

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.