

Abuse Training for Direct Support Workers

Topic 1: Identifying and Recognizing Abuse

Objectives: Trainees will be able to:

1. Define abuse
2. Identify six types of abuse
3. Give two examples of each type
4. Give two signs/symptoms of each type

Outline: 1. Definitions of abuse, neglect, exploitation, extortion as defined in LA. R.S. 14:403.2 and other applicable state/federal laws and regulations.

2. Types of Abuse

Physical
Emotional/Verbal/Psychological
Sexual
Exploitation/Extortion/Misappropriation
Neglect – active and passive
Self-neglect

3. Examples of Abuse

4. Recognizing signs/symptoms of Abuse/Neglect/Exploitation

5. Case example

Teaching Methods: Lecture, group discussion.

Pre-test:

1. List 4 types of abuse
2. List 3 signs/symptoms of abuse
3. List 3 examples of abuse

Give the pre-test prior to starting the discussion. It may be given by simply asking the questions or writing them on a chart/board and having each trainee write the answers on a piece of paper.

Trainer's Notes:

1. Definitions of Abuse: Start by asking the trainees to define abuse in their own words. List the responses on a flip chart or other device for later discussion. Ask

them what sort of things they think of when you say the word abuse. Do the same for neglect.

A “dictionary” definition of abuse is “to treat wrongfully or harmfully”. Abuse is basically any injurious or improper treatment. A “dictionary” definition of neglect is “to fail to care for or attend to properly.” Note that the generic term “abuse” is sometimes used to include neglect and exploitation as well.

There are a number of legal definitions of the various types of abuse. These are included in Attachment A. Briefly discuss those that apply to your facility or program. NOTE: The definitions in LA. R.S. 14:403.2 apply to any program and setting that serves elderly persons or persons with disabilities.

Using visual aids such as transparencies of these definitions is recommended. Remember it is not important that direct support workers memorize these definitions, but that they recognize abuse when they see it or hear about it.

After the discussion, ask the trainees to again define abuse/neglect in their own words.

Make the point that abuse of children, elders, or adults with disabilities (including active neglect and exploitation) are *crimes*. They are prohibited under Louisiana law. The penalties for a first offense may be as severe as ten years in prison.

2./3. Types and Examples of Abuse:

Ask the group to give examples of each type. List them on a flip chart or other device for future reference. Use the examples below as prompts if needed.

Physical Abuse: Physical contact such as hitting, slapping, pinching, kicking, choking, scratching, pushing, twisting of head, arms or legs, tripping; the use of physical force which is unnecessary or excessive; and inappropriate or unauthorized use of restraint.

Emotional/Verbal/Psychological Abuse: Verbal conduct may be abusive because of either the manner of communication or the content of the communication. Examples include yelling, cursing, ridiculing, harassment, coercion, threats, intimidation and other communication which is derogatory or disrespectful. Non-verbal communication, such as gestures, that have the same effect may be considered emotional or psychological abuse.

Sexual Abuse:

- Any sexual activity between a consumer and an employee. Sexual activity includes but is not limited to kissing, hugging, stroking or fondling with sexual intent, exposing oneself, using sexual language;

- Failure to discourage sexual advances toward employees by consumers;
- Permitting the sexual exploitation of consumers or the use of a consumer's sexual activity for staff entertainment or other improper purpose;
- Any sexual activity between a consumer and another person when the consumer is unable to consent;
- Exposing a consumer to pornography when the consumer is unable to consent or does not consent.

Exploitation/Extortion/Misappropriation: Includes using the consumer and/or the resources of the consumer for monetary or personal benefit, profit, gain or gratification and/or attempting to acquire or acquiring something of value from a consumer or a consumer's family by physical force, intimidation, or abuse of official authority. This includes forcing or encouraging a consumer to do anything illegal. Some examples include taking money or other personal property from a consumer for one's own use, disposing of assets belonging to a consumer for personal gain, forcing a consumer to perform tasks that are not part of a treatment plan, coercing a consumer to give up something of value or soliciting payment from a consumer or family by threatening the consumer with harm.

Neglect: Acts or omissions by a person responsible for providing care or treatment which caused harm to a consumer, which placed a consumer at risk of harm, or which deprived a consumer of sufficient or appropriate services, treatment or basic care. Failure to provide appropriate services, treatment, or care by gross errors in judgment, inattention, or ignoring may also be considered a form of neglect. Neglect may be "active"; for example, giving someone the wrong medication. It may also be passive; for example, not seeking medical attention when a person is in distress. Examples include, but are not limited to:

- Failure to establish and carry out an appropriate program or treatment plan;
- Failure to provide or withholding of adequate nutrition, clothing or health care;
- Failure to provide a safe environment;
- Failure to provide or obtain needed medical treatment;
- Failure to supervise a consumer so that the consumer is placed in danger.

Self-neglect: Includes situations where elders or persons with disabilities living in the community are unable to access services or treatment and/or are non-compliant with services or treatment due to their condition, or are unable to care for themselves and have no available or responsible caregiver. Examples include, a person with mental illness who does not

take his/her medication and becomes a danger to him/herself, an elderly person with dementia who “wanders” the neighborhood, or a person with a physical disability who cannot perform activities of daily living and has no formal or informal supports.

4. Recognizing signs and symptoms of Abuse:

Although reporting will be discussed later, make the point that it is *not* the worker’s (or the provider’s) responsibility to prove that abuse has occurred before making a report. They are responsible for immediately reporting anything that *might* be abuse.

Make the point that consumers will not always report themselves when they are being abuse. Reasons for this are discussed in Topic 2. Explain that signs/symptoms are clues that a worker might observe that might give reason to think that some type of abuse is happening. When these signs or behaviors are observed, a report should be made, whether or not a consumer has made any complaint about abuse.

Ask for signs/symptoms or things the worker might see or notice for each type of abuse. List these on the flip chart. Use the examples in Attachment B as prompts.

5. Case exercise:

Hand out Attachment C. Using one or more of the examples, ask the trainees to identify the signs/symptoms, risk factors, and types of abuse present in the example(s).

Topic 2: The Nature and Causes of Abuse

Objectives: Trainees will be able to:

1. Describe three characteristics of persons at risk for abuse.
2. List three factors affecting caregivers that may lead to abuse.

Outline:

1. Characteristics of consumers that create vulnerability to abuse
2. High-risk factors-
 - A. Behavioral problems
 - B. Communication difficulties
3. Factors that affect caregivers

Teaching Methods: Lecture and group discussion.

Pre-Test:

1. List three characteristics of consumers that might place them at risk of being abused.
2. List three factors which affect caregivers that might lead to abuse.

Give the pre-test prior to starting the discussion. It may be given by simply asking the questions or writing them on a chart/board and having each trainee write the answers on a piece of paper.

Trainer's Notes:

Start with case example: "Admissions Committee". Ask the trainees to assume that they are part of a team that assesses new consumers admitted to your program. Ask them to make a list of things they would consider in assessing a new consumer's risk level for abuse. List them on a chart/board and refer back to them as appropriate during the rest of the topic.

Make the point that while something may be described as a "cause" of abuse, it does not make any abuse acceptable. There is no excuse for an abusive act.

1. Characteristics of "Vulnerable" Consumers:

Start by noting that there is wide-spread awareness about child abuse. Society recognizes that children are "vulnerable" to abuse/neglect. Ask the trainees why this is so. Note that while we generally think of adults as being able to protect and defend themselves from abuse:

- there is considerable evidence that elders and persons with disabilities are frequent victims of the various types of abuse;
- research shows the majority of abuse is committed by caregivers, whether they are paid support workers or informal/family caregivers;
- victims of abuse will often deny that they are being abused.

The last point warrants further discussion. Ask the trainees why someone who is abused might not admit it is happening. Points for discussion include:

- fear of retaliation;
- fear of being removed from the home and placed in a facility;
- shame, embarrassment;
- desire to protect the abuser, especially if it's a family member;
- failure to recognize that what is being done to them is abusive.

Ask the trainees to describe characteristics of persons who need supports. List them on the chart/board and discuss. Use the following as prompts, if needed.

- Have chronic or disabling medical conditions
- Lack family or other social supports
- Have chronic or disabling mental impairments
- Have chronic or disabling physical impairments
- Advanced age

Note that these characteristics or conditions tend to make a person dependent (to varying degrees) on someone else for assistance. That dependency sets up a situation where the person may be vulnerable to abuse/neglect. For example, ask the trainees to consider how they would feel had to use the bathroom, needed assistance to do so, and the person who was supposed to assist them refused to help.

2. High Risk Factors - Persons Most At Risk for Abuse:

Ask the trainees to think of what type of person may be *most likely* to get abused. Encourage them to speak freely. Discuss, being sure to note the three factors below.

Factors that may make a person more likely to be abused:

A. Behavioral problems: Ask the trainees “Do you think that an aggressive or uncooperative individual is more likely to be abused than one who is more passive?” Let them answer. Note that studies show such persons are four (4) times as likely to be abused.

Ask the trainees why this is the case (or to give example of behavior that might lead to abuse/neglect). As participants give answers, list them on the chart/board. Use the following as “prompts” for this list

- Individual curses the caregiver
- Individual uses racial slurs at the caregiver
- Individual physically resists caregiver
- Individual goes places where he/she is placed at risk of harm.

Sometimes caregivers say: He had it coming; he's too hard to care for; he never listens; he is full of self-pity, etc. Ask the trainees: "When a caregiver says any of these remarks, can that possibly lead to abuse of the individual?" Let them answer.

B. Communication problems: – Ask the trainees "Why would this characteristic of an individual possibly cause a caregiver to neglect the individual?". Let them answer

- Physical impairment creating communication problems such as non-understandable speech . . .non-understandable physical gestures.
- Mental impairment creating communication problems -- same as above plus erratic responses.
- Social impairment creating communication problems such as saying inappropriate things or, due to isolation, staying alone in a room and/or ignoring attempts to interact.

Keep reminding the trainees that none of these factors ever justifies abusive actions by a caregiver. They just help us understand the various physical, mental, and social conditions at play with many consumers. They should help the support worker to better understand these sometimes complex behaviors.

Ask the trainees this question: "Why is it that when a person is unable to communicate very well, that we tend to treat him/her like a child or even an infant?" Or ask, "Have you ever noticed how some people speak to persons who have impairments in child-like tones of voice?" Note that it support workers must be careful not to talk to or treat such persons in the same manner as they would a child.

Another risk factor is that a caregiver will simply ignore the person who has communication problems, depriving them of human contact. Discuss the following kinds of behavior that can negatively influence a consumer:

- Ignoring an individual who is trying to communicate with you;
- Indifference;
- Neglecting or avoiding the person because it is so hard to understand what he/she wants;
- Acting as if the individual is not there.

3. Factors Affecting Caregivers

Note that the factors listed in Attachment B as "high risk conditions" and "red flag behaviors" may affect family caregivers or paid staff. There are other factors which may affect paid support staff and which may lead to abuse/neglect. Discuss each one.

- Lack of training: Failing to train staff in the appropriate methods to support consumers and to recognize abuse/neglect risks.

- Inadequate supervision: Failing to provide necessary guidance and instruction to support workers.
- Inadequate communication: Failing to advise workers of changes in the consumer's situation, events that occurred on the previous shift, etc.
- Inadequate plan of care: If the plan itself does not address the consumer's needs or behavior it may raise the risk of abuse/neglect.
- Learned Inappropriate Responses: Such as treating the consumer like a child or reacting to a behavior problem the way you would to a child who misbehaves.
- Stress: Can lead to inappropriate responses to the consumer's behavior or simply to "not caring" and not meeting the consumer's needs.

Topic 3: Reporting Abuse

Objectives: Trainees will be able to:

1. Name the steps in reporting suspected abuse
2. Name two consequences of not reporting suspected abuse
3. Name the agencies that take reports of suspected abuse
4. Identify a reportable situation

Outline:

1. Legal requirement to reported suspected abuse
2. Review of reportable abuse types
3. Consequences of not reporting
4. How to report – internally and to outside agencies

Teaching Methods: Lecture and group discussion.

Pre-test:

1. List, in order, the steps you would take to report abuse.
2. List two consequences of not reporting abuse.
3. List two agencies that take reports of abuse.

Give the pre-test prior to starting the discussion. It may be given by simply asking the questions or writing them on a chart/board and having each trainee write the answers on a piece of paper.

Trainer Notes: Ask the trainees: What is the first thing a staff person should do when he or she witnesses something that might be abuse?

Answer: Be sure that the individual is safe from further harm.

Ask the trainees: What is the first thing a staff person should do when someone (anyone: the victim consumer, another staff person, a family member, etc.) reports an act of abuse?

Answer: Same as answer above – protect the individual first.

Emphasize that in any emergency situation, where medical attention is needed and/or where a crime may have occurred, the first response should be to call 911.

1. Legal Requirement to Report:

Note that Louisiana law requires that *any person* who has reason to believe a vulnerable adult has been or may be abused, must make a report to the appropriate agency. Failure to do so is a crime, punishable by both fines and imprisonment for up to six months. If the trainees are working with children, note that Louisiana law also requires care providers to report any suspected child abuse.

Confidentiality

Note that reporter's names are kept confidential and are only released to law enforcement agencies investigating criminal charges relating to abuse. Note also that reports can be made anonymously.

Note also that the consumer has a right to confidentiality when it comes to information concerning abuse allegations. Information about such situations should only be shared with others who have a right and/or need to know. There should be no conversations about abuse incidents outside of the workplace or within the workplace to those who will not have a need to know.

Immunity

Note that reporters who report in "good faith", even if the situation turns out not to be abuse, have immunity from liability for 1) making a report, 2) cooperating in an investigation, and 3) testifying in a court proceeding.

2. Reportable Types of Abuse:

Briefly review the types of abuse noted in Topic 1. Note that reporting is mandatory for all of these.

3. Consequences of Not Reporting:

Note the Louisiana laws (R.S 14:403.2 for adults and 14:403 for children) that speak to the legal consequences for not reporting: Note that reporting is a criminal offense which can lead to arrest. If convicted, it is punishable by fines and possible imprisonment.

Ask the trainees: What other consequences may there be if you do not report abuse?
Answers: Abuse continues; consumer suffers further harm; organization gets in trouble with regulatory agencies, etc.

Note the importance of reporting PROMPTLY. Ask the trainees: What is the problem with late reporting of a suspected abuse?

Answers: Abuse continues, evidence is lost, makes it harder to investigate.

4. How to Report:

After ensuring the consumer is safe from further harm, what is the next thing a staff person should do when he/she witnesses an incident or has it reported to him by anyone?

Answer: 1. Call the appropriate reporting agency *and*, if the situation involves something that might be a crime, call local law enforcement.

Handout Attachment D- Reporting numbers. Describe each agency, who it serves, and how to contact them. Note that despite whatever internal reporting process is in place in the provider organization, *the law places the responsibility to call the appropriate state agency on the individual, not the organization.*

For children under age 18 - Child Protection

For adults age 60 or over – Elderly Protective Services

For persons with disabilities ages 18 through 59 – Adult Protective Services

For persons living in health facilities (nursing homes, ICF-MRs) – DHH Health Standards Section

2. Report to your supervisor or other person in your organization in charge of receiving such reports.

3. Write the incident on the incident report form used by your organization immediately after reporting it orally.

What to report:

Refer to Attachment E and use as handout “Making a Good Report”. Discuss. Again emphasize calling 911 in an emergency.

If the consumer or someone else tells you something has happened, gather *basic* information. Ask the consumer, what happened, where did it happen, when did it happen, who did it? Write down their answers exactly as they state them. If you observe something yourself, write down the same information, (what, where, when, who). Your agency probably has an incident reporting form that can be used to do this.

Report (on the form or by phone) only what you saw; only what you were told, without additional opinions or comments not related to the specific alleged incident. The description of the incident should be very clear and specific (answering “Who”, “Where”, “When”, “How” and “What” in detail. (directions, names of buildings, physical description of injuries, events in the order in which they occurred.)

It is just as important to know what *not* to do when receiving or observing abuse. Do not:

- Try to conduct an investigation
- Re-interview the victim once the gather information is gathered
- Edit or interpret the information
- Question the alleged abuser
- Question other staff or family members
- Involve or discuss the situation with persons not involved in the reporting process
- Touch or disturb any physical evidence

Case Examples: Refer to Attachment F. “Is it Reportable” Exercise. Give out the exercise. Have the trainees complete it individually or in groups and discuss the results. NOTE: All the examples are reportable. For extra training, ask the trainees to identify the type of alleged abuse.

ATTACHMENT A

- I. Definitions from La. R.S. 14:403.2 (Adult Protective Services Law) Applies all to elders and adults with disabilities.

"Abuse" is the infliction of physical or mental injury on an adult by other parties, including but not limited to such means as sexual abuse, abandonment, isolation, exploitation, or extortion of funds, or other things of value, to such an extent that his health, self-determination, or emotional well-being is endangered.

"Exploitation" is the illegal or improper use or management of an aged person's or disabled adult's funds, assets or property, or the use of an aged person's or disabled adult's power of attorney or guardianship for one's own profit or advantage.

"Extortion" is the acquisition of a thing of value from an unwilling or reluctant adult by physical force, intimidation, or abuse of legal or official authority.

"Neglect" is the failure, by a caregiver responsible for an adult's care or by other parties, to provide the proper or necessary support or medical, surgical, or any other care necessary for his well-being. No adult who is being provided treatment in accordance with a recognized religious method of healing in lieu of medical treatment shall for that reason alone be considered to be neglected or abused.

"Self-neglect" is the failure, either by the adult's action or inaction, to provide the proper or necessary support or medical, surgical, or any other care necessary for his own well-being. No adult who is being provided treatment in accordance with a recognized religious method of healing in lieu of medical treatment shall for that reason alone be considered to be self-neglected.

"Abandonment" is the desertion or willful forsaking of an adult by anyone having care or custody of that person under circumstances in which a reasonable person would continue to provide care and custody.

"Isolation" includes:

- (a) Intentional acts committed for the purpose of preventing, and which do serve to prevent, an adult from having contact with family, friends, or concerned persons. This shall not be construed to affect a legal restraining order.
- (b) Intentional acts committed to prevent an adult from receiving his mail or telephone calls.
- (c) Intentional acts of physical or chemical restraint of an adult committed for the purpose of preventing contact with visitors, family, friends, or other concerned persons.
- (d) Intentional acts which restrict, place, or confine an adult into a restricted area for the purposes of social deprivation or preventing contact with family, friends, visitors, or other

concerned persons. However, medical isolation prescribed by a licensed physician caring for the adult shall not be included in this definition.

II. Definitions from LA. R.S. 40.2009.20 (Licensing law for health care providers)

“Abuse” is the infliction of physical or mental injury or the causing of the deterioration of a consumer by means including but not limited to sexual abuse, or exploitation of funds or other things of value to such an extent that his health or mental or emotional well-being is endangered.

“Neglect” is the failure to provide the proper or necessary medical care, nutrition, or other care necessary for a consumer's well-being.

III. Definitions from 45 CFR 1386.19 (Protection & Advocacy for the Developmentally Disabled)

“Abuse” means any act or failure to act which was performed, or which was failed to be performed, knowingly, recklessly, or intentionally, and which caused, or may have caused, injury or death to an individual with developmental disabilities, and includes such acts as: Verbal, nonverbal, mental and emotional harassment; rape or sexual assault; striking; the use of excessive force when placing such an individual in bodily restraints; the use of bodily or chemical restraints which is not in compliance with Federal and State laws and regulations or any other practice which is likely to cause immediate physical or psychological harm or result in long-term harm if such practices continue.

“Neglect” means a negligent act or omission by an individual responsible for providing treatment or habilitation services which caused or may have caused injury or death to an individual with developmental disabilities or which placed an individual with developmental disabilities at risk of injury or death, and includes acts or omissions such as failure to: establish or carry out an appropriate individual program plan or treatment plan (including a discharge plan); provide adequate nutrition, clothing, or health care to an individual with developmental disabilities; provide a safe environment which also includes failure to maintain adequate numbers of trained staff.

IV. Definitions from 42 CFR 51.2 (Protection & Advocacy for the Mentally Ill)

“Abuse” means any act or failure to act by an employee of a facility rendering care or treatment which was performed, or which was failed to be performed, knowingly, recklessly, or intentionally, and which caused, or may have caused, injury or death to an individual with mental illness, and includes but is not limited to acts such as: rape or sexual assault; striking; the use of excessive force when placing an individual with mental illness in bodily restraints; the use of bodily or chemical restraints which is not in compliance with Federal and State laws and regulations; verbal, nonverbal, mental and emotional harassment; and any other practice which is likely to cause immediate physical or psychological harm or result in long-term harm if such practices continue.

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“Neglect” means a negligent act or omission by an individual responsible for providing services in a facility rendering care or treatment which caused or may have caused injury or death to an individual with mental illness or which placed an individual with mental illness at risk of injury or death, and includes, but is not limited to, acts or omissions such as failure to: establish or carry out an appropriate individual program or treatment plan (including a discharge plan); provide adequate nutrition, clothing, or health care; and the failure to provide a safe environment which also includes failure to maintain adequate numbers of appropriately trained staff.

V. Definitions from 42 CFR 488.301. (Long Term Care facility regulations)

“Abuse” means the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish.

“Neglect” means failure to provide goods and services necessary to avoid physical harm, mental anguish, or mental illness.

VI. Definitions from La. Children’s Code Article 603

(1) "Abuse" means any one of the following acts which seriously endanger the physical, mental, or emotional health and safety of the child:

(a) The infliction, attempted infliction, or, as a result of inadequate supervision, the allowance of the infliction or attempted infliction of physical or mental injury upon the child by a parent or any other person.

(b) The exploitation or overwork of a child by a parent or any other person.

(c) The involvement of the child in any sexual act with a parent or any other person, or the aiding or toleration by the parent or the caretaker of the child's sexual involvement with any other person or of the child's involvement in pornographic displays, or any other involvement of a child in sexual activity constituting a crime under the laws of this state.

(2) "Neglect" means the refusal or unreasonable failure of a parent or caretaker to supply the child with necessary food, clothing, shelter, care, treatment, or counseling for any injury, illness, or condition of the child, as a result of which the child's physical, mental, or emotional health and safety is substantially threatened or impaired. Consistent with Article 606(B), the inability of a parent or caretaker to provide for a child due to inadequate financial resources shall not, for that reason alone, be considered neglect. Whenever, in lieu of medical care, a child is being provided treatment in accordance with the tenets of a well-recognized religious method of healing which has a reasonable, proven record of success, the child shall not, for that reason alone, be considered to be neglected or maltreated. However, nothing herein shall prohibit the court from ordering medical services for the child when there is substantial risk of harm to the child's health or welfare.

Attachment B

SIGNS OF ABUSE, NEGLECT, AND EXPLOITATION

The presence of some of these conditions may not necessarily indicate abuse, neglect or exploitation. However, a cluster of these conditions, the seriousness of any condition, or the recurrence of one or more raises the probability.

ABUSE

BRUISES OR WELTS—especially (1) on the face, lips, mouth, torso, back, buttocks, bilaterally on thighs, or inner arms; not over knees or elbows (2) around wrists or ankles from restraints; (3) clustered as from repeated striking; (4) shape similar to an object or hand/thumb/fingermarks; (5) presence of old and new bruises at the same time as from repeated injury; (6) injuries in different stages of resolution on different areas of the body. Dating of bruises is not an exact science. The chart below is a very rough guide. If more than one color is present, more than one incident may have occurred.

NOTE: Document bruises. If no camera is available, draw what you see immediately on a body chart or incident form and indicate the color, size shape and location of the injury.

Dating of Bruises:

0 to 2 days.....	swollen, tender
2 to 5 days.....	red-blue
5 to 7 days.....	green
7 to 10 days.....	yellow
10 to 14 days.....	brown
2 to 4 weeks.....	clear

Bruises do not always mean that abuse occurred. There are physiological conditions and reactions that cause bruising. Many elderly persons have experienced a loss of subcutaneous fat, which allows the blood vessels to be more easily injured from bumping into furniture or from a caregiver assisting the consumer in and out of bed. Some medications such as blood thinners and anticoagulants cause a person to bruise more easily. Psychotropic medications may affect vision, balance, and gait, causing falling and bumping into furniture, walls, and doors.

FRACTURES, SPRAINS, OR DISLOCATIONS—especially (1) to skull, nose, facial structure; (2) in various stages of healing; or (3) multiple or spiral fractures

Abrasions, lacerations, wounds, or punctures

Contractures, which may indicate confinement for long periods

Burns—such as (1) cigar, cigarette burns on palms, legs, arms, back or soles of feet; (2) immersion burns resulting in sock-like, glove-like, or doughnut-shaped burns on buttocks; or (4) rope burns on arms, neck, or torso from improperly applied restraints

Hair thin as though pulled out, bald spots

Frequent use of the emergency room and/or hospital or health care “shopping”

Injuries to head, scalp, or face

Vague explanation or denial in view of obvious injury

Conflicting or illogical explanation of injury

Locked up or left alone for extended periods of time

Denied visitors or telephone calls or freedom to go out of house to visit friends, etc...

Threats, insults, or harsh orders by caregiver

NEGLECT

Dirty skin, uncombed hair

Soiled clothes and bedding

Insufficient or inappropriate clothing for the weather

Body odor

Underweight, sudden weight loss

Inadequate heating and cooling

Inadequate shelter or unsanitary living conditions

House lacks minimum equipment and facilities
(e.g., no furniture, stove, or hotplate, refrigerator, electricity, or plumbing)

Extremely neat and clean—doesn't look lived in

Lack of food and water

Food stored improperly or is spoiled

Lack of needed medical attention

Untreated mental health problems

Prolonged interval between injury and treatment

Lacks eyeglasses, hearing aid, false teeth, walker, crutches, wheelchair, or other needed prosthetic devices

Medication not taken or taken improperly

Excessive number of old medicine bottles with outdated prescriptions or from different doctors

Infected or untreated wounds

Bedsore-especially Stage III and IV

Discoloration of the skin (too white or grey indicating malnutrition, dark color, indicating dehydration, yellow color indicating jaundice)

EXPLOITATION/EXTORTATION/MISAPPROPRIATION

Legal documents signed when consumer is incapable of understanding. Theft or misuse of pension checks, disability benefits, savings, etc...

Reliance on consumer's income by caregiver for personal needs

Failure to meet basic subsistence needs despite adequate income

Living arrangements, household and personal items not commensurate with alleged size of the estate

No awareness of financial affairs or what is being done with money or property

Taking possession of money or property by caregiver

Abusing joint checking account privileges

Unusual activity in bank account, e.g., transfer of funds from one branch to another or more frequent or larger than usual withdrawals

Activity in bank account inappropriate to the consumer, i.e., withdrawals from automated banking machines when the consumer cannot walk or get to the bank, checks signed when the consumer cannot write

Unpaid bills, overdue rent

Personal belongings such as art, silverware, jewelry missing

HIGH RISK CONDITIONS

Certain conditions and behaviors have been shown to create a greater risk of abuse, neglect, or exploitation. The caseworker needs to be alert to these conditions.

- Alcohol and /or drug abuse by consumer or caregiver
- Mental illness of consumer or caregiver
- Caregiver and/or consumer are alienated, socially isolated
- Caregiver has poor self-image
- Caregiver is young, immature, and behavior indicates own dependency needs have not been met
- Caregiver is forced by circumstances to care for consumer
- Consumer is demanding, overly critical, never satisfied
- Consumer is disoriented, confused, depressed
- Caregiver does not know how to provide adequate care for consumer
- Violence has been the norm for discipline/conflict resolution in the family
- Caregiver is unemployed, without sufficient funds, dependent on consumer for housing and money
- Caregiver and/or consumer have poor health or chronic illness

RED FLAG BEHAVIORS

CONSUMER BEHAVIORS

Unwillingness to discuss problems or injuries with caregiver or in caregiver's presence

Fearful of caregiver, but anxious to please

Fearful of outside contacts

Frustration, anger at caregiver

Overly passive or quiet

Agitated

Tearful

Looks to caregiver to provide "right answers"

Unrealistic statements about what the consumer and/or caregiver can do or did

Implausible stories

CAREGIVER BEHAVIORS

Exaggerated defensiveness or over-concern

Obvious absence of assistance, attitudes of indifference towards consumer

Overt hostility towards consumer

Demanding, critical, accusing

Does not give the consumer the opportunity to speak for himself or to see others without the presence of the caregivers

Blames someone or something else for problems

Lacks knowledge of consumer's condition and needed care

Unwillingness or reluctance to comply with service providers in planning and delivery of care

Attempts to isolate the consumer from his friends and other family members

Lacks physical or eye contact with consumer

Claiming that consumer purposefully is incontinent, refuses to walk, just wants attention, etc.

Flirtatious, coy, etc. as indicators of possible inappropriate sexual relationship

Attachment C

Case Examples

1. A 38 year old female with chronic mental illness and a history of placements in various facilities and her 43 year old brother who has severe mental retardation live with their 73 year old father. Their mother is deceased. You are assigned to provide supports to the brother. On your first visit to the home you notice the following: The home is very cluttered and does not appear to have been cleaned in a while. There are dirty dishes piled in the sink, dried liquids spilled on the floor, etc. There are signs of roaches everywhere. There are piles of unopened mail everywhere. There is little food in the house, but lots of fast food bags in the trash. After you've been working in the home a few days, you notice the following: The sister's behavior is strange. She mumbles to herself all the time. She sometimes walks around the house with very little clothing on. She seldom eats. She has several full bottles of medication in the bathroom. You also notice the father seems very forgetful. He asks you the same questions over and over and doesn't remember things you tell him. Once in a while, he gets very angry and raises his voice at everyone for no apparent reason. One day you come to work and notice the brother has a bruise on his left cheek just below the eye. When you ask him what happened, he will not tell you.

2. James is a 34 year old. He was injured in an accident and does not have the use of his legs. He uses a wheelchair to get around. You are providing support for James. James lives with his sister, Roxanne. She also works as one of his support workers. When you are on duty, she usually leaves the home. Sometime when she comes back to start her shift, you notice a strong smell of alcohol on her breath. You know there is a lot of liquor in the house. Yesterday, James's disability check came. As you were approaching the house to go on duty, you overheard Roxanne shouting at James, she was calling him a "cripple", saying "you owe me" and threatening that if he did not give her money, she would leave and force him to go into a nursing home. When you knocked on the door, she left out the back. James told you to come in, the door was open. When you came in, you found James lying on the floor, with the wheelchair overturned. When you asked him what happened, he said he bumped into the couch and fell over. When you asked him if Roxanne did this, he said no.

3. You provide supports to an 88 year old woman who has dementia. She is usually not able to communicate, but sometimes has moments when she can. She lives in a very nice home and seems to be "well off" financially. She has a nice car, but she is unable to drive anymore. She has a son who lives across town. You do not see him come to see his mother very often. When he does come, he takes her on "outings". You notice that items (furniture, art work, silverware) are starting to "go missing" from the home. One day, you come to work after the weekend and notice the car is not in the garage. One day in the mail, you see an envelope that has "Final Notice" printed on it. One day after the mother and son have gone on an outing, the bank calls and asks to speak to her. She is unable to communicate well, but after the phone call she is noticeably upset. You try to question her about it but she is unable to communicate clearly.

Trainer's notes to Case Examples:

1. The condition of the home could be sign of neglect. Note that some persons are more comfortable with "clutter" and a "dirty house" than others, and that it's important not to impose your standards on others. However, the dishes and spills, causing pests could be a health issue. The unpaid bills are a sign no one is managing the household and the consumer could be threatened with a utility cut-off, eviction, etc. They could also be a sign of exploitation, if for example, the sister is handling everyone's money. The sister's mental health condition presents a risk factor. Her behavior (and the unused medicine) may indicate she is not taking her medications and her condition is worsening. She may be neglecting herself and/or her behavior may place the brother at risk. The father shows some signs of possible dementia. He also may be neglecting himself or his outbursts may place the brother at risk. The bruise on the brother's face may or may not have been caused by abuse, but as an "unexplained injury" it should be reported. This household really contains three persons, all of whom may need supports and only one of whom is receiving them.
2. Roxanne's apparent drinking while on duty is a risk factor for abuse/neglect (as well as probably a violation of the provider agency's policies). Roxanne's shouting and saying those things to James is verbal and/or emotional abuse. Asking/demanding money and threatening him if he doesn't provide it is extortion. Finding James on the floor with the wheelchair overturned - is his explanation plausible? NOTE: Point out that consumers will often deny abuse. If it was an accident, is Roxanne leaving him on the floor neglect?
3. The disappearing items in and around the home are a warning sign of financial exploitation. The "final notice" is also, especially if the son helps pay the bills or manage his mother's money. The phone call from the bank likewise. NOTE: Point out that if the son were asked about the missing items, he might say "mother told me to take them" or something similar. Given her dementia, is she able to make such decisions. Is she likely to be easily "influenced" by the son?

Attachment E

Making a Good Report

- **The Report should be timely.** The law requires that abuse/neglect/exploitation is reported as soon as the reporter has “reason to believe”. It does not require that the reporter have absolute proof, that the reporter investigate for themselves before contacting the appropriate agencies, etc. The sooner the report is made, the fresher the evidence, and the more likely the investigating agencies will resolve the matter appropriately.
- **The Report should be made by or should identify the *source*.** The law places responsibility for reporting on people, not agencies or organizations. If you saw it, heard it, were told it, you should report it. If you are reporting something someone else saw or heard, tell the agency you are reporting to you actually witnessed the event.
- **The Report should be detailed.** Include who is involved in any way, what happened, when it happened, where it happened. Provide as much detail as possible.
- **The Report should not exaggerate.** Do not try to make the situation sound worse than it is in order to get a faster response. When agencies respond and find the situation was exaggerated, you lose credibility as a reporter.
- **Include all relevant information.** The law requires that reports include “any pertinent information” and reporting agencies are entitled to any information that is relevant to the case, even if it is normally considered confidential (for example, consumer’s medical information).

Attachment F Is it Reportable?

Mark each situation: (Y) if it is appropriate a situation that should be reported as possible abuse/neglect/exploitation and (N) if it need not be reported.

- _____ 1. 78 year-old female stroke victim, has dementia, is tube-fed, and needs assistance with most daily activities. Lives alone, has workers and family members who live next door providing supports, including tube feeding. However, the primary family member will be having surgery and the other family member will accompany the primary out of town for the surgery. The DSW is fearful that the family will not be back in town to do the tube feeding and other care needed.

- _____ 2. A mother and daughter who has mild MR got into an argument because the mother is upset that the daughter wants to date someone she met at her job at Wal-Mart. Daughter cursed mother and mother slapped daughter.

- _____ 3. You arrive at work at the consumer's home and find him locked in his room alone. No one else is home. When his mother returns, she says she did it to keep him from wandering the neighborhood while she went to the grocery store. The consumer has moderate/severe MR.

- _____ 4. A consumer with moderate MR arrives at the day program with 2 black eyes and a broken nose. When asked what happened he states, "he did it" and comments "I don't know what happened".

- _____ 5. A consumer who has paraplegia due to a recent auto accident comments to a worker that he wants to kill himself. The worker knows there is a gun in the house.

- _____ 6. An elderly man gave a power of attorney to his nephew while he was in the hospital to have heart surgery. After the man returns home, he tells you the nephew withdrew \$21,000 from the uncle's savings account and is unable to account for the money. The nephew tells you his uncle told him he could have it while he was in the hospital.

- _____ 7. You assist a consumer with paying bills. You notice on the phone bill that there are a number of long distance phone calls out of state. The consumer tells you she didn't make the phone calls, but you know one of your co-workers has relatives in that state.

- _____ 8. You are supporting a consumer who has 24 hour paid support and needs assistance with transferring and toileting. You arrive for duty and find the previous shift worker has already gone. You find the consumer is in bed and has

soiled herself. The bed is wet and the consumer says she's been this way for a couple of hours.

DEPARTMENT OF SOCIAL SERVICES--OFFICE OF COMMUNITY SERVICES
 FOR AFTER HOUR CALLS: CONTACT YOUR LOCAL LAW ENFORCEMENT / * HOTLINES ARE 24-HR EXCEPT AS NOTED

PARISH	PHONE	TOLL-FREE	HOTLINE*	ADDITIONAL #S/INFO
ACADIA	337-788-7503			(LAFOURCHE)
ALLEN	318-355-1740			
ASCENSION	225-644-4603			
ASSUMPTION	985-447-0945			
AVOUELLES	318-253-7734			
BEAUREGARD	337-463-2056			
BIENVILLE	318-371-3004			(WEBSTER)
BOSSIER	318-741-7340		318-676-7622	
CADDO			318-876-7622	
CALCASIEU			337-491-2545	
CALDWELL			318-262-5311	(OUACHITA)
CAMERON			337-491-2545	(CALCASIEU)
CATAHOULA	318-339-6030			
CLAIBORNE	318-371-3004			(WEBSTER)
CONCORDIA	318-757-3667			
DESOTO	318-872-6311			
EAST BATON ROUGE			225-925-4571	
EAST CARROLL	318-559-3664			
EAST FELICIANA	225-683-3734	800-351-4876		
EVANGELINE	337-363-6011			
FRANKSIN	318-362-3062			
GRANT	318-627-3000			
IBERIA	337-373-0026	800-883-4480		
IBERVILLE	225-687-4373			
JACKSON	318-251-4101			(LINCOLN)
JEFFERSON (EAST)		888-549-6850	504-736-7033	
JEFFERSON (WEST)			504-736-7033	
JEFFERSON DAVIS	337-824-9649			
LAFAYETTE *			337-262-5244*	*24 HR ON WEEKENDS & HOLIDAYS ONLY
LAFOURCHE	985-447-0945			
LASALLE	318-339-6030			(CATAHOULA)
LINCOLN	318-251-4101			
LIVINGSTON	225-686-7257			
MADISON	318-574-5201			
MOREHOUSE	318-283-0820			
NATCHITOCHES	318-357-3128			
ORLEANS			504-736-7033	
OUACHITA			318-362-5311	
PLAQUEMINES			504-736-7033	
POINTE COUPEE	225-638-4846			
RAPIDES			318-487-5116	
RED RIVER	318-357-3128			(NATCHITOCHES)
RICHLAND	318-728-3037			
SABINE	318-256-4104			
ST BERNARD			504-736-7033	
ST CHARLES	985-652-2938	800-431-6801		(ST JOHN)
ST HELENA	985-748-2001	800-569-5408		(TANGIPAOHA)
ST JAMES	985-652-2938	800-431-6801		(ST JOHN)
ST JOHN	985-652-2938	800-431-6801		
ST LANDRY	337-942-0050			
ST MARTIN	337-394-6081			
ST MARY	337-828-5278	800-251-9606		
ST TAMMANY	985-893-6225			
TANGIPAOHA	985-748-2001			
TENSAS	318-766-3998			MADISON OCS INVESTIGATES REPORTS
TERREBONNE *			985-857-3634*	*24 HR ON WEEKENDS & HOLIDAYS ONLY
UNION	318-368-7917			
VERMILION	337-898-1430	888-566-5437		
VERNON			337-238-3098	
WASHGINTON	985-732-6800	888-320-6800		
WEBSTER	318-371-3004			
WEST BATON ROUGE	225-687-4373			(IBERVILLE)
WEST CARROLL	318-728-3037			(RICHLAND)
WEST FELICIANA	225-683-3734			(E FELICIANA)