Who would you report to? APS

76-79

Scenario 2

David, age 42, an individual with a disability who requires constant supervision, is upset and hits Larry. Larry, who is the group home manager, yells at David ordering him to never hit him again, then Larry walks away and will not talk to David. Larry asks another staff member to stay with David so that he can take a break.

- Should this situation be reported to protective services?
- Who would you report to? (APS/DCS)

Do Ask a volunteer to read the slide.



Should you report the situation to a protective service agency? Yes



Who would you report to? DCS

Facilitator Notes--Also consider:

Although Michael has a bleeding disorder, we are not medical personnel so it would not be possible for us to determine the nature of the injury. It's therefore best to report the injury to DCS so that it can be appropriately investigated, as per influence of A.R.S. 13-3620.

This scenario and its answers might inspire some debate or thoughts from participants. Encourage differing opinions and discussion.



PG# 76-79

Scenario 3

You go to your member Michael's house for a visit. You're greeted at the door by Michael's mother who leads you into the living room. Michael, age 7, walks in and you notice that he has a black eye. His mother explains that Michael has bad allergies and itched his eye too hard. Michael's bleeding disorder, Von Willebrand Disease, is documented in his care plan.

- Should this situation be reported to protective services?
- Who would you report to? (APS/DCS)

Ask a volunteer to read the slide.

Should you report the situation to a protective service agency?
Yes

Who would you report to? DCS

Advance slide

PG# 76-79

Scenario 4

A staff member is assisting Maria, an adult with disabilities, to comb her hair. A person around the corner hears Maria crying. The person then hears a loud sound that sounds like a slap, and Maria starts crying louder. When the person enters the hallway, Maria is sitting on a chair rubbing the back of her head with her hands.

- Should this situation be reported to protective services?
- Who would you report to? (APS/DCS)

	Ask a volunteer to read the slide.
?	Should you report the situation to a protective service agency? Yes
?	Who would you report to? APS
	Advance slide

PG#	76-79				
Scenario 5					
leari you	y, aged 16, an individual with cerebral palsy, has been ning to walk independently. At the 90-day Planning Meeting notice he has a two-inch gash on his shin. When asked ut it, Tony said he hit it on the edge of the coffee table.				
 Should this situation be reported to protective services? Who would you report to? (APS/DCS) 					
	Ask a volunteer to read the slide.				
?	Should you report the situation to a protective service agency? No				
	Facilitator Notes:				
	Tony, being an older minor, is able to describe what happened. That being said, you can ask for nursing follow up and/or a visit with the PCP to ensure that Tony is OK.				

PG# | 76-79

Scenario 6

Jasmine, age 68, a person who uses a wheelchair, is being assisted by Carlos to transfer. Carlos tells Jasmine that he is putting on the breaks and he guides her hand to the rail so she can help pull herself up, then he lifts her. Jasmine flinches when he lifts her. He says he is sorry, he forgot to tell her that he was going to use the gait belt to help steady her.

- Should this situation be reported to protective services?
- Who would you report to? (APS/DCS)

	Ask a volunteer to read the slide.
?	Should you report the situation to a protective service agency? No, and offer education/coaching to Carlos.
	Note to Facilitator: If Jasmine flinched with surprise, then coach Carlos to let Jasmine know before he takes actions so that she is not surprised. If, however, Jasmine flinched with pain, then this incident is reportable to APS.
	Advance slide

PG# 76-79

Scenario 7

You recently observed Sandy, a 12-year-old girl with disabilities, grabbing at her genitals and the genitals of her caregiver. Sandy also talked to her caregiver in a seductive manner, which appeared to embarrass her, and she asked Sandy to stop. Sandy has never exhibited this type of behavior prior to this incident.

- Should this situation be reported to protective services?
- Who would you report to? (APS/DCS)

Do	Ask a volunteer to read the slide.
?	Should you report the situation to a protective service agency? Yes
?	Who would you report to? DCS
	Advance slide

n/a



Say

We've covered a lot of information today. I know some of it has been disturbing. It should be. Recognizing and preventing abuse and neglect is critical in the work we do.

Before we move on to the assessment portion of the course, let's do a quick review.



Facilitator Note: Each question below will be displayed on a separate PowerPoint side. Click to reveal the correct answer.



What is the difference between abuse and neglect?

- Abuse is something you DO which causes harm.
- Neglect is something you intentionally DO NOT DO which causes harm.



What are some reasons abuse against people with developmental disabilities is not reported?

- The victim didn't recognize they were being abused
- The victim didn't know how to report the abuse
- The victim believed nothing would happen
- Victims were threatened or afraid



Why are people with developmental disabilities especially vulnerable to abuse?

Facilitator Note: Click Once to display Risk Categories if participants are having trouble answering. Click a second time to reveal examples of each Risk Category.

Features of disability

- o Dependent upon others for care
- o Taught to be compliant
- o Physically unable to stop/prevent
- Speech limitations

• Congregant care issues

- Lack of privacy
- o Lack of training for caregivers
- o Insufficient staffing
- Segregation

Environmental risk factors

- Financial stress/ unemployment
- Unstable housing
- Insufficient healthcare
- Social isolation
- o Overwhelmed caregivers

Cultural influences

- o Devaluation of people with developmental disabilities
- o Generational history of abuse
- o Respect elders in all circumstances



What are ways to decrease vulnerability risk factors for people with disabilities?

Features of disability

- Provide means to communication (i.e. aug com, communication board)
- Use person-centered approach
- Advocate for developmentally appropriate body education

• Congregant care issues

- o Make unexpected visits
- Address issues with aggressive individuals
- Meeting with person/guardian without the home staff present

Environmental risk factors

- o Refer to community resources
- Encourage families to join support groups
- Offer DDD services when appropriate

Cultural influences

- Use person-centered language
- Address individuals first before anyone else on the team
- Highlight strengths of the person



What is personal space?

 The area surrounding you that sets the comfortable distance between you and someone else, usually at least an arm's length.



What can you do to prevent abuse?

- Report
- Be aware of signs
- Educate people-individuals and providers



ASSESSMENT Assessment Are there any questions about anything we've covered today? One last message before we begin the assessment: Lead by example. Say If you see something, say something. If we are all vigilant, we may be able to recognize the behaviors to stop a predator and keep all individuals safe. Don't hesitate to ask if you have questions or refer back to your participant guide. Administer the assessment Do Closing Remarks: Thank the class for their time. Do

Remind class to complete the survey when e-mailed.