



Abuse: Recognizing and Reporting

2 Hours

Presented by:



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Disclaimer

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Objectives

People with intellectual and/or developmental disabilities (I/DD) are often at risk of becoming victims of abuse. This training module defines abuse, explains how to recognize signs of abuse, and reviews steps for reporting abuse as required by the Pennsylvania Office of Developmental Programs (ODP).

The objectives for this training module are for the participant to:

- recall various types of abuse
- recognize signs of abuse
- identify steps for reporting abuse involving people served by the I/DD system in Pennsylvania

Abuse and I/DD: Statistics

In 2012, through the Spectrum Institute's Disability and Abuse Project, Executive Director, Nora J. Baladerian, Ph.D., together with civil rights attorney Tom Coleman, also of the Spectrum Institute, and Jim Stream, Executive Director of The Arc of Riverside County, CA, conducted the "2012 National Survey on Abuse of People with Disabilities," the first national survey of its kind -- one that focused on incidents of, responses to, and attitudes about abuse or crime victimization of children and adults with disabilities."

Findings of this survey included:

- "More than 70% of people with disabilities who took this survey said they had been a victim of abuse and/or bullying. Most had been a victim on multiple occasions. While emotional and verbal abuse was most prevalent, a majority of victims said they had also experienced physical abuse."
- The survey also found that "More than 90% of people with disabilities who were victims of abuse said they had experienced such abuse on multiple occasions. Some 57% of these victims said they had been victims of abuse on more than 20 occasions, with 46% saying it had happened too many times for them to even count."

2012 National Survey on Abuse of People with Disabilities

Statistics such as these speak to the prevalence and types of abuse that people with I/DD may face, partly as a result of the various disabilities they may have.

General Signs and Symptoms of Abuse

The signs of abuse often are the same regardless of the types of abuse experienced, though the symptoms of abuse can vary for each person.

These are general signs and symptoms of abuse that can be common to any type of abuse. An individual who experiences any of the types of abuse to be discussed may exhibit any of these signs or symptoms.

Behavioral

- tearful, cries easily, emotionally upset
- child-like behavior such as thumb-sucking, rocking, biting because the person is regressing
- loss of interest in activities once enjoyed because the person feels constantly criticized
- increased irritability and complaining
- self-isolation
- self-medication or substance abuse
- changes in behavior that are extreme

General Signs and Symptoms of Abuse

(continued)

Emotional

- eating issues
- increased worry
- anxiety and depression
- low self-esteem
 - may believe everyone hates him or her, that he or she is no good; may feel criticized, humiliated, belittled, embarrassed.
 - self-blaming; “It’s all my fault.” The person may feel that responsible for doing something to cause this to happen.

It is important to understand that an individual may exhibit any or all of these signs or symptoms as a result of other factors not related to abuse, such as a physical illness or a mental health diagnoses.

Encourage the person to communicate the cause of such feeling or behavior in order to rule out other possible causes for such symptoms. There may be underlying reasons or needs for this behavior that may need to be explored further.

General Signs and Symptoms of Abuse

(continued)

If the individual does communicate being abused in some manner, it is important to report this to supervisory personnel immediately. All incidents of abuse should be reported according to agency policies and procedures and state regulations.

Remain professional and calm and ensure the individual that he or she is now safe and has done nothing wrong. Individuals who experience abuse should be offered medical services, legal support, and counseling as needed. Because the traumatic effects of abuse can be long-lasting, they may also need additional and on-going support and reassurance.

Defining Abuse

- *“Maltreatment: the physical, psychological, or sexual maltreatment of a person or animal”*

Encarta Dictionary

- *“The allegation or actual occurrence of the infliction of injury, unreasonable confinement, intimidation, punishment, mental anguish, sexual abuse, or exploitation”*

PA Office of Developmental Program (ODP).

Casey, K. T. Commonwealth of Pennsylvania Department of Public Welfare, (2004).

Mental retardation bulletin - incident management (6000-04-01)

“Maltreatment,” as the dictionary defines abuse, is a very broad and general term; however, the Pennsylvania Office of Developmental Programs (ODP) offers a more specific definition and includes allegations of mistreatment. This is a big difference in definition. The ODP definition of abuse is the foundation for this training for people receiving services and support through the PA I/DD system.

Types of Abuse

In order to ensure the best supports possible are being provided, the Office of Developmental Programs developed a list of reportable incidents related to abuse of individuals with I/DD. This list outlines the various types of abuse that can be committed and the definitions and signs of each. Whenever abuse occurs, ODP mandates that it be reported within 24 hours of the occurrence of the incident. This is to ensure that the individual who is the victim of abuse may receive prompt care, including medical or legal attention as needed. Failure to report known incidents of abuse within this 24 hour time period threatens the safety and well-being of the individual or individuals who have been the victims of abuse.

Types of abuse, per ODP:

- Physical
- Psychological/emotional abuse
- Sexual abuse
- Verbal abuse
- Improper/unauthorized restraint
- Financial abuse/misuse of funds
- Neglect
- Individual to individual abuse
- Rights violation

Reportable Incidents Related to Abuse document is available
at the end of the training materials.

Physical Abuse

Physical abuse is an intentional physical act by a person, which causes or may cause physical injury.

Note: There must be intent in the act, but actual injury is not required. Only the possibility of injury resulting from the act is required.

Physical abuse includes, but is not limited to:

- striking, hitting, kicking, scratching, slapping, biting, pushing, pinching, or forcibly pulling someone.
- applying potentially harmful substances or conditions; intentionally subjecting an individual to any condition or substance that could be potentially harmful, such as forcing an individual to ingest alcohol or an illegal drug against his or her will.

Signs of Physical Abuse

Signs of physical abuse may be easily observed:

Unexplained Injuries

- bruises
- swelling
- cuts
- burns
- welts
- scratches
- sprains

However, some signs of abuse are less evident, such as **substance abuse, challenging behavior, or self-isolation.**

If an individual exhibits such signs or behaviors that are out of the ordinary, alert a supervisor immediately.

Signs of Physical Abuse (continued)

If an individual self-reports abuse such as, “Someone hit me at the workshop today,” immediately report this to a supervisor. **It is very important not to disregard what the individual is saying.**

Disregarding what the individual is saying invalidates them as a person. It relays the impression to the individual that what he or she says is not important and will not be taken seriously. This will greatly impact the trust that an individual places in his or her caregiver. It is the caregiver’s responsibility to assure the individual that he or she is safe and that the caregiver is there to help in any way needed. **Listen; be supportive and reassuring.**

Failure or neglect to report abuse or suspicions of abuse is abuse itself.

Psychological/Emotional Abuse

Psychological and/or emotional abuse consists of acts, *other than verbal*, which are intended to:



- **inflict emotional harm** (ex: intentionally ignoring an individual requesting attention)
- **invoke fear or humiliation** (ex: laughing at an individual's mistakes)
- **intimidate** (ex: posturing or showing body language that appears threatening)
- **degrade or demean** (ex: showing disgust or disdain towards an individual's actions, especially in front of others).

Psychological/Emotional Abuse (continued)

Psychological/emotional abuse is typically used when someone wants to control an individual with fear, humiliation, and degradation. It can erode an individual's self-confidence, self-worth, and trust in his or her perceptions. It can make the person feel worthless and unworthy of love.

Psychological/emotional abuse can be a passive form of abuse. It is often much less obvious than other forms of abuse, but it can be just as harmful to the person being victimized.

The general signs and symptoms of abuse are usually experienced and/or displayed by someone who has been abused psychologically or emotionally.

Sexual Abuse

Sexual abuse consists of

- acts or attempted acts of:
 - rape
 - incest
 - sexual molestation
 - sexual exploitation
 - sexual harassment
 - inappropriate or unwanted touching by another
- any sexual exposure or contact from agency staff
- unwanted sexual exposure or contact from another individual.

Sexual Abuse (continued)

Inappropriate sexual contact can be heterosexual or homosexual, and can include intercourse, fondling, exposure to pornographic material, and sexually explicit conversation that is offensive to or is done against the will and/or without the consent of the individual.

“Some 7,289 people took an online survey during May through October 2012. 20.2% of the respondents had a disability, while 47.4% of the respondents had an immediate family member with a disability.” The survey focused on people with disabilities and their experiences with abuse. As a result, the 2012 National Survey on Abuse of People with Disabilities was released on September 5, 2013.

This survey reported that of the people with disabilities who responded, 41.6 % of them reported having been victims of sexual abuse. Based on the information gathered, it was determined that the rate of sexual abuse varied greatly among victims depending on the type of disabilities they had, e.g., a mental health condition, I/DD, autism, and/or a mobility disability. 34.2% of the respondents with I/DD had experienced some form of sexual abuse.

Sexual Abuse (continued)

An adult with I/DD has the right to be sexually active. If an individual chooses to engage in sexual activity, ensure that he or she clearly understands this right and the consequences that can accompany it. Educate individuals about why, when, and how to say “No” and how to get help if they feel they have been sexually abused. Any unwanted sexual exposure or contact experienced by an individual with I/DD is considered sexual abuse and should be reported immediately to a supervisor.

Studies such as these indicate that people with I/DD are more likely to be the victims of sexual abuse than people without I/DD. Women with I/DD are likely to experience a higher rate of sexual abuse than men with I/DD, though sexual abuse of men with I/DD is common as well.

Inappropriate sexual contact can be heterosexual or homosexual and can include intercourse, fondling, exposure to pornographic material, and sexually explicit conversation that is offensive to or is done against the will and/or without the consent of the individual.

Signs of Sexual Abuse

Signs of sexual abuse can include:

difficulty walking and/or sitting	sexually transmitted disease
torn, stained, bloody clothing	pregnancy
genital pain or itching	inappropriate knowledge
external genitalia bruising/bleeding	nightmares
dramatic changes in behavior	bed-wetting

Having nightmares, experiencing pain or bleeding of genitals, showing signs of torn or bloody clothing, could all be signs that indicate sexual abuse. Medical and/or legal assistance should be sought as needed and as soon as possible, according to agency policies and procedures, state regulations, and/or the law.

Dramatic changes in behavior, physical appearance, or emotional state that are out of the ordinary for an individual could also be signs of sexual abuse and should be reported for further investigation. Familiarity with the individuals in their care as well as careful observation for signs of sexual abuse can enable caregivers to detect possible incidents of sexual abuse.

Verbal Abuse

Verbal abuse consists of verbalizations that are intended to:

- **Inflict emotional harm**
"You're so dumb!"
- **Invoke fear or humiliation**
"If you make a mess at dinner again, you are going to be sorry!"
- **Intimidate**
"Come on, I dare you to do it again!"
- **Degrade or demean**
"Get your pants off! The doctor needs to check you out!"

Verbal abuse is similar to psychological and emotional abuse. Both can inflict emotional harm by invoking fear, humiliation, intimidation, and degradation, but verbal abuse is done with words. Psychological/emotional abuse may go undetected, but the intent of abuse is usually very clear.

Verbal Abuse (continued)

Words can hurt, humiliate, intimidate, or degrade a person. If a caregiver feels frustrated or stressed by a situation or behavior exhibited by an individual, it is best for the caregiver to excuse him or herself from the situation, ask another person to step in, or if alone, to step away – keeping the individual within sight until able to regain composure and professionalism rather than verbalizing hurtful thoughts.

The ramifications of verbal abuse, like those of psychological and emotional abuse, can be far-reaching and long term. It is important to consider another's feelings before making statements that could cause emotional harm, fear, or humiliation. Developing positive relationships and means of open communication with individuals can help to prevent stressful situations resulting in incidents of verbal abuse.

Observe for general signs and symptoms of abuse that can indicate an individual has experienced verbal abuse.

Misuse of Funds/Financial Abuse

Financial abuse consists of:



- an intentional act resulting in loss or misuse of an individual's money or personal property
- requiring an individual to pay for a service that is normally provided
- requiring an individual to pay for items used by several individuals

Financial abuse deprives an individual of funds and personal property that could be used to enrich their life. Whether or not the individual needs the money is immaterial. Financial abuse steals power and control and ultimately choice from an individual.

The general signs and symptoms of abuse may be observed when an individual experiences financial abuse.

Avoiding Financial Abuse

Financial abuse can be avoided by following these simple steps:

- **Count and document an individual's money.** Keep a running tally of all financial transactions for the individual with all sales receipts, cancelled checks, and bank statements. This will provide a clear account of how each individual's money is being managed.
- **Report discrepancies in funds immediately.** Discrepancies are often the result of mathematical errors, and the mistake can usually be found and easily corrected. However, it is best to report an error to proper agency personnel immediately so that necessary action(s) may be taken in order to prevent financial abuse from happening.
- **Encourage individuals to be aware of their budgets and spending limits.** Assist individuals with budgeting their money so that there is always an adequate supply of funds needed for necessities as well as social and leisure activities. This is also a good way to help an individual to become more independent in managing his or her own money and finances.

Avoiding Financial Abuse (continued)

- **Avoid co-mingling of funds** – Do not “rob Peter to pay Paul.” A group of individuals who live together may want to engage in group activities, such as dining out, shopping, or going to a movie, for example. If one or more members of the group does not have sufficient funds to do so, it may be tempting to “simply borrow” money from one individual who has extra funds and “loan” it to the individual who is lacking. However, this is not permissible; doing so constitutes financial abuse. This type of abuse is called “co-mingling of funds.” Individuals with I/DD may not always be capable of giving consent to making or repaying such loans.

Instead of risking committing financial abuse, find activities in which all of the individuals can afford to participate.

"Borrowing" money from individuals for personal use also constitutes financial abuse and can result in termination of employment and/or legal ramifications.

- **When in doubt, seek guidance** from a supervisor or other proper agency personnel.

Neglect

Neglect happens when there is failure to obtain or provide needed services and supports as:

- defined by an individual's plan
- required by law or regulation

Neglect is the failure to provide the basic services and supports necessary that a person needs to develop physical, intellectual, and emotional capacity and overall well-being. These services/supports are defined by the person's individual support plan (ISP) and by laws and regulations.

Neglect does not require intent or obvious harm. It is simply failure to provide needed care.

A copy of ODP's Health and Safety Alert regarding neglect is available at the end of the training materials.

Signs of Neglect

When an individual is experiencing neglect, signs are usually visually apparent and can be caused by various forms of neglect, such as:

- **Lack of supervision:** An individual who is not properly supervised can be put into a situation that creates health and safety risks. The individual may feel abandoned and afraid by the situation, exhibiting signs of anxiety, fear, or reckless behavior. An individual with limited social skills, who is left unsupervised, even for a short period of time, is at risk of victimization if approached by a stranger. Any individual left alone in a vehicle may be at risk of exposure to extreme temperatures or may be tempted to wander away from the vehicle. If left unsupervised at home, the person may attempt to perform a task that is unsafe or may fall. There are many dangerous situations that can occur when there is not the proper level of supervision provided that an individual may need to remain safe. Never leave an individual unsupervised unless the person is approved for unsupervised time. Instead, encourage the individual to take part in the task at hand, such as banking, shopping, or going into a restaurant, rather than wait in the vehicle for staff to complete these tasks. Such actions ensure the individual's safety and well-being, as well as encourage socialization and provide opportunities for self-growth.

Signs of Neglect (continued)

- **Lack of necessities – food, clothing, shelter:** Absence of adequate food, clothing, and shelter can lead to a variety of serious illnesses. An individual whose basic needs for such items are not being met might engage in challenging behavior to make his or her needs known. Faced with unmet needs for food or clothing, the individual may be forced to steal the items needed in order to survive. Continuing hunger can cause excessive weight loss and a thin and sickly appearance. Serious medical issues can also arise as a result of hunger or inadequate clothing and shelter. Ensure that each individual has proper food to eat and appropriate, clean clothing to wear at all times. Present any questions regarding the types or amounts of food needed for an individual to the person's support team to ensure that these issues are clearly outlined and defined in the individual's support plan (ISP) and are consistent with recommendations made by the individual's physicians for daily dietary and nutritional needs.

Signs of Neglect (continued)

- **Lack of medical care:** Inadequate medical care increases a person's risk for illness and disease. An individual whose medical needs are not addressed may exhibit challenging behavior in response to pain or illness. Behavior that is not usually displayed by the individual may suggest that medical attention is needed. A physician needs to evaluate a possible medical reason for such behavior. Ensure that each individual receives adequate and necessary medical care and that all recommendations from an individual's physician are documented and followed accordingly.
- **Unattended personal hygiene:** Unmet personal hygiene needs can increase the risk for injury, illness, and disease. Individuals whose personal hygiene needs are not met will appear unkempt, dirty, and may even have an odor about them. Individuals with I/DD who require assistance with personal hygiene routines should be assisted as needed with bathing, hair care, oral care, shaving, fingernail trimming, and dressing in clean and appropriate clothing.

Signs of Neglect (continued)

- **Unsanitary living conditions:** Unsanitary living conditions can create both safety and health issues. Homes not kept clean and free of debris, such as garbage that contains food, can often attract rodents and insects, which carry disease. Individuals who live in unsanitary conditions can suffer a wide range of illness due to disease and bacteria. Common ailments, such as the common cold or flu, and more serious illnesses, such as C-Diff and MRSA, can be contracted from living in unsanitary conditions. Assist individuals in maintaining a clean and sanitary living environment by helping them maintain the home, cleaning up after meals, vacuuming and washing floors, and cleaning bathrooms thoroughly after use. Properly dispose of unnecessary clutter and garbage, and assist the individuals in maintaining clean bedrooms and/or personal spaces.

Signs of Neglect (continued)

- **Unsafe living conditions:** Unsafe living conditions also create both safety and health issues. The needs of each individual should be monitored to ensure that appropriate safety equipment is in place throughout the home. Broken banisters or steps can result in serious falls and injuries, especially for individuals who are unsteady on their feet. Clutter can cause an individual to trip or fall, resulting in serious injury. Assist with the safety of individuals by ensuring that the home is equipped with necessary safeguards, such as handrails on stairs, non-skids strips on indoor and outdoor steps, and handrails and grips located within reach in bathrooms and throughout the home, as needed. During inclement weather, keep the outside of the home free of debris, snow, and ice.

Individual to Individual (I to I) Abuse

According to Office of Developmental Programs (ODP) Bulletin 6000-04-01, I to I abuse is defined as:

“an interaction between one individual receiving services and another individual receiving services resulting in an allegation or actual occurrence of the infliction of injury, unreasonable confinement, intimidation, punishment, mental anguish, sexual abuse or exploitation.”

*Casey, K. T. Commonwealth of Pennsylvania Department of Public Welfare, (2004).
Mental retardation bulletin - incident management (6000-04-01)*

Individual to individual abuse **is reported on from the victim’s perspective**, not on the person committing the abuse.

If further interpretation or explanation of regulations is needed, please refer to the ODP bulletin and/or your regional ODP contact person.

A copy of ODP's Understanding Individual to Individual Abuse document is available at the end of the training materials.

I to I Abuse: Key Components

Three key components to consider when determining what support is needed for individuals involved in an incident of alleged I to I abuse are:

1. Intent

If an action/behavior has occurred that has caused an individual hurt, anger, upset, or injury, consider whether or not the individual intended to hurt the other individual (victim).

Intent does not matter for reporting purposes, because such an incident is considered abuse even if the person committing it does not know, understand, or intend the consequences. Abuse is always reported from the victim's perspective, because from the victim's perspective, abuse occurs whether or not the abuser was aware his/her actions could result in harm.

Determining intent is very important when considering how to support the individuals involved. ODP has formulated a list of questions to help in determining intent, especially if there was a witness to the event.

I to I Abuse: Key Components (continued)

2. Victim's perspective

The Incident Management (IM) Bulletin states that individual to individual abuse is reported from the victim's perspective, not from the perspective of the person committing the abuse. If the victim feels that he or she has been abused, then to that individual, he or she has been abused. Provide necessary supports as needed.

3. Allegation

The IM Bulletin also states that an interaction resulting in an allegation (which is a claim or accusation of abuse) is reportable as abuse. Allegations can come from an alleged victim or from one or more third parties that believe or have witnessed I to I abuse occurring. These third parties can include caregivers, family, or other people receiving services.

Allegations cannot always be proven but should be reported so that a possible incident is recorded and precautions can be put into place to prevent further abuse from occurring.

Washington County Quality Management Council: The I to I Abuse Subcommittee.

I to I Abuse: Key Components (continued)

Abuse is abuse, regardless of who is perpetrating it. The effects of I to I abuse on the victim are the same as they would be for other types of abuse. The signs and symptoms of abuse remain the same with personal variation. The traumatic effects of individual to individual abuse can be long-lasting. Individuals who experience I to I abuse should be offered medical services, legal support, and counseling as needed. They also may need additional reassurance and on-going support.

It is important to become familiar with the individuals in one's care and to be aware of what interactions are taking place between the individuals and their peers in order to develop strategies and techniques to prevent individual to individual abuse from occurring whenever possible.



Rights Violation

A **rights violation** is an act intended to improperly restrict or deny the human or civil rights of an individual including those rights specifically mandated under applicable regulations. This does not include restrictions that are imposed by court order or consistent with a waiver of licensing regulations.

Rights violations include:

- unauthorized removal of personal property
- refusal of access to the telephone
- privacy violation
- breach of confidentiality

An individual whose rights have been violated may display the general signs and symptoms of abuse.

A copy of ODP's Individual Bill of Rights for Individuals with I/DD is available at the end of the training materials.

Restraints

Restraints are used to control acute, episodic behavior that restricts movement or function of the all or portions of the individual's body.

The types of restraints include:

- **Physical restraint**, which consists of placing hands on an individual to restrict movement or function of all or portions of the individual's body. As stated by ODP, this type of restraint should only be used if approved as part of the individual's behavioral plan of care and implemented only as outlined. Outside of such a plan, according to ODP, this type of restraint should only be implemented in the event of a crisis situation: when the individual is a threat of harm to him/herself or others.
- **Mechanical restraint** uses various apparatus that restricts the movement or function of all or portions of the individual's body, such as straightjackets, papoose boards, handcuffs, etc.

Restraints (continued)

- **Chemical restraint** uses medications to restrict or control the individual's behavior, actions, or functional capabilities. According to the ODP bulletin, this type of restraint should only be implemented under the orders of an individual's primary care physician or an attending physician in an emergency situation. The use of any medication as a chemical restraint should be administered and documented per agency and/or state regulation. If in doubt, seek immediate clarification from the prescribing physician, agency medical personnel, or a supervisor, prior to administering medication for the purpose of restraint.

In the event an unauthorized restraint is used on an individual, it should be reported immediately to a supervisor or other appropriate agency personnel and documented appropriately.

Follow all agency practices and procedures in regard to restraint use.

Unauthorized Restraints and Abuse

The use of an **unauthorized or unapproved restraint** can pose a safety and health risk and cause both physical and mental trauma. The use of an unauthorized restraint may also cause serious injury or death to the person being restrained or to the person performing the restraint. Therefore, use of unauthorized restraints is prohibited and constitutes abuse under PA state regulations.

Use of unauthorized restraint consists of:

1. performing a restraint that is not approved as part of an individual's plan;
2. performing a restraint for a reason other than a crisis situation.

In a crisis situation, when an individual is a threat of harm to self or others, it may be necessary to implement a restraint. There is a process that providers must undergo per ODP regulations in order to have the use of an authorized restraint approved. Typically, the use of an authorized restraint is approved only after the need for it can be proven – usually after an individual has been in a crisis situation twice in a six-month period where restraints were necessary to ensure the safety of the individual and/or others.

Unauthorized Restraints and Abuse

(continued)

A behavioral or psychiatric professional, with the help of the individual's supports team, will then develop a behavior plan that outlines the use of authorized restraints that may be used on the individual under specific extreme situations and/or during crisis situations. This plan is then presented to an agency's Restrictive Procedures or Human Rights Committee for final approval and will be continue to be reviewed by the committee once every six months to determine the need for continued use. All caregivers who work with an individual whose behavior plan includes the use of authorized restraints should be thoroughly trained in how to safely implement the restraint.

The use of restraints should be considered only as a last resort, because the individual may perceive the restraint as punishment for a behavior that he/or she may not be able to control.

Failure to implement a restraint properly can cause serious injury to both the individual and caregiver and, in some cases, can be considered abuse.

When an Individual Reports Abuse

If an individual **self-reports abuse**, such as, “*Someone hit me at the workshop today,*” immediately report this to a supervisor.

Acknowledge what the individual is saying. Let the person know that you have heard him / her and will take action.

Disregarding what the individual is saying invalidates and devalues them as a person. It relays the impression to the individual that what he or she says is not important and will not be taken seriously, or that no one cares that he or she was mistreated.

It is important to:

- never dismiss or ignore self-reports of abuse
- ensure individual’s immediate safety and well-being
- seek professional assistance as needed
- report per agency guidelines and state regulations

Allegations of Abuse

The Encarta Dictionary online defines an **allegation** as an “unproved assertion: an assertion, especially relating to wrongdoing or misconduct on somebody's part, that has yet to be proved or supported by evidence.” Even though an allegation has yet to be proved or supported by evidence, ODP requires that all allegations of abuse be reported.

Remember:

- **All allegations of abuse are reportable.**
- **Allegations can come from a victim or other eyewitnesses.**
Take all allegations of abuse seriously, whether they are received from the individual who has been victimized or by an eyewitness to the event.
- **Allegations cannot always be proven, but must be reported.**
Even though it may not be possible to prove an allegation of abuse, it still must be reported. Collectively, multiple allegations can sometimes prove that abuse has occurred. Never discount a suspicion or what may possibly have been witnessed as abuse toward an individual. If unsure, speak to a supervisor or other proper agency personnel. It is far better to err on the side of caution when it comes to the safety and well-being of the individuals in one’s care.

Support for Victims of Abuse

Trauma caused by abuse can have long-lasting negative effects on a person. Every opportunity to seek the necessary help and support to overcome such trauma should be sought.

To best support individuals of abuse:

Intervene as needed. If abuse of an individual is witnessed, whether by a caregiver, a family member, or a member of the community, it may be necessary for the person witnessing the abuse to intervene. Maintain your professionalism and do not hesitate to assertively:

- Tell the person committing the abuse that you will take over care of the individual and that they need to leave the area. As in all emergency and crisis situations, evaluate the situation thoroughly to ensure your own safety.
- Ensure the individual's well-being by seeking medical services and law enforcement assistance as needed
- Immediately contact a supervisor or other agency personnel to report the abuse and request assistance

Support for Victims of Abuse (continued)

Reassure the individual who has been victimized, “It was not your fault. You are safe. I am here to help you.” Do not ask questions of the individual at this time. Allow a supervisor, administrative personnel, medical personnel, or an officer of the law to discuss the incident with the individual. Too many questions may confuse the individual and frustrate an investigation of the incident in the future. Addressing any need for immediate medical attention and simply listening and reassuring the individual that he or she is safe now is the best way to be supportive and helpful to the individual at this time.

Seek professional help as needed. Ensure the individual’s continued safety and health by seeking medical and/or legal guidance and support, as needed. When an individual has not had an opportunity to discuss their feelings of trauma with professionals such as doctors, psychiatrists/ psychologists, therapists/counselors, law-enforcement personnel, and specially trained caregivers, these feelings can manifest as challenging behaviors, medical illnesses, mental health conditions, and even self-abuse.

Reporting Abuse

Report abuse IMMEDIATELY.

Failure to report abuse is neglect, which is a form of abuse in itself.

Caregivers are responsible for protecting the safety and well-being of the individuals in their care at all times. Abuse is never acceptable. Do not hesitate to contact supervisory personnel if abuse is witnessed or suspected. If concerned about possible retribution, speak to a supervisor or to the agency's Human Resources Department. If a caregiver feels as though their reports of abuse are going unheeded, there are phone numbers for anonymously reporting abuse to both county and state.

When reporting abuse, follow agency policy in terms of who should be contacted and how to document such incidents. While the memory is fresh, write down what happened or what was reported to you. A memory can change or fade over time. Dates, times, and who was present are all important pieces of information. Take time to document specific information. Provide written documentation that you reported the incident and to whom you reported it.

Review the incident management bulletin regularly for updated information regarding abuse and on how to report it.

Scenarios: What Should You Do?



Provided here are various scenarios involving abuse. Read them carefully to determine if abuse occurred and what the appropriate course of action would be in each case. Click on the "Answer" link after each scenario to review suggested actions provided.

Scenario 1: You arrive at work one morning to hear the caregiver on shift, Peter, speaking to one of the individuals in a loud, angry voice. When you enter the room, Peter has the individual by the arm and is pulling him toward the bathroom and yelling at the individual that it is time for his shower. Is this abuse? If so, what type, and what should you do?

ANSWER: SCENARIO 1

Pulling the individual by the arm is a form of physical abuse, and yelling at the individual is a form of verbal abuse. You should immediately intervene by telling Peter that you will take over assisting the individual with his shower and telling Peter to leave the area. After you have ensured that the individual is okay, you should call the supervisor or other agency personnel to report what you have witnessed and wait for further instruction from them. Be sure to document the incident with as much detail as possible.

Scenario 2: You accompany an individual to her primary care physician for her annual exam. When the individual is called in to see the doctor, she refuses to hold her arm still for the nurse to give her a flu shot. The nurse attending to the individual asks you to hold her right arm still just long enough for her to give the shot. What should you do?

ANSWER: SCENARIO 2

You should politely explain to the nurse that you are not permitted to restrain the individual's arm because the individual has the right to refuse the shot. Then explain to the individual the importance of getting the flu shot. If the individual continues to refuse the shot, explain to the nurse that you will speak with your supervisor about possibly making another appointment for a time when the individual is agreeable to receiving the shot.

Scenarios: What Should You Do? (continued)

Scenario 3: You arrive at work at 11:00pm for an overnight shift and the caregiver currently on shift meets you at the door and asks to borrow ten dollars for gas to get home because his tank is almost empty. You tell him that you do not have any money with you. He appears frustrated at your answer, but then says that he will just “borrow” the money from one of the individual’s house accounts. He says that they each have over \$50.00 and will not need the ten dollars before he pays it back when he comes back to work tomorrow. What should you do?

ANSWER: SCENARIO 3

You should explain to this co-worker that taking money from the individual’s accounts is a form of financial abuse, and that if he does so, you will have to report the incident to your supervisor. You could suggest that he call a family member or friend to pick him up or bring the money he needs.

Scenario 4: Upon reporting for your first day of work at a newly assigned home, you notice a strong odor of urine. The caregiver on shift, Alice gives you a tour of the house, and as you approach the back bedroom, you notice that the smell of urine is stronger. Alice introduces you to Mary as you enter Mary’s bedroom, indicating that Mary cannot get out of bed and needs help with all of her ADL’s. You approach Mary to say hello and to shake her hand. Mary takes your hand and pulls you close to the bed, where you notice immediately that the bedding appears drenched with what appears to be urine. You mention this to Alice, who tells you that she has not had time to get Mary up and changed yet today, even though it is now twelve o’clock noon. Is this abuse? If so, what type? What should you do?

ANSWER: SCENARIO 4

This is abuse in the form of neglect. You should tell Alice that it appears that Mary may have had an accident and that you will help Mary get out of bed and changed now. You should not leave Mary until she is cleaned, has on clean clothing, and her bedding has been changed. As soon as possible, you should notify your supervisor of the situation and document the incident in detail.

Suggested Related Trainings

Abuse: Against the Elderly

Abuse: Individual to Individual

Advocacy for an Everyday Life

Anger Management

Boundaries

Desensitization

Positive Approaches

Stress Management

Trauma

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REPORTABLE INCIDENTS RELATED TO ABUSE

The following are categories of incidents to be reported within 24 hours after the occurrence of the incident:

1. **ABUSE**. The allegation or actual occurrence of the infliction of injury, unreasonable confinement, intimidation, punishment, mental anguish, sexual abuse or exploitation. Abuse is reported on from the victim's perspective, not on the person committing the abuse.
 - a. **Physical abuse**. An intentional physical act by staff or other person which causes or may cause physical injury to an individual, such as striking or kicking, applying noxious or potentially harmful substances or conditions to an individual.
 - b. **Psychological abuse**. An act, other than verbal, which may inflict emotional harm, invoke fear or humiliate, intimidate, degrade or demean an individual.
 - c. **Sexual abuse**. An act or attempted acts such as rape, incest, sexual molestation, sexual exploitation or sexual harassment and inappropriate or unwanted touching of an individual by another. Any sexual contact between a staff person and an individual is abuse.
 - d. **Verbal abuse**. A verbalization that inflicts or may inflict emotional harm, invoke fear or humiliate, intimidate, degrade or demean an individual.
 - e. **Improper or unauthorized use of restraint**. A restraint not approved in the individual support plan or one that is not a part of an agency's emergency restraint procedure is considered unauthorized. A restraint that is intentionally applied incorrectly is considered an improper use of restraint.

2. **MISUSE OF FUNDS**. An intentional act or course of conduct, which results in the loss or misuse of an individual's money or personal property. Requiring an individual to pay for an item or service that is normally provided as part of the individual support plan is considered financial exploitation and is reportable as a misuse of funds. Requiring an individual to pay for items that are intended for use by several individuals is also considered financial exploitation. Individuals may voluntarily make joint purchases with other individuals of items that benefit the household.

3. **NEGLECT**. The failure to obtain or provide the needed services and supports defined as necessary or otherwise required by law or regulation. This includes the failure to provide needed care such as shelter, food, clothing, personal hygiene, medical care, protection from health and safety hazards, attention and supervision, including leaving individuals unattended and other basic treatment and necessities needed for development of physical, intellectual and emotional capacity and well being. This includes acts that are intentional or unintentional regardless of the obvious occurrence of harm.

4. **RIGHTS VIOLATION**. An act which is intended to improperly restrict or deny the human or civil rights of an individual including those rights which are specifically mandated under applicable regulations. Examples include the unauthorized removal of personal property, refusal of access to the telephone, privacy violations and breach of confidentiality. This does not include restrictions that are imposed by court order or consistent with a waiver of licensing regulations.
5. **INDIVIDUAL-TO-INDIVIDUAL ABUSE**. An interaction between one individual receiving services and another individual receiving services resulting in an allegation or actual occurrence of the infliction of injury, unreasonable confinement, intimidation, punishment, mental anguish, sexual abuse or exploitation. Individual-to-individual abuse is reported on from the victim's perspective, not on the person committing the abuse.
- a. **Physical abuse**. An intentional physical act that causes or may cause physical injury to an individual, such as striking or kicking, or applying noxious or potentially harmful substances or conditions to an individual.
 - b. **Psychological abuse**. An act, other than verbal, which may inflict emotional harm, invoke fear or humiliate, intimidate, degrade or demean an individual.
 - c. **Sexual abuse**. An act or attempted act such as rape, incest, sexual molestation, sexual exploitation or sexual harassment and inappropriate or unwanted touching of an individual by another. Nonconsensual sex between individuals receiving services is abuse.
 - d. **Verbal abuse**. A verbalization that inflicts or may inflict emotional harm, invoke fear or humiliate, intimidate, degrade or demean an individual.

INFORMATION FROM THE MENTAL RETARDATION BULLETIN
COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

SUBJECT: INCIDENT MANAGEMENT
BY Kevin T. Casey Deputy Secretary for Mental Retardation
NUMBER: 6000-04-01
ISSUE DATE: February 18, 2004
EFFECTIVE DATE: February 28, 2004
RETRIEVED: August 12, 2009 / bap



HEALTH AND SAFETY ALERT



Office of Developmental Programs

February 2007

Adequate and Appropriate Supervision is Essential to Safety

What are some examples of potential incidents of neglect?

- An individual being left alone in a vehicle while staff run in "just for a minute" for something in a store;
- An individual being left alone while taking a shower when close supervision is necessary, or;
- An individual being left alone in their home while staff grab the mail.

Is there adequate staffing?

If individuals are left alone in the above examples or similar situations, they could possibly be victims of **neglect**. **Neglect** could take many forms; both intentional and unintentional. Regardless of the reason, **neglect** is dangerous and has zero tolerance with the Office of Developmental Programs. Assurance should be made so that staff understand explicitly (and that supervisory/program staff define explicitly) what "one-to-one" or other forms of enhanced supervision means with regard to the person they are supporting.

Has your agency adopted a "zero tolerance" policy?

Staff should be educated and dedicated to *Everyday Lives*. Assurance of safety is one of the *Everyday Lives* principles. Persons receiving services in Pennsylvania are afforded the right to be free from **neglect**. Examples of oversight include developing systems of required "check-ins" by staff working overnight and also make unannounced visits a regular part of your management plan.

Does your agency have a staffing coverage policy?

Flexibility is important when assuring adequate coverage is available. There should be a plan in place for unanticipated absences; including "fill-in" when necessary by management staff. This is important to assure that the required services for the individuals are met. Responsibility must be shared to assure that we have in place what is needed to keep each individual safe and healthy.

Ways to Avoid Leaving Someone Unsupervised:

- Instead of using the drive-thru at the bank or fast food restaurant, empower individuals to complete their own banking or give opportunities to patronize eat-in the restaurants. Thus giving them choice and control two of the *Everyday Lives* principles.
- Enhance skill by going to the grocery store, help individuals engage and learn, instead of leaving individuals at home or in a vehicle.

Reference the *Everyday Lives* principles to provide individuals with supports that will achieve independence and positive personal outcomes

ODP Western Region

Understanding Individual to Individual Abuse

I. What is Individual to Individual Abuse?

A. IM Bulletin Definition

1. IM Bulletin says: "An interaction between one individual receiving services and another individual receiving services resulting in an allegation or actual occurrence of the infliction of injury, unreasonable confinement, intimidation, punishment, mental anguish, sexual abuse or exploitation. Individual to individual abuse is reported on from the victim's perspective, not the person committing the abuse."

II. Allegations of Abuse

- A. All allegations of abuse are reportable
- B. Allegations can come from the victim or from third parties that believe individual to individual abuse occurred.
- C. Allegations can't always be proven, but must be reported

III. Events with an Eyewitness

- A. When an event is witnessed use the following guidelines to decide if the event was indeed Individual to Individual abuse and what sub-category to use for classification:
 1. Abuse is intentional in nature
 2. Intent relates to the conduct or contact itself. It is abusive if the target (aggressor) performed the abusive action intentionally
 3. Questions to help determine intent:
 - o What happened right before the incident?
 - o What, if anything, was said by the target and the individual before and after the incident?

- What were the target's and the victim's behavior like before and after the incident?
- Was the surrounding environment one where better options/choices were available to the target...could contact have been avoided?
- Was there provocation or had any threat or intimidation occurred beforehand? (Provocation helps to establish motivation – it is not intended to be used as an excuse for abuse)
- Is there information that indicates that physical contact was the result of self defense?
- Did the accused target fall, trip or somehow accidentally bump or hit the peer? Is there evidence that this was an accident rather than abuse?
- Was inadvertent contact made while the target was experiencing involuntary flailing or convulsing due to a medical condition?

PENNSYLVANIA OFFICE OF DEVELOPMENTAL PROGRAMS
INDIVIDUAL BILL OF RIGHTS

An individual:

1. May not be neglected, abused, mistreated or subjected to corporal punishment.
2. May not be required to participate in research projects.
3. Has the right to manage personal financial affairs.
4. Has the right to participate in program planning that affects the individual.
5. Has the right to privacy in bedrooms, bathrooms, and during personal care.
6. Has the right to receive, purchase, have and use personal property.
7. Has the right to receive scheduled and unscheduled visitors, communicate, associate and meet privately with family and persons of the individual's own choice.
8. Has the right to reasonable access to a telephone and the opportunity to receive and make confidential calls, with assistance when necessary.
9. Has the right to unrestricted mailing privileges.
10. Who is of voting age shall be informed of the right to vote and shall be assisted to register and vote in elections.
11. Has the right to practice the religion or faith of the individual's choice.
12. Has the right to be free from excessive medication.
13. May not be required to work at the home except for the upkeep of the individual's personal living area and the in the upkeep of common living areas and grounds.

(6400.32) Individuals must not be deprived of any civil, legal or human rights because of their diagnosis of mental retardation.

(6400.31.C) Individual and their families, guardians or advocates have the right to offer comments or complaints about programming, treatment, or living conditions.

All individual are encouraged to exercise these rights and may has someone to help protect their rights at any time.

I acknowledge that I have been informed of my rights as a resident of _____
Provider. The appropriate channels for exercising these rights have also been explained to me.

Program Representative

Date

Individual

Date

*Statement of individual rights taken from the Department of Public Welfare, Community homes for Individuals with Mental Retardation.
Regulation effective November 8, 1991.*