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

Division of Developmental Disabilities



DEPARTMENT OF ECONOMIC SECURITY

Your Partner For A Stronger Arizona

Participant Guide

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Overview

Course Description

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

Learning Objectives

1. Define maltreatment, and recognize abuse, neglect, and exploitation
2. Risk factors for people with developmental disabilities
3. Describe boundaries and ethics of touch
4. Report maltreatment
5. Understanding protections

Audience

All DDD employees and Providers.

Assessment

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

Virtual Learning Etiquette

- Cell Phone Policy
- Training Materials
- Access to Meeting room
- Mute microphone when entering class

Introduce Yourself

Name _____

Job Title _____

How long in your position _____

Introduction to the Course

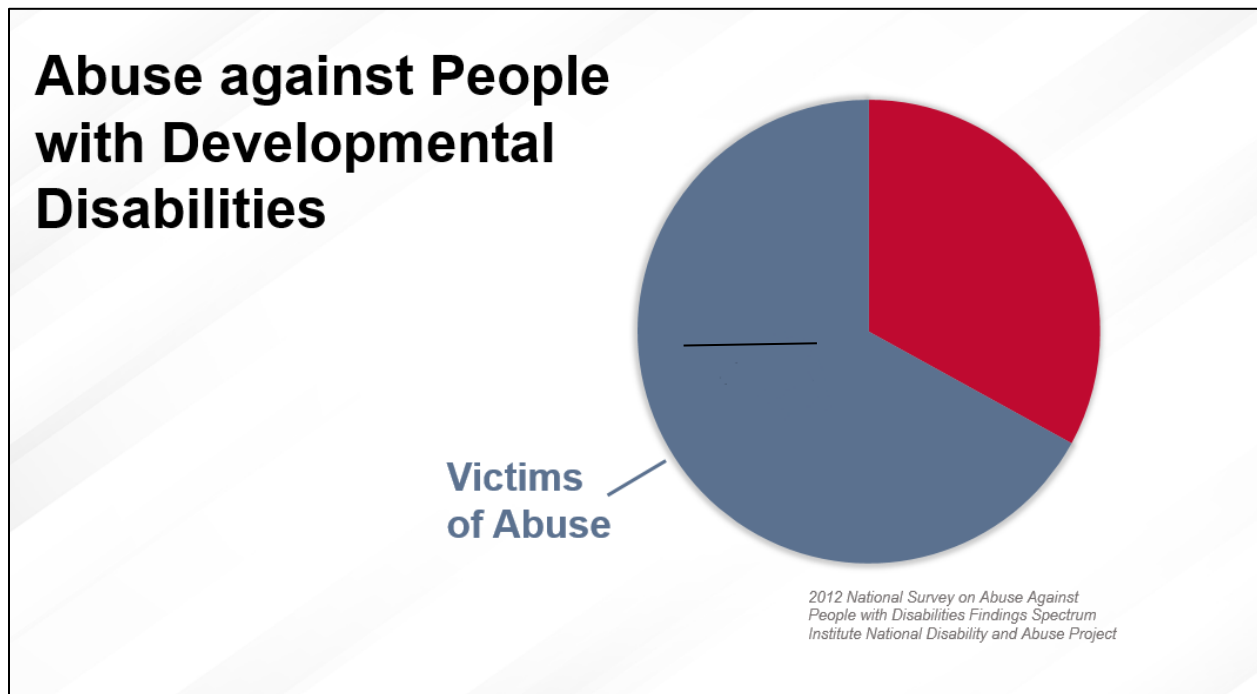
The purpose of this training is to provide you with the knowledge and understanding of how to recognize abuse, neglect and exploitation of vulnerable adults and children with disabilities.

You will see and read about signs and symptoms that someone might display if they are being victimized.

The topics in this training are difficult and may trigger strong emotions. Frequent breaks are recommended and encouraged if you become overwhelmed or triggered.

Notes:

According to the National Survey on Abuse Against People with Disabilities _____% of people with developmental disabilities have or will be victims of abuse in their lives.



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/2017NCVRW_PeopleWithDisabilities_508.pdf

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

Abuse and Neglect Case Outcomes

Out of 100 cases of abuse against people with developmental disabilities:



*2012 National Survey on Abuse Against People with Disabilities Findings Spectrum
Institute National Disability and Abuse Project*

Notes:

Lesson 1: Define Maltreatment and Recognize Abuse, Neglect, and Exploitation

Objectives

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

Activity: Definitions of Abuse, Neglect, and Exploitation

Instructions: Complete the poll provided by the instructor with the following question:

Is abuse, neglect, and exploitation always easily identifiable?

Answer: _____

Abuse

Neglect

Exploitation

Division of Developmental Disabilities

Definition

DDD Operations Manual 6002-G

A.R.S. § 46-451

Abuse

Intentional infliction of pain or injury to a member

- Intentional infliction of physical harm
- Injury caused by negligent acts or omissions
- Unreasonable confinement or unlawful imprisonment
- Sexual abuse or sexual assault
- Includes hitting, kicking, pinching, slapping, pulling hair, sexual abuse
- Ridiculing or demeaning an individual, making derogatory remarks, or cursing at an individual
- Violations of Article 9 such as using a restricted technique without a division-approved Behavior Treatment Plan or using a prohibited technique

3 categories of Abusive Treatment

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.

Notes:

Division of Developmental Disabilities

Definition

DDD Operations Manual 6002-G

A.R.S. § 46-451



Neglect

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.

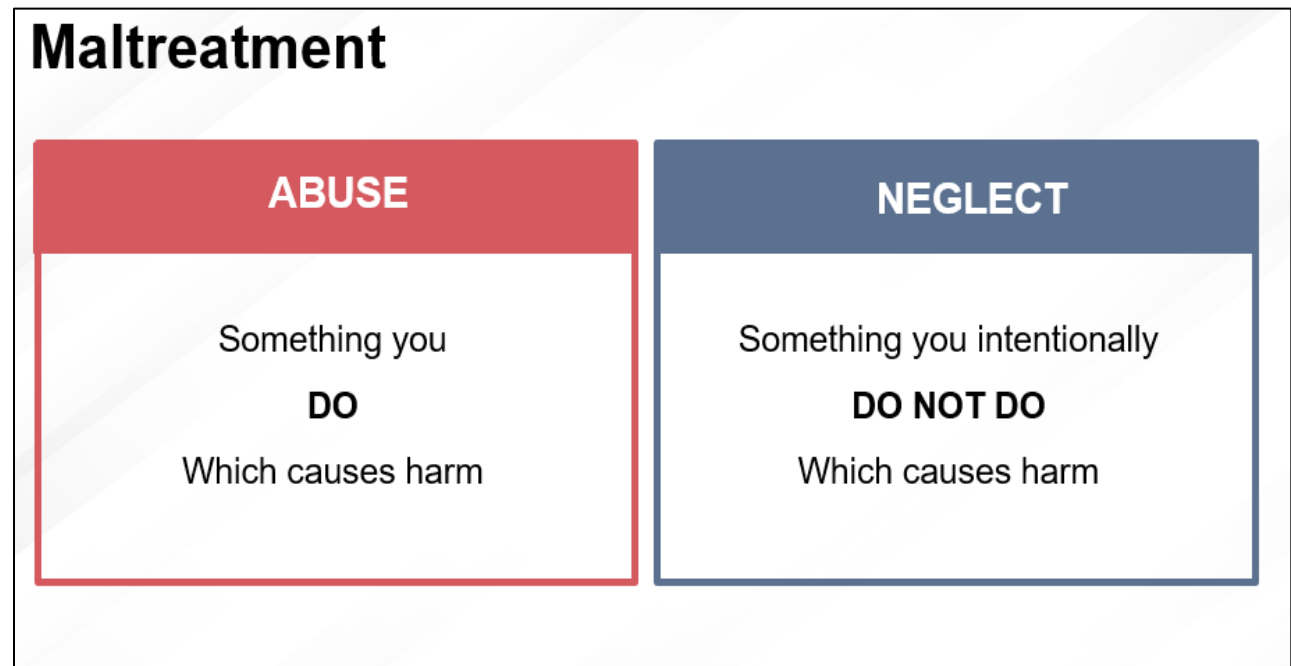
_____ includes:

- 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

Note: Neglectful behavior may not necessarily rise to the level of an APS Report.

Consider: Would a lack of attention happen when staff ignored a member’s cry for help?

Did a lack of attention result in a member missing scheduled medications?



Examples of Neglect

- Fails to properly provide medical and mental health treatment, including dental care
- Fails to properly provide medications
- Lack of supervision
- Sleeping on duty
- Abandoning shift

Note: 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 member, but only one person lifts the member, and so the member falls breaks their hip.

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 also that often the members themselves might neglect their own care (if they are able to care for themselves).

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**

Notes:

Division of Developmental Disabilities

Definition

DDD Operations Manual 6002-G

A.R.S. § 46-451

Exploitation

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

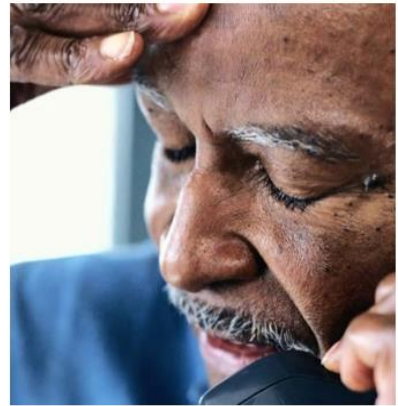
Examples:

- Misusing a vulnerable person's checks, credit cards, bank accounts
- Stealing cash, social security checks, household goods
- Department of Child Safety Definition
- 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

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.

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

Note also that the definition of “vulnerable adult” applies in every category—abuse, neglect, and also exploitation. Vulnerable adult includes an incapacitated person as defined in **A.R.S. section 14-5101**.



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

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.

- **Underpaying for a task**

For example, the member crafts a quilt and a staff person pays the member 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

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



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.

Notes:

Photographing a Resident



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.

Taking photographs of a resident without written consent is considered a form of abuse; it is considered demeaning to the resident, exploitive and humiliating.

- *Center for Medicare and Medicaid*

Role of Social Media

Notes:

Recognizing Abuse

Any time an individual displays one or more of the following injuries, abuse must be suspected. Special attention needs to be given to the number of past injuries the individual has as well as the explanation of how the current injury occurred.

It is not your job to investigate or prove abuse and neglect. If you have a reasonable suspicion of abuse or neglect, report it.

When in doubt – report!

Physical Indicators

Non-Accidental Bruises

Non-accidental or suspicious bruising usually looks like the object with which the person was hit. Bruises are also more suspicious when they are discovered on the fleshy parts of the body such as the buttocks, lower back, upper arms, and/or thighs. Examples

- Hands and fingers including pinch marks
- Paddles
- Belt (rectangular bruise often covering a curved body surface).
- Lash (narrows, straight edged bruises usually caused by a tree branch or switch).
- Loop marks (usually caused by a doubled over electrical cord or rope, often leaves loop-shaped scar).

Notes:

Head and Facial Injuries

Eye	<ul style="list-style-type: none">• Acute hyphemia (blood in the interior chamber of the eye)• Black eye• Dislocated lens• Retinal hemorrhage, dislocated lens, detached retina (shaken baby syndrome)
Nose	<ul style="list-style-type: none">• Broken nose• Nose bites
Mouth	<ul style="list-style-type: none">• Loosened or missing teeth• Jaw fractures• Upper lips and frenulum bruising, lacerations
Ear	<ul style="list-style-type: none">• Injuries to the lobe (pinching or twisting)• “Cauliflower Ear” (may be result of repeated blows)• Rupture of the tympanic membrane
Head	<ul style="list-style-type: none">• Fractured skull• Subdural hematoma injuries

Burns

- Scalding burns display as deep burns at site of initial impact with less severely burned areas surrounding them. Non-accidental burns often involve the buttocks, perineum and legs.
- Immersion burns are characterized by “stocking” burns on the arms or legs or “doughnut-like” burns on the buttocks and genitalia.
- Lighter burns are most commonly found on palms, soles, and the buttocks.
- Dry contact burns often leave clear imprints of the burning object: e.g. iron, heating grate.
- Rope burns

Notes:

Bodily Injuries

Binding Marks	<ul style="list-style-type: none">• Indicate choking or restraining such as with cord or rope
Bite Marks	<ul style="list-style-type: none">• Human bites: usually superficial abrasions or bruises and are oval shaped• Dog bites: deep punctures
Skeletal Injuries	<ul style="list-style-type: none">• Broken neck• Rib fractures: in cases of abuse, rib fractures are often multiple and may be in various stages of healing.• Other broken bones
Abdominal Injuries	<ul style="list-style-type: none">• Ruptured liver or spleen (most common abdominal injury)• Intestinal perforation• Ruptured blood vessel• Pancreatic injury• Kidney or bladder injury

Notes:

Failure to Thrive

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

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 and gender. Children who fail to thrive do not grow and develop normally as compared to children of the same age. Height, weight, and head circumference do not match standard growth charts. Other names for Failure to Thrive include: Growth Failure, Feeding Disorder; and Poor Feeding.

Notes:

Babies who fail to gain weight or develop often lack interest in feeding or have a problem receiving the proper amount of nutrition. The following are the most common symptoms of failure to thrive.

Delayed or slow development of physical skills such as rolling over, sitting, standing and walking

- Delayed or slow development of cognitive and social skills
- Delayed secondary sexual characteristics
- Lack of interest in feeding or a problem receiving the proper amount of nutrition
- Constipation
- Excessive crying
- Excessive sleepiness (lethargy)
- Irritability

Depending on the length of time a child fails to thrive, permanent mental, emotional, or physical delays can occur.

Notes:

Possible Causes of Failure to Thrive

Physical	Environmental
Organ problems	Loss of emotional bond between parent and child
Hormone problems	Poverty
Damage to the brain or central nervous system	Problems with child-caregiver relationship system, which may cause feeding difficulties in an infant
Heart or lung problems, which can affect how nutrients move through the body	Parents not understanding diet needs for their child
Anemia or other blood disorders	Exposure to infections, parasites, or toxins
Gastrointestinal problems that make it hard to absorb nutrients or cause a lack of digestive enzymes	Poor eating habits, such as eating in front of the television and not having formal mealtimes
Long-term (chronic) infections	---
Metabolism problems	---
Problems during pregnancy or low birth weight	---

Marcdente KJ, Kliegman RM. Failure to thrive. In: Kliegman RM, Stanton BF, St Geme JW III, Schor NF, eds. Nelson Textbook of Pediatrics. 20th ed. Philadelphia, PA: Elsevier; 2016: chap 21. Review Date 7/10/2015 Updated by: Neil K. Kaneshiro, MD, MHA, Clinical Assistant Professor of Pediatrics, University of Washington School of Medicine, and Seattle, WA. Also reviewed by David Zieve, MD, MHA, Isla Ogilvie, PhD, and the A.D.A.M. Editorial team. <https://medlineplus.gov/ency/article/000991.htm>

Conditions/Practices Mistaken for Abuse

Mongolian Spots

These are blue, blue gray, blue black, or deep brown irregularly shaped birthmarks. Infants may be born with one or more of these spots. They usually disappear by age five and almost always by puberty.

Cupping

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 of 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.

Notes:

Coining (Coin Rubbing)

Bleeding disorders and some blood thinning medications such as Coumadin, or Warfarin can increase the risks of bruising.

Coining, or cao gio, is a common Southeast Asian alternative medical 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 appears.

Bleeding Disorders

With bleeding disorders, there is not a distinct observable pattern, like the other bruising pictures we've reviewed.

Two examples of bleeding disorders include:

Hemophilia—A medical condition in which the ability of the blood to clot is severely reduced, causing the sufferer to bleed severely from even a slight injury.

Von Willebrand Disease (VWD)—A genetic disorder caused by missing or defective von Willebrand factor (VWF), a clotting protein.

Behavioral Indicators of Possible Abuse and Neglect

The following 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.

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 with early arrival	Reluctance to go to a particular place or be with a particular person

Notes:

Behavioral Indicators of Sexual Abuse

In addition to the behavioral indicators listed above, the following is a list of behavioral characteristics more specific to individuals who have been sexually abused or maltreated.

Unusual interest in and/or knowledge of sexual acts	Abrupt change in behavior in response to personal safety lesson in the classroom
Seductive behavior with classmates, teachers, other adults	Reluctance to undress for physical education / avoidance of P.E. class
Excessive masturbation	Continual avoidance of bathrooms
Attempts to touch people's or animals' genitals	Wearing multiple layers of clothing
Wearing tight and/or revealing clothing	---

Notes:

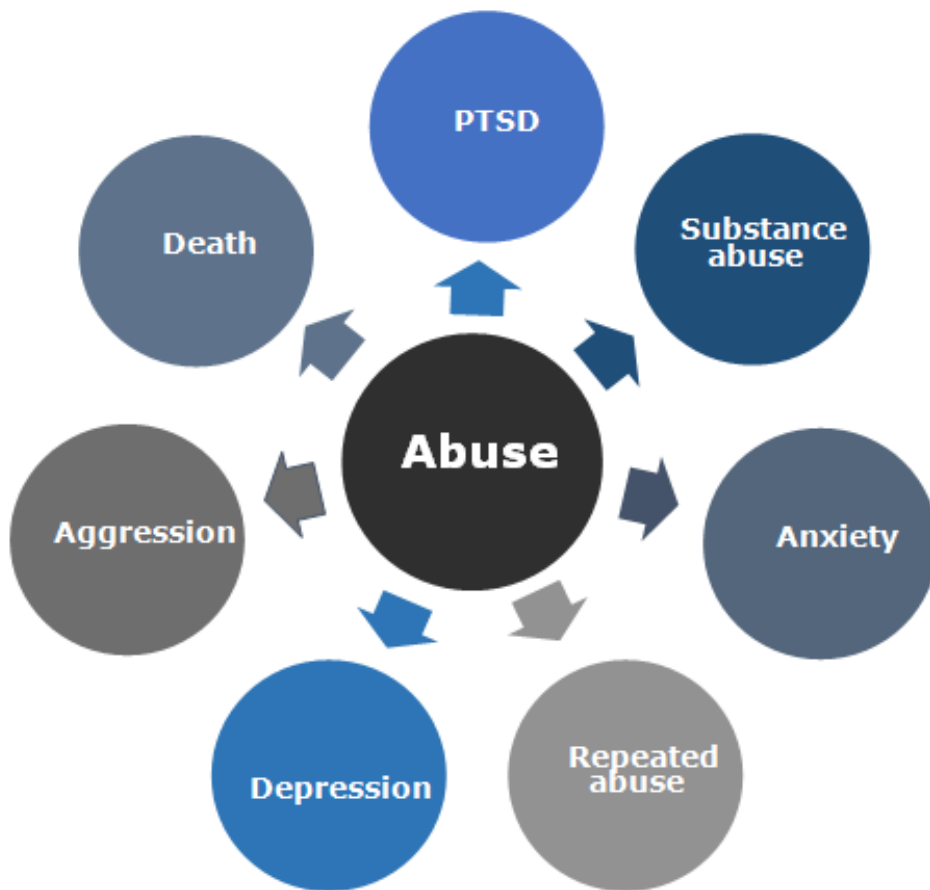
Physical Indicators of Sexual Abuse

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

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

Notes:

Effects of Maltreatment

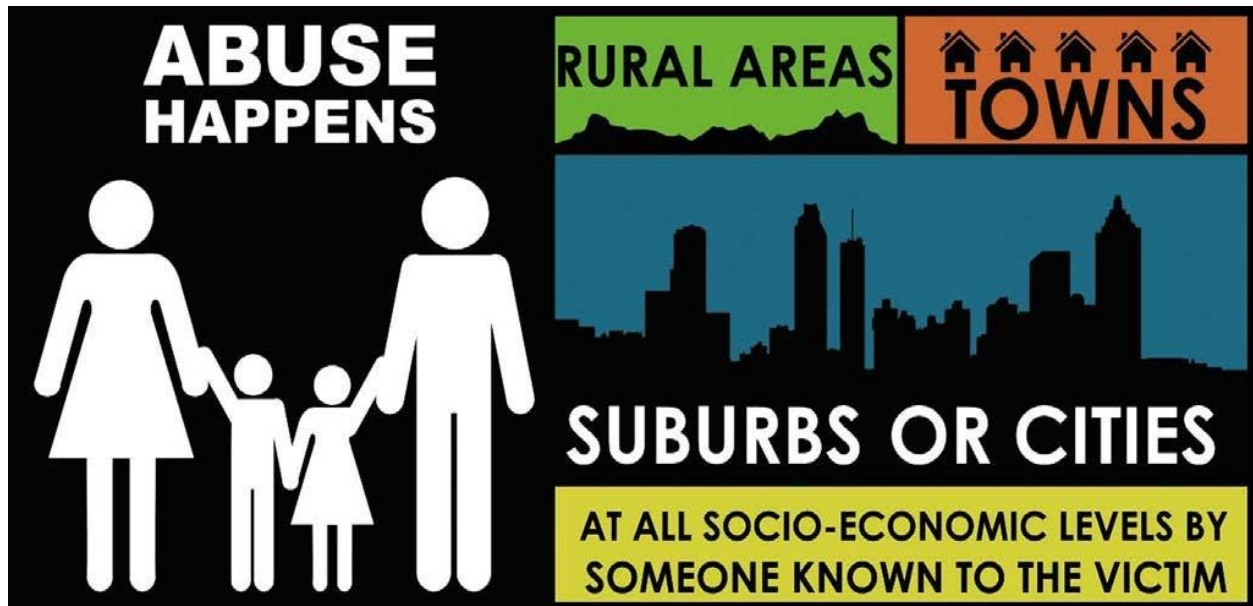


Notes:

Abuse Characteristics

Abuse is widespread and not confined to any one cultural, regional or economic group.

Most abuse is perpetrated by those known to the victim, usually those in a care giving or support role.



Notes:

Profile of an Abuser

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



Displaced aggression

Impulsive

History of exposure to abuse

Need to control

Authoritarian

Lacks attachment to victim

Devalues victim

Notes:

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

Notes:

Myths and Stereotypes

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

Sometimes these myths and stereotypes are positive– that the child is one of God’s little angels, always good, which is patronizing.

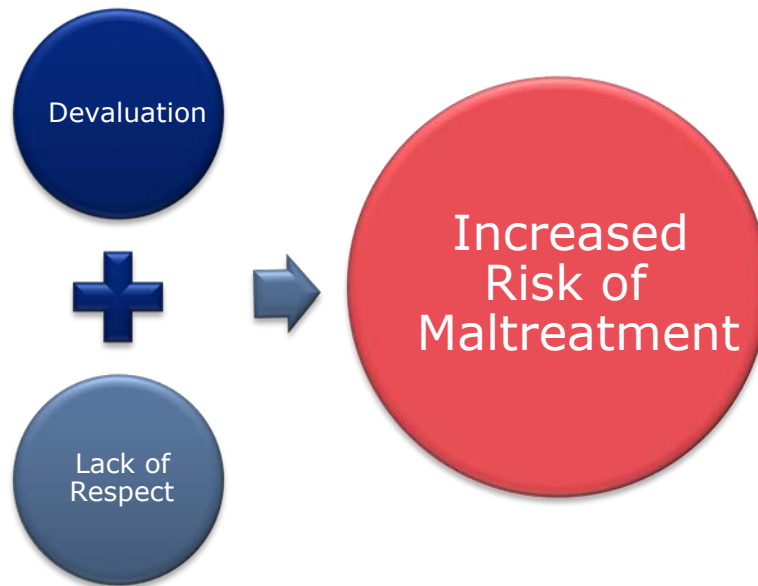
More often they’re negative. What are some of the Myths/Stereotypes you have heard about people with developmental disabilities?

What are some myths and stereotypes you have heard about people with developmental disabilities?

Notes:

Respect and Maltreatment

Myths and stereotypes contribute to a lack of respect for people with developmental disabilities. Those that are not respected are devalued and have a lower status in their family and community. People who are devalued are a greater risk of abuse and neglect.



Notes:

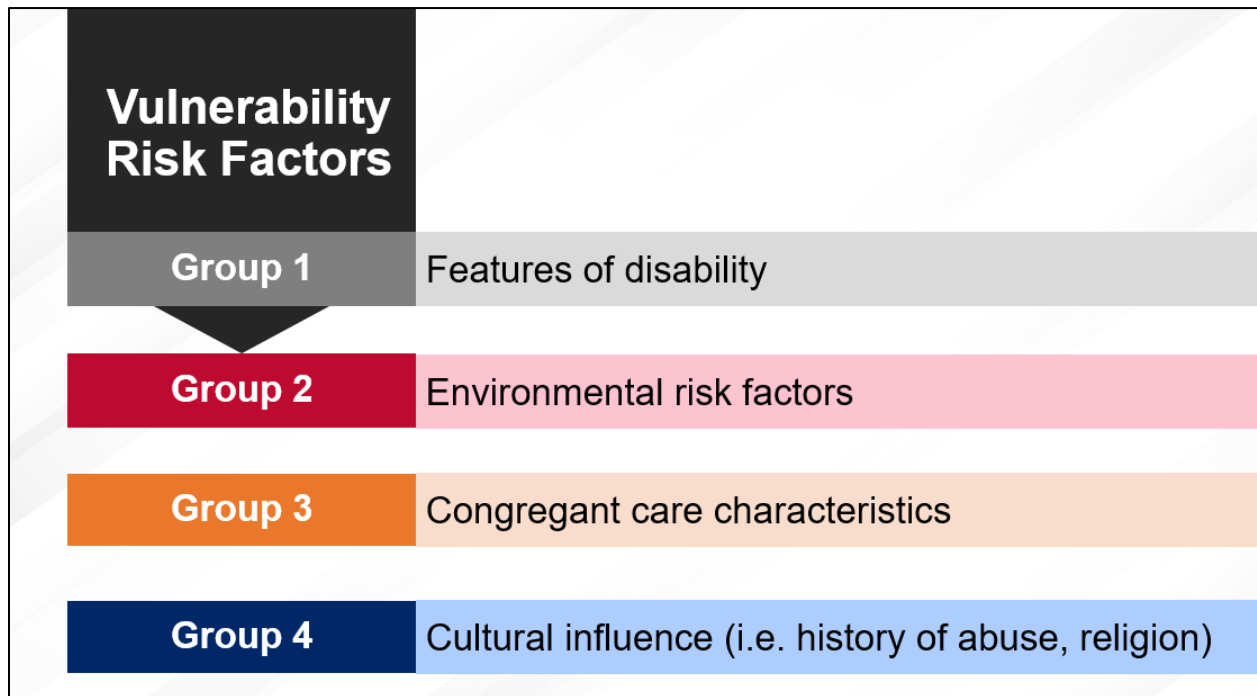
Reasons Maltreatment is Not Reported

Only 33% of abuse to people with developmental disabilities is reported. There are many reasons for this.



How does not reporting abuse increase risk of maltreatment of people with developmental disabilities?

Activity: Vulnerability Risk Factors



Features of Disability

Environmental Risk Factors

Congregant Care Characteristics

Cultural influences that increase vulnerability

Lesson 3: Boundaries and Ethics of Touch

Objectives

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

Activity: Privacy



Activity Instructions

Follow along with the slide presentation and your Facilitator, who will write shared thoughts on the whiteboard or word document for you to see. free to take notes.

Consider the following:

You would reasonably expect that your locked personal diary, or your personal mail would be private--for your eyes only.

- What are some other things that you would consider to be private?

Consider the following:

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?

Consider the following:

When you're asleep in your own bed, you expect quietness and 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 member we're working with not have privacy in the shower?

Privacy of Touch



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.

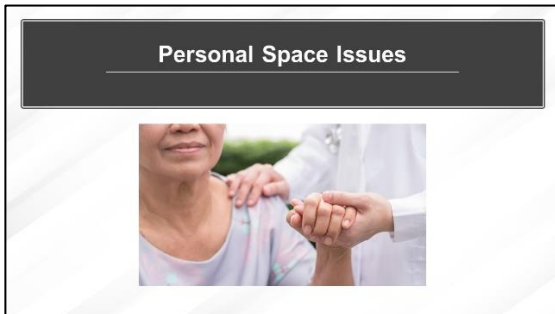
Personal Space



The size of personal space we need is determined by culture, sensory physiology, and preference. Its size may vary from culture to culture, but it is usually 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 for “fight or flight”.

Notes:

Personal Space Issues



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).

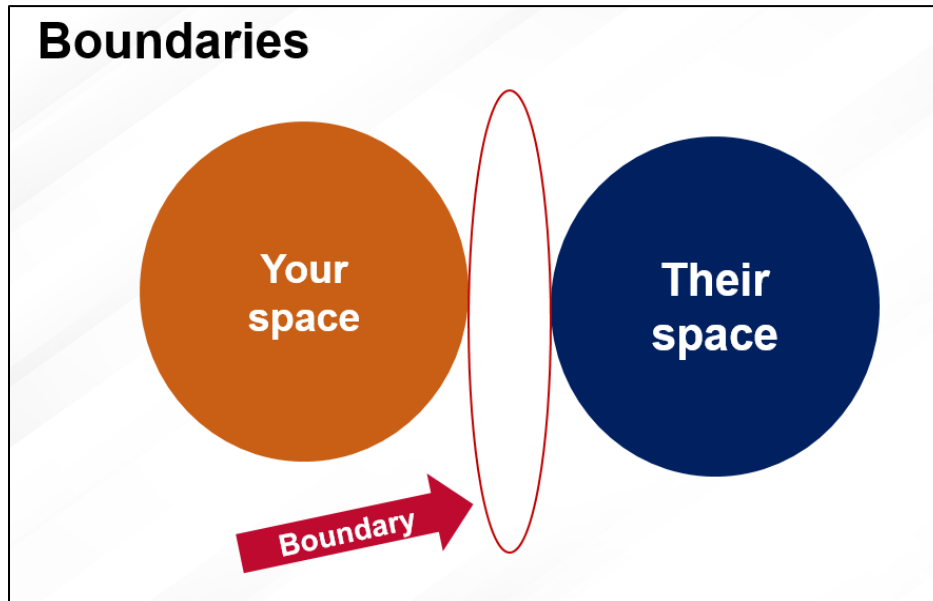
Personal Space is a critical feature for our own protection.

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.

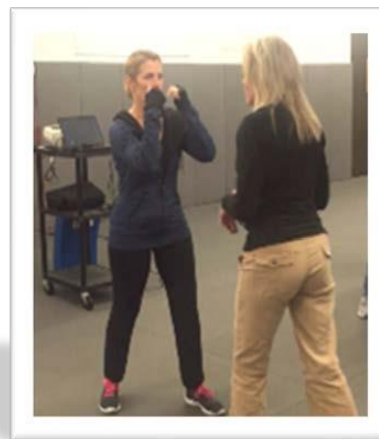
People with developmental disabilities may not develop a sense of personal space which may increase your risk for being violated and for violating others' personal space. If you are violating others' personal space you may be viewed by others as rude, aggressive, offensive, and forward. As a caregiver, 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.

Boundaries



Across most cultures and communities, 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 or flight”.

Depending on how a person assesses the threat level, they may actually back away and go into what we call a defensive stance which is like a shape of an “L” and put their hands up like the video showed.



Respecting Personal Space



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

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 is being violated.

It is important to be aware of all body language and signs that indicates the person feels uncomfortable or unsafe.

Notes:

Caregiver Boundaries



If you walk into a room (like a program) and someone attending the program comes running and gives you a big bear hug, you have the right and responsibility to say no.

Do not allow the member to hug you. We need to establish and maintain professional boundaries with the members we support. If your doctor walked in your office and gave you a bear hug or you gave the doctor a bear hug. That would be entirely inappropriate. The same is true for the caregiver and a member's relationship. This is a professional relationship. The people we support need to be treated like you would treat anyone else with whom you have a professional relationship.

Just as if a member violates your personal space, this is an opportunity to teach rules of touch in your relationship.

How might you use this situation as a teachable moment?

Notes:

Professional Relationships



There are some major cultural differences as it relates to touch. We want to make sure that we are clear about standards we should use in our professional lives.

When you are working with people professionally, you should always take the most conservative approach.


Paid caregivers might 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.

Notes:

This is not to say that paid support givers should not show they care about the people that we support. Every person, disability or not, needs some level of physical touch.

Touch

How do we emotionally support someone without physically touching them?



Notes:

Behavior to Language

Nonverbal "Yes"	Nonverbal "No"
<ul style="list-style-type: none"> • Head nod • Leaning into activity • Smiling • Thumbs up • Blinking • Sign language • Eye contact 	<ul style="list-style-type: none"> • Shaking head/ turning head away • Pushing away • Grunting • Closing your body off • Wagging fingers • Closing eyes/losing contact/blinking

Behavior to Language Dictionary

Behavior to Language Dictionary for _____

When he/she does:	During this situation:	We think it means:	And we should:

Teaching the Rules of Touch



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. We need to teach that touching another person anywhere is off limits without that person's consent. We need to be vigilant in the way we teach the people we support. If they are taught the wrong rules they might be set up for failure.

Teaching the Rules of Touch Example:

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 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 he was convinced he didn't do anything wrong because he "didn't touch her in her privates".

We gave him the wrong message and did not properly teach that touching another person anywhere is off limits without that person's consent

Notes:

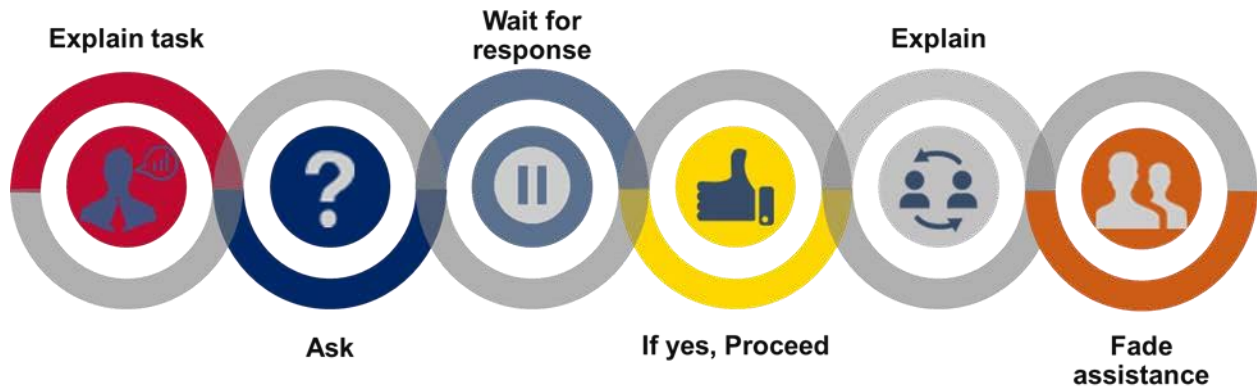
Body Integrity Rule

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

There are times when touch is necessary to provide assistance with personal care; however, there are vast differences between using this touch in ways that are forceful, uninformed, and disrespectful; and ways that are gentle, informed, aware and respectful.

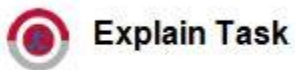
This requires that we follow certain guidelines around when and how we use touch with an individual. When using touch to provide care it is critical to explain, ask permission, and inform the person.

Body Integrity Steps




Body Integrity Steps Example: Helping Someone Take a Shower

Write in the steps as you go over the example (on the slide) with your Facilitator.



 **Wait for Response**

 **If Yes, Proceed**

 **Explain**

 **Fade Assistance**

Hand Over Hand Vs Hand Under Hand Video

Hand over Hand

Hand Under Hand

Notes:

Lesson 4: Reporting Maltreatment and Abuse

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

Notes:

Video: Arizonans with Disabilities and Why Reporting Abuse Matters

Consider the statement “Healing begins with reporting.”

Notes:

Mandated 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

People having responsibility for the care of a child, an incapacitated or vulnerable adult are mandated reporters.

- Medical Professionals
- Social Services Staff (Support Coordinators, direct care workers, and others)
- Educators
- Legal and Law Enforcement

Notes:

Reasonable Belief

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

- 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 person that has been abused or neglected

Notes:

What do you say?



What do you say?

“How did this happen to you?”

“Where did this happen?”

“When did this happen to you?”

Avoid asking detailed questions

Notes:

Whistleblower Protections

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

Notes:

Arizona Protective Agencies

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	

Overview: Adult Protective Services (APS)

Directions: As you review the PPT presentation with your facilitator, write in your answers to the following questions.

1. Who is considered a “vulnerable adult”?
2. Who is eligible for AP services?
3. Who are the alleged perpetrators?
4. Reporting options:
5. What information should be provided when making a report?
6. Will I have to give my name, or can I stay anonymous?

Overview: Department of Child Safety (DCS)

Directions: As you review the PPT presentation with your facilitator, write in your answers to the following questions.

1. When and what should a person report? Whom should I report to?
2. What are situations that are outside of the Department of Child Safety's jurisdiction?
3. When should I report to Adult Protective Services and when to Department of Child Safety?
4. What can I expect after submitting a report online?
5. What type of questions will the hotline representative ask?
6. Will I have to give my name, or can I stay anonymous?

Differences Between APS and DCS

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.
Member has 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.

To Report or Not to Report—Scenarios and Questions

Directions: In each of the following scenarios, respond to the questions below:

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

Note: Your Facilitator will direct you to the scenarios your class will discuss.

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.

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.

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.

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.

Scenario 5

Tony, age 16, an individual with cerebral palsy, has been learning to walk independently. At the 90-day Planning Meeting you notice he has a two-inch gash on his shin. When asked about it, Tony said he hit it on the edge of the coffee table.

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.

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.