

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



09/21/2021



DEPARTMENT OF ECONOMIC SECURITY

Your Partner For A Stronger Arizona



Virtual Housekeeping



Connect your audio and video



Say "Hello" in chat



Close all other windows and programs so you can focus on learning



Mute your microphone when not in use



Save training materials to your computer desktop and write down the session phone number



Interact and ask questions

Introduce Yourself



Name, Title, How long in your role

Learning Objectives

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

2 Explain Risk Factors for People with Developmental Disabilities

3 Describe Boundaries & Ethics of Touch

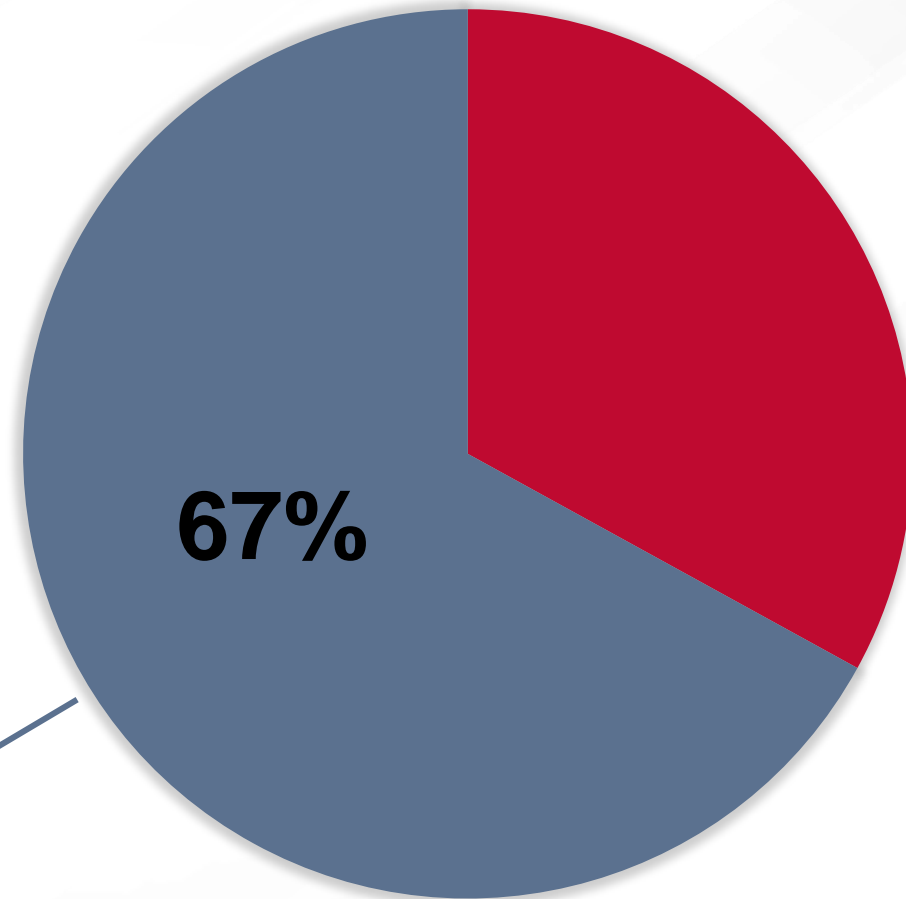
4 Report Maltreatment



Introduction

Abuse Against People with Developmental Disabilities

Victims of Abuse



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

Abuse and Neglect Case Outcomes

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

33 Reported

17 Investigated

10 Arrested

5 Prosecuted



Abuse Case Outcomes

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

33 Reported

17 Investigated

10 Arrested

5 Prosecuted

95 out of 100 or 95% of instances of abuse go unprosecuted.

1 Define Maltreatment and Recognize Abuse, Neglect, and Exploitation

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



abuse

neglect

exploitation

Abuse

Intentional infliction of pain or injury to an individual

- 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



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.

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

A.R.S. § 46-451

DDD Policy 6002-G



Maltreatment

ABUSE

Something you

DO

Which causes harm

NEGLECT

Something you intentionally

DO NOT DO

Which causes harm

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





Other examples of Neglect include:

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

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.



Exploitation

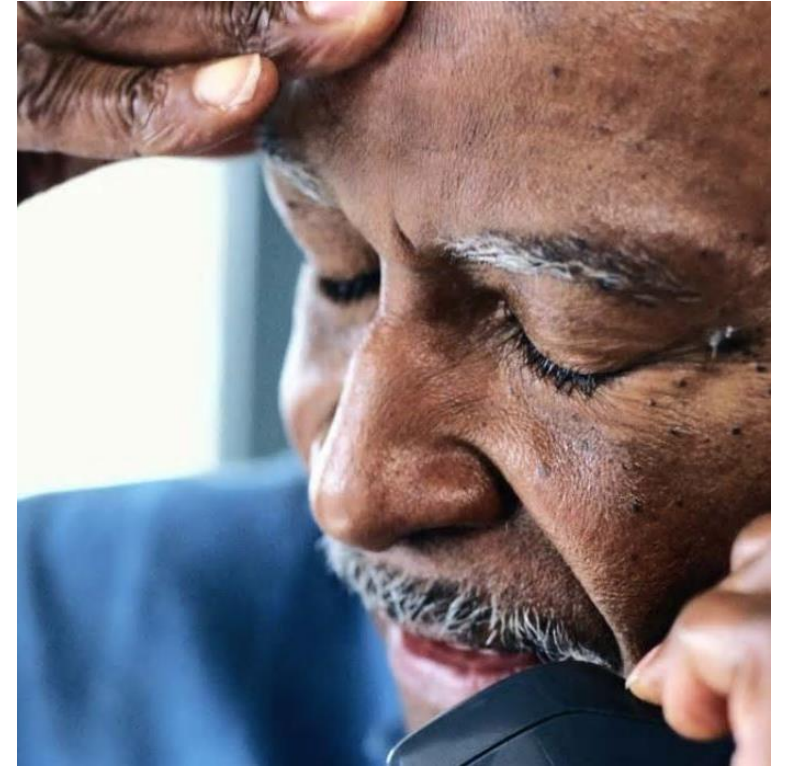
Illegal or improper use of a vulnerable adult or his resources for another's profit or advantage.



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 6002-G



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

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



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.



Exploitation

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



Social Media

What impact does social media have on exploitation and abuse?



Recognizing Abuse

WARNING

This gallery contains graphic images that some viewers may find disturbing

Bruises



Hand Marks



©2000 GW Medical Publishing Inc.



Grasp Marks



© 2000 G.W. Medical
Publishing, Inc.

Finger Marks



Lash Marks



Switch Marks



Loop Marks





**Pinch
marks**

Eye Injury



Mouth Injury



Lip Injury



© 2000 G.W. Medical
Publishing, Inc.

Scalding Burn



Immersion Burn



Cigarette Lighter Burn



Steam Iron Burn



© 2000 G.W. Medical
Publishing, Inc.

Binding Marks



Breaks



Bite Marks

Human



Dog



Failure To Thrive



Failure To Thrive

The following are the most common symptoms of Failure to Thrive

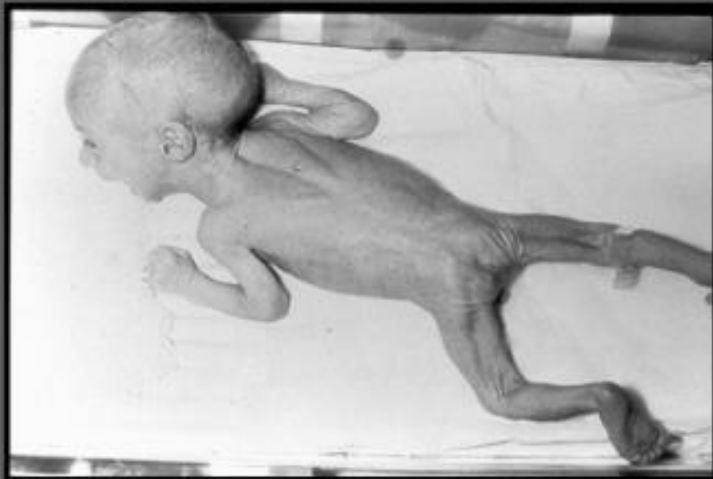
- Delayed or slow development of physical skills such as rolling over, sitting, standing and walking
- Delayed or slow development of cognitive and social skills
- Delayed secondary sexual characteristics
- Lack of interest in feeding or a problem receiving proper amount of nutrition
- Excessive crying
- Excessive sleepiness (lethargy)
- Irritability



Failure To Thrive

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

Not treating Failure to Thrive constitutes neglect by the child's caregiver.



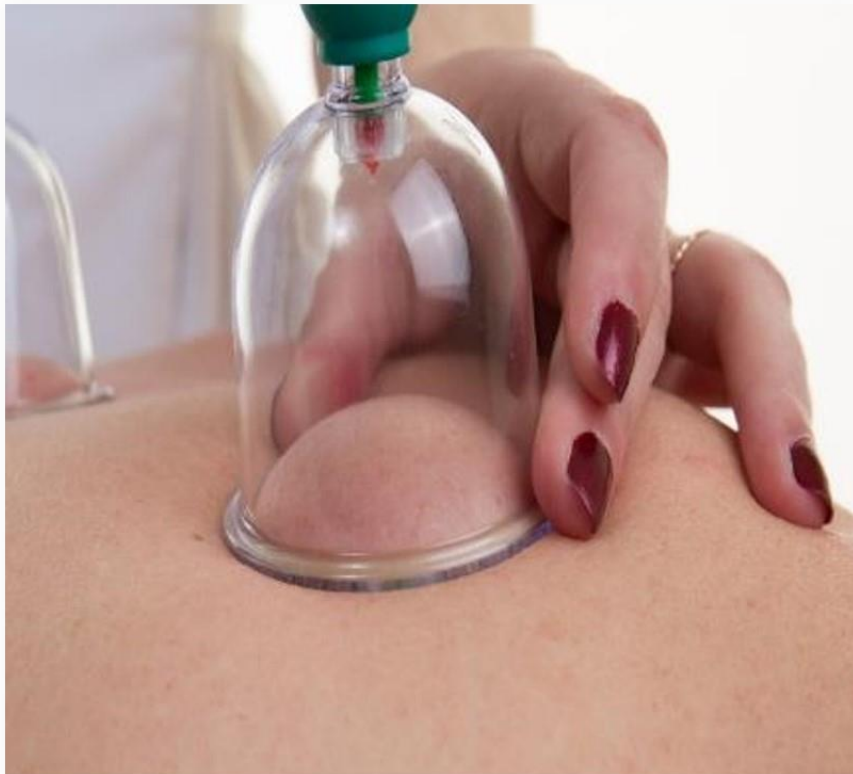
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TIME FOR A
BREAK



Conditions or Treatments Mistaken for Abuse



Mongolian Spots



Cupping



Coin Rubbing



Bleeding Disorders





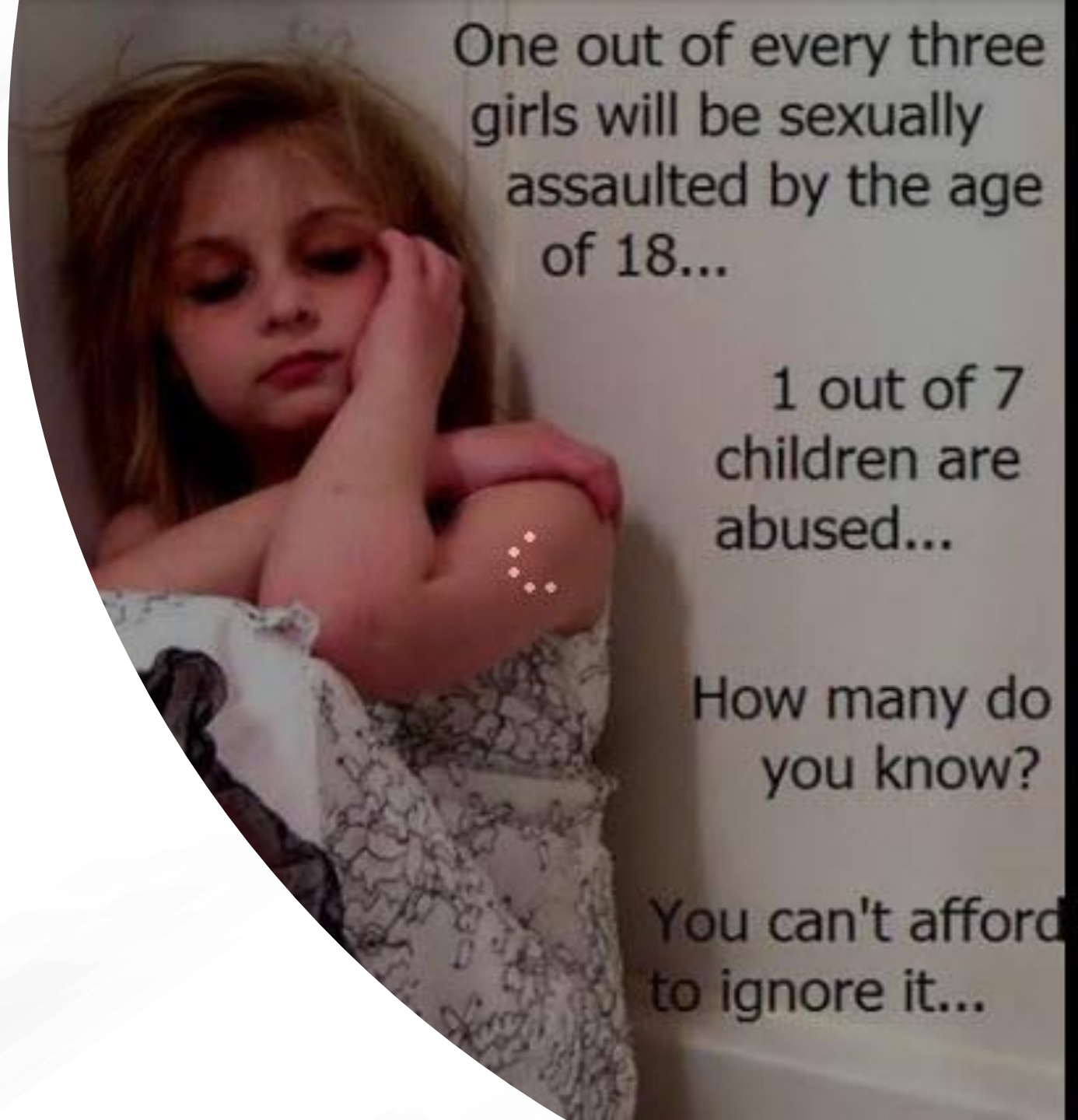
Behavioral Indicators Possible Abuse and Neglect

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

Behavioral Indicators of Sexual Abuse

- Unusual 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



One out of every three girls will be sexually assaulted by the age of 18...

1 out of 7 children are abused...

How many do you know?

You can't afford to ignore it...

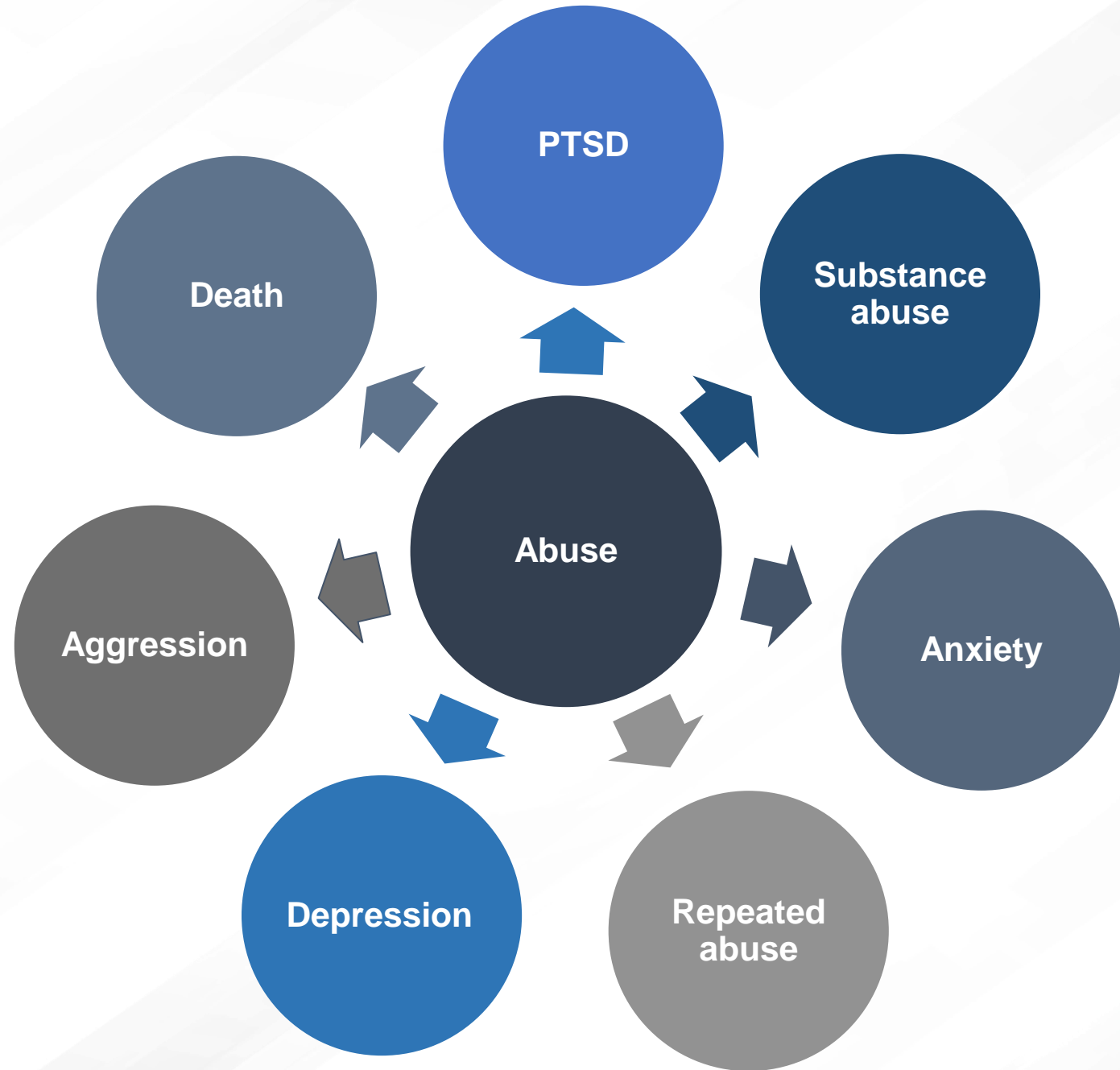
Physical Indicators of Sexual Abuse

- 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

Activity

Listen to the three stories and compare similarities and the differences.

Effects of Maltreatment



**ABUSE
HAPPENS**



RURAL AREAS



SUBURBS OR CITIES

**AT ALL SOCIO-ECONOMIC LEVELS BY
SOMEONE KNOWN TO THE VICTIM**

Profile of an Abuser



2 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

Myths and Stereotypes



Respect and Maltreatment



Reasons Maltreatment is Not Reported



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)

Vulnerability Risk Factors

Group 1

Features of disability

- Dependent upon others for 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
- Fall risk
- Mobility limitations

Decrease Risk

Make sure the person has means to communicate (augmented communication device); use a person-centered approach; advocate for the person to have developmentally appropriate body education; explore fall sensor button (Emergency Response Service).

Vulnerability Risk Factors

Group 2

Environmental risk factors

- Exposure to substance abuse and domestic violence
- Financial stress / unemployment
- Unstable housing
- Insufficient healthcare
- Social isolation
- Lack of community resources

Decrease Risk

Refer to agencies to help with finances; encourage families to join support groups; refer to DES Division of Development Disabilities (DDD) services (if appropriate).

Vulnerability Risk Factors

Group 3

Congregant care characteristics

- Extreme power and control inequities
- Segregation
- Insufficient staffing ratios
- Lack of privacy
- Staff turnover
- Lack of training for caregivers

Decrease Risk

Promote person centered language and approaches; make unexpected visits; address any issues with aggressive residents; make time to meet with the person/guardian without the home staff.

Vulnerability Risk Factors

Group 4

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

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

Decrease Risk

Connect parents with support groups; use person-centered language; address the individual first before anyone else on the team; highlight strengths of the person.

TIME FOR A
BREAK



3

Boundaries and Ethics of Touch

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

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

Do you have an expectation of privacy for...

Your Social Media Profiles?



Emails and Text messages you receive?



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?



Do you expect privacy when you are...



Sleeping at home in your own bed?



Taking a shower?

Privacy of Touch



Personal Space



Personal Space



Respecting Personal Space



Caregiver Boundaries



Professional Relationships



Touch

How do we emotionally support someone without physically touching them?



Teaching the Rules of Touch



Teaching 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 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.

Behavior to Language

Nonverbal “Yes”

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

Nonverbal “No”

- Shaking head/turning head away
- Pushing away
- Grunting
- Closing your body off
- Wagging fingers
- Closing eyes/losing contact/blinking

Behavior to Language Dictionary

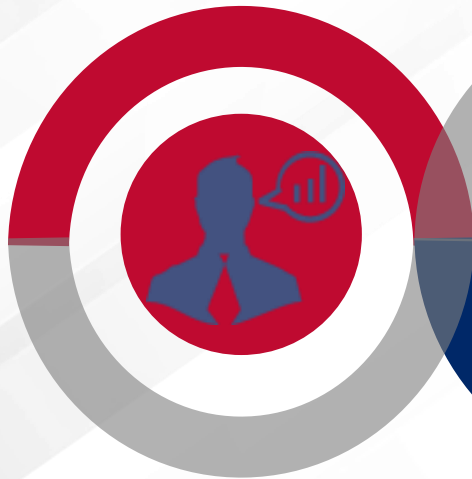
When he/she does:	During this situation:	We think it means:	And we should:
Raymond turns his head	While eating dinner	I'm done eating	Clear away his plate

Body Integrity Rule



Body Integrity Steps

**Explain
task**



**Wait for
response**



Ask



**If yes,
Proceed**

Explain

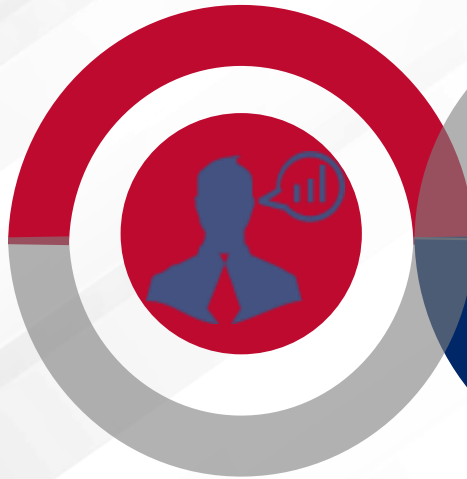


**Fade
assistance**

Example: Helping someone take a shower

Explain Task

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



Wait for response



Ask

Are you ready to take your shower?



If yes, Proceed

If no, try to negotiate:
Can someone else help?
Can we do it later? Is it too cold?



Fade assistance

If they show interest, put the washcloth in their hand and assist



Explain

First, I'm going to help you undress.
Next, I'm going to unbutton your top.
I'm going to wash your hair now.
You will feel water on your head.

4 Reporting Maltreatment and Abuse

- 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

Arizonans with Disabilities and Why Reporting Abuse Matters



[Click HERE to launch video.](#)

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

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



What do you say?

“How did this happen to you?”

“Where did this happen?”

“When did this happen to you?”

Avoid asking detailed questions

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

Arizona Protective Agencies

Department of Child Safety

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

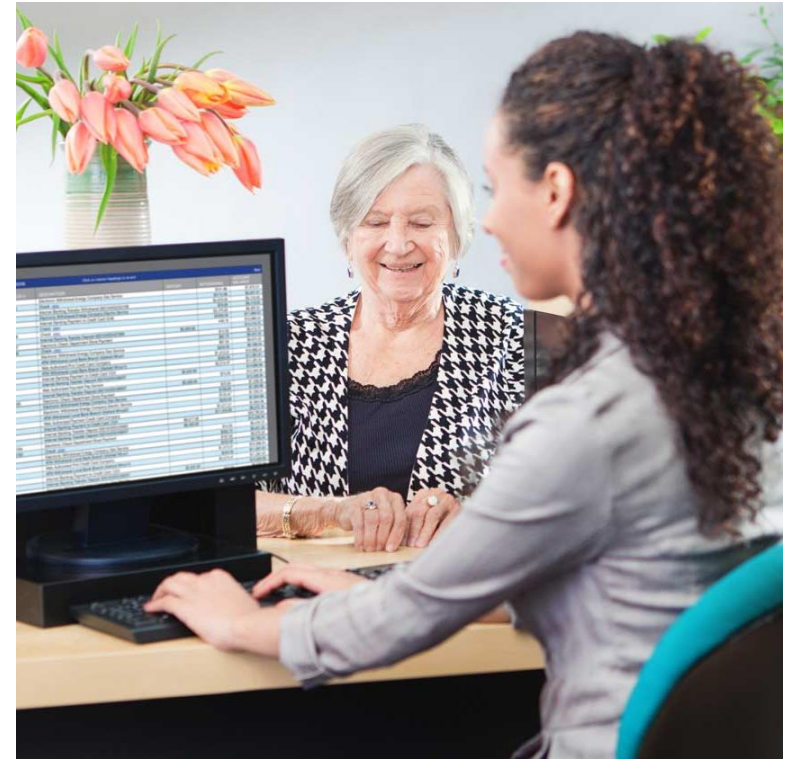
<https://dcs.az.gov/services/suspect-abuse-report-it-now>

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>

Adult Protective Services (APS) Overview



Adult Protective Services

What APS Does



Adult Protective Services Who APS Serves



Adult Protective Services Who are the Perpetrators?



Adult Protective Services What is Abuse, Neglect, and Exploitation?



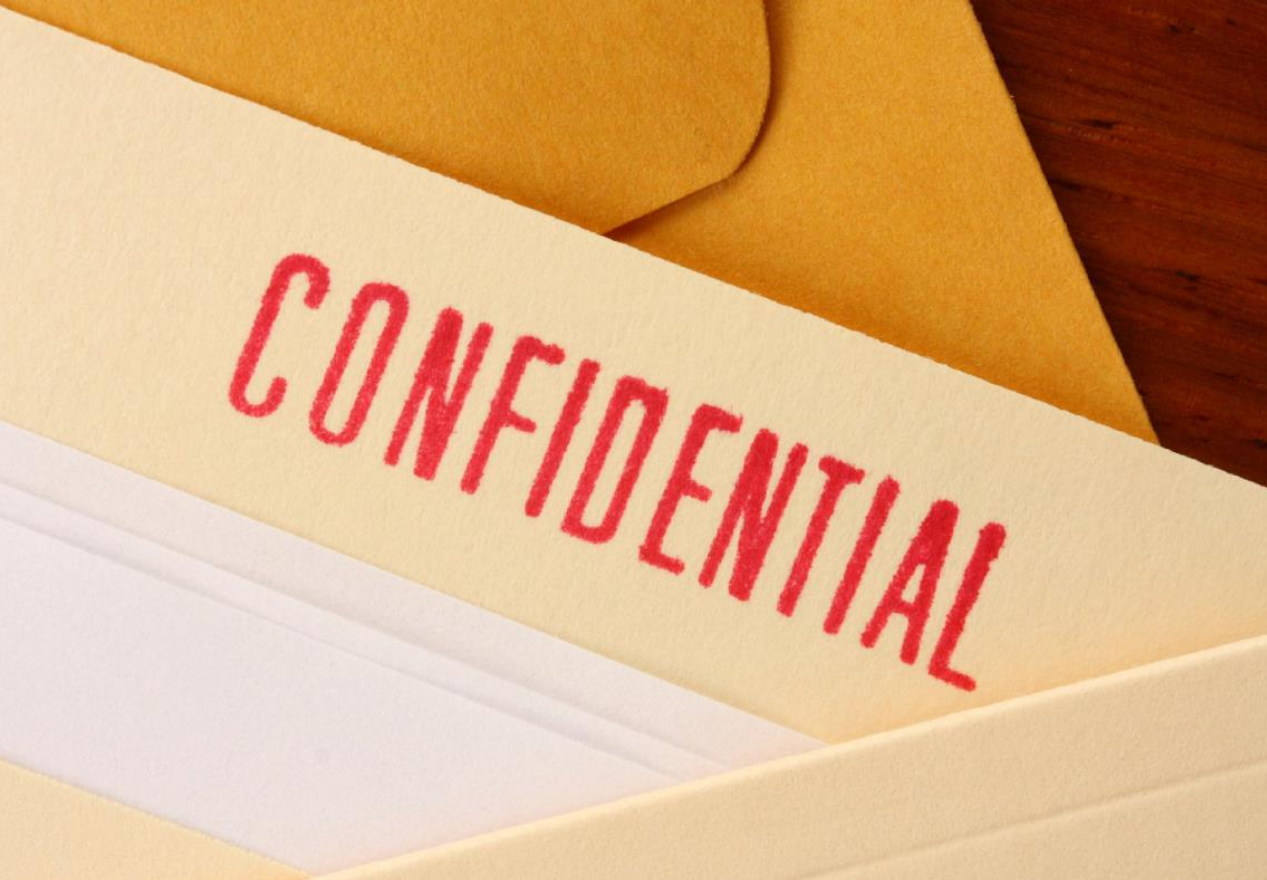
**Adult Protective Services
Reporting**



The image features a central white banner with the text 'Adult Protective Services Reporting' in bold black font. Above the banner is a photograph of a hand pointing at a laptop keyboard next to a purple folder. Below the banner is a photograph of an elderly woman with her hands clasped, looking thoughtful, and a hand using a tablet.

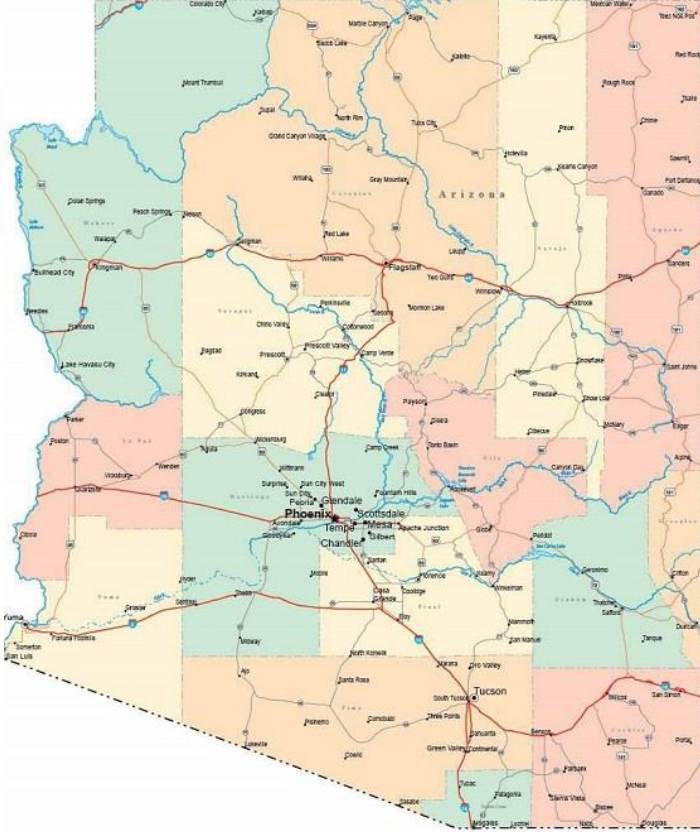
**Adult Protective
Services
What Information
is Needed for
Reporting?**





Adult Protective Services Confidentiality for Reporters

Department of Child Safety(DCS) Overview



OPEN
24 HOURS
7 DAYS A WEEK

About the DCS Hotline

DCS's Primary Functions



**How Many
Calls Does
DCS
Receive?**



Duty to Report



When Would DCS NOT Investigate?



Reporting to DCS



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.
Members who have decision making capacity have the right to refuse all services.	individual 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.



**Questions Asked
of Reporters
and Confidentiality**

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?



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)

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)

Scenario 3

You go to 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)

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)

Scenario 5

Tony, aged 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.

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

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)

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)

A person wearing a light blue button-down shirt is holding a white rectangular sign with both hands. The sign has the text "TIME FOR REVIEW" written in a bold, dark blue, serif font. The background is a plain, light-colored wall.

**TIME FOR
REVIEW**

What is the difference between abuse and neglect?

ABUSE

Something you

DO

Which causes harm

NEGLECT

Something you intentionally

DO NOT DO

Which causes harm

What are some of the 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?

Features of Disability

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

Congregant Care

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

Environmental Risk Factors

- Financial stress/unemployment
- Unstable housing
- Insufficient healthcare
- Social isolation

Cultural Influences

- Devaluation
- Generational history of abuse
- Respect elders in all circumstances

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

Features of Disability

- Provide means to communicate
- Use person-centered approach
- Advocate for developmentally appropriate body education

Congregant Care

- Make unexpected visits
- Address issues
- Meet with person/guardian without the home staff present

Environmental Risk Factors

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

Cultural Influences

- Use person-centered language
- Address individual first before anyone else on the team
- Highlight strengths of 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-members and providers*



Assessment