Course Agenda

- Module 1: Training Overview
- Module 2: Defining Abuse, Neglect, Exploitation and Domestic Abuse of Persons with Developmental Disabilities
- Module 3: Exploring the Issues of Abuse and Domestic Abuse
- Module 4: Recognizing the Signs and Symptoms of Abuse, Neglect, and Exploitation
- Module 5: Reporting Requirements
- Module 6: Prevention and Safety Planning

Purpose of This Course

The purpose of the Zero Tolerance course is to teach you about abuse, neglect, and exploitation of persons with developmental disabilities.

You will be able to tell what actions are considered to be abuse, neglect, and exploitation under Florida law.

This course will help you understand why and how often people with disabilities are the victims of these crimes.

Who Should Participate?

The Zero Tolerance course is intended for direct care providers, support coordinators and any person providing care or support to an APD client on behalf of the Agency or its providers.

• It will provide you with the tools to identify potentially dangerous situations and tell you how to report that information.

• Most importantly, this course will provide teach you things to do to help prevent abuse, neglect and exploitation from happening in the first place.
Module 2: Defining Abuse, Neglect and Exploitation

In this section you’ll learn what actions are considered abuse, neglect, and exploitation. You’ll also learn about some reasons why caregivers may commit such acts against people with developmental disabilities. Finally, you’ll learn about how the need for power and control can lead to those situations.

Key Learning Objectives

- Define caregiver.
- Define the five general types of caregiver abuse.
- Explain how power and control contribute to caregiver abuse.

Who is a Caregiver?

Unpaid Caregivers
- Family members such as a parent, child, husband or wife, or brother or sister
- Close friends
- Volunteers
- Neighbors

Paid Caregivers
- Support coordinators
- Homemakers
- Drivers
- Doctors
- Nurses
- Teachers/teacher’s aides and others

What Tasks Do Caregivers Perform?

- Bathing
- Dressing
- Toileting
- Transferring (moving from one place to another, such as a couch to a chair)
- Eating

Caregiver Tasks

- Taking prescribed or over-the-counter medications or vitamins
- Cooking
- Cleaning
- Running errands
- Paying Bills
- Providing transportation
Caregiver Defined

Florida law defines a “caregiver” in two different ways:
- One definition applies to caregivers of adults with developmental disabilities (who are referred to as “vulnerable adults” in Florida law).
- The other definition of “caregiver” applies to those individuals who are responsible for caring for children.

Types of Caregiver Abuse

1. Physical
2. Sexual
3. Emotional and/or Verbal
4. Financial/Exploitation
5. Neglect/Self-Neglect

Activity

Laws Regarding Types of Abuse

- Child Abandonment
- Child Abuse
- Child Neglect
- Exploitation of an Adult with a Developmental Disability
- Abuse of an Adult with a Developmental Disability
- Neglect of an Adult with a Developmental Disability
- Aggravated Abuse of an Elderly Person or Disabled Adult

Sexual Misconduct

Sexual activity between a direct service provider and a person with a developmental disability (to whom he or she is rendering services) was made a crime in 2004 and is referred to in state law as “sexual misconduct”. The Sexual Misconduct law does the following things:
- Makes the crime of sexual misconduct a second degree felony
- Makes failure to report known or suspected cases of sexual misconduct a first degree misdemeanor
- Eliminates consent by the consumer as a valid defense against prosecution for this crime
- Expands Level 1 and 2 background screening requirements to include the newly-created crime of sexual misconduct as a disqualifying offense for employment

For the purposes of the Sexual Misconduct Law, “sexual activity” is defined as follows:
- Fondling the genital area, groin, inner thighs, buttocks, or breasts of a person.
- The oral, anal, or vaginal penetration by or union with the sexual organ of another or the anal or vaginal penetration of another by any other object.
- Intentionally touching in a lewd or lascivious manner the breasts, genitals, the genital area, or buttocks, or the clothing covering them, of a person, or forcing or enticing a person to touch the perpetrator.
- Intentionally masturbating in the presence of another person.
- Intentionally exposing the genitals in a lewd or lascivious manner in the presence of another person.
- Intentionally committing any other sexual act that does not involve actual physical or sexual contact with the victim, including, but not limited to, sadomasochistic abuse, sexual bestiality, or the simulation of any act involving sexual activity in the presence of a victim.
Keep in mind that Sexual Misconduct is still a crime even if consent was first obtained from the victim.

Module 3: Exploring the Issues

In this section you will learn about how and why people with developmental disabilities usually experience abuse, neglect, and exploitation.

Key Learning Objectives

• Explain how the need for power and control can lead some caregivers to commit these crimes.
• List statistics related to the abuse, neglect, and exploitation of people with developmental disabilities.

Domestic Violence

FS 741.28 "Domestic violence" means any assault, aggravated assault, battery, aggravated battery, sexual assault, sexual battery, stalking, aggravated stalking, kidnapping, false imprisonment, or any criminal offense resulting in physical injury or death of one family or household member by another family or household member.

What is Domestic Violence?

Domestic violence is a pattern of coercive, controlling behavior that can include physical abuse, emotional or psychological abuse, sexual abuse or financial abuse. Domestic violence is a pervasive, life-threatening crime that affects millions of individuals across the United States regardless of age, economic status, race, religion or education.
The Power and Control Wheel

Activity

Common Case Characteristics
People with developmental disabilities are more likely to experience:

- Different types of abuse, neglect, and exploitation
- Multiple perpetrators
- Abuse, neglect, and exploitation which lasts for long periods of time
- Inadequate or inappropriate healthcare

People with developmental disabilities are also...

- Abused more frequently than others
- Abused more severely and for longer periods of time than people without disabilities
- Less able to escape the abuse, find justice or services
- More likely to remain in situations that increase their vulnerability and risk of repeated abuse
- Caught up in a cycle of abuse that repeats itself

Common Case Characteristics

- Misleading caregiver behaviors and statements
- Use of the disability to explain away or minimize the person's condition
- Being blamed for injuries or conditions
- A lack of concern from professionals and others because of empathy for caregivers' responsibilities
- Rejection of their reports of abuse, neglect, and exploitation by authority figures

(Steinberg & Hylton, 1998)
Incidence Studies

Many research studies have been done which show the high rate of abuse committed against people with disabilities.

Frequency of Sexual Abuse

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>1 time</td>
<td>19%</td>
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<tr>
<td>1-10 times</td>
<td>64%</td>
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<tr>
<td>10+ times</td>
<td>17%</td>
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Where Sexual Abuse Occurs

- Private homes: 61%
- Vehicles: 11%
- Group homes: 4%
- Public places: 4%
- Rehab centers: 2%
- Hospitals: 2%
- Other places: 3%

Module 4: Recognizing the Signs and Symptoms of Abuse, Neglect, and Exploitation

In this section you will learn how to recognize the warning signs that a person with a developmental disability may be the victim of abuse, neglect, or exploitation.

Key Learning Objectives

- Describe how to tell if someone has been abused, neglected, or exploited.
- Talk about issues to think about when considering whether or not someone has been abused, neglected, or exploited.
- List the common signs of abuse, neglect, and exploitation.
Signs of Abuse and Neglect

A sudden or gradual change in appearance or behavior can be an indicator that abuse or neglect has occurred (or may still be happening).

Physical Signs of Abuse

- Bruises
- Burns
- Cuts
- Broken bones
- Sprains
- Scrapes or Abrasions
- Vaginal or rectal pain
- Bleeding from the ears, nose or mouth

More Physical Signs of Abuse...

- Frequent urinary tract infections or yeast infections
- Painful urination
- Abrasions, bleeding, or bruising in the genital area
- Incontinence in someone who was previously toilet-trained
- Frequent sore throats
- Sudden onset of psychosomatic complaints (males most frequently complain of stomach aches while females most frequently report headaches)
- Sudden difficulty walking or sitting

Physical Signs of Neglect

- Bedsores
- Dehydration
- Poor or improper hygiene
- Malnourishment/weight loss
- Lack of necessary adaptive aids (such as hearing aids, eyeglasses, walkers, etc.)
- Improper medication management

Behavioral Signs

- CHANGES in the way affection is shown, especially if unusual or inappropriate
- Suddenly fears being touched
- Sudden onset of nightmares
- Sudden regression to childlike behaviors (i.e., bed-wetting, thumb-sucking)
- Sudden unusual interest in or knowledge of sexual matters (including excessive masturbation)
- Cruelty to animals
- Sudden fear of bathing or toileting
- Sudden fear of a person or place
- Depression, withdrawal, or mood swings
- ANY UNEXPLAINED CHANGE IN BEHAVIOR

Behaviors of Caregivers who may be Abusers

- Refusal to follow directions or complete necessary personal tasks
- Displaying controlling attitudes and behaviors
- Showing up late or not at all
- Working under the influence of alcohol or illegal drugs
- Abusing or harming pets or service animals
- Using threats or menacing looks/body language as a form of intimidation
- Impulsive
More abusive caregiver behaviors...

- Using vehicle, money or other resources without consent
- Socially isolating person with a disability (including limiting educational and/or employment opportunities)
- Devalues the person with developmental disabilities
- Frequently switches healthcare providers
- Speaks for the person with developmental disabilities
- Competes with the person with developmental disabilities
- Displays unwelcoming or uncooperative attitude during home visits
- Frequently makes attempts to be alone with a particular individual for no apparent legitimate purpose

Abusive caregivers may also have...

- Low self-esteem
- A mental illness, diminished intelligence, or impaired functioning
- A need to control others
- Frustration with authority, which can lead to displaced aggression toward weaker persons
- A history of being abused or neglected as a child
- A lack of attachment to the dependent person, (which can lead to thoughts by the abuser that the victim doesn’t feel or hurt in response to their abusive actions).

Profiles of Abusive Caregivers

- Caregivers with limited capacity
- Stressed caregivers
- Batterers (intentional abusers)
- Caregivers with Munchausen Syndrome by Proxy (MSBP)

Types of Emotional Abuse and Neglect

- Exposure to domestic violence
- Insults and harassment
- Denial of conditions necessary for physical and emotional well-being
- Denial of communication
- Denial of right to family life
- Denial of social interaction and inclusion
- Denial of economic stability
- Denial of rights, needs, privileges, and opportunities
- Denial of ordinary freedoms

Physical Abuse in Caregiving

- Rough physical handling
- Sudden movements of bedding
- Pushing and pulling
- Over-medication
- Unnecessary or excessive use of restraints
- Ignoring dietary restrictions
- Toileting abuse (leaving someone on the toilet too long or not taking them when they need to use the bathroom)
- Bathing in water that is too hot or too cold

Frightening Physical Actions

- Grabbing persons with visual impairments from behind
- Jumping in front of persons with visual impairments, or trying to trip them
- Abruptly moving persons with mobility impairments
- Forcing persons with physical disabilities to move from one position to another when they are exhausted or in pain
### Questionable Bruises

- Facial
- Frequent, unexplained, or inadequately explained
- In unlikely places
- In various stages of healing
- On several different surface areas
- Patterned, reflecting shapes
- Bilateral: means bruises on same places on both sides of the body. Bruises appearing on both upper arms, for example, may indicate where the abuser applied pressure while forcefully shaking the person. Bruises on both sides of the body rarely result from accidental causes.
- Regularly evident after an absence, home visit, or vacation

### Questionable Cuts and Scrapes

- Frequent, repeated, unexplained, or inadequately explained scrapes
- Unusual locations such as mouth, lips, gums, eyes, external genitalia (e.g., places other than palms, knees, or other areas usually covered by clothing)
- Patterned scarring that may be caused by inflicted injuries such as whipping

### Burns or Scalds

- Patterned burns (shaped like a cigarette butt or electrical appliance for example)
- Burns in specific locations such as several burns on different parts of the body or on particularly sensitive locations, such as soles, palms, back, or buttocks
- Immersion burns, which appear sock-like, glove-like, or doughnut-shaped on buttocks, genitalia, or limbs

### Bites

- Human bite marks are easily distinguished from those of animals by their size and shape, and whether flesh is torn.
- If bites are explained as self-inflicted, the location and position of the bite must be consistent with the person’s functional abilities.

### Ligature Marks and Welts

- Could be the result of a whipping, being tied up, or gagged
- Welts often follow clearly defined stroke patterns, especially if the person was immobile during the whipping
- Chafing and bruising, sometimes accompanied by swelling, on the wrists, ankles, throat, or penis can be the result of being tied up or choked
- Even when choking is severe or fatal, bruising may be faint or entirely absent

### Eye and Ear Injuries

- Sudden or unexplained hearing loss
- Cauliflower ears (i.e., thickened external ear structures)
- Bruising to the outer ears
- Blood behind the eardrum
- Retina hemorrhage or other intraocular bleeding
Dental and Mouth Injuries

- Lost or broken teeth, particularly if unrelated to dental disease, normal loss of children’s teeth, or accidental causes
- Repeated, unexplained, or inadequately explained dental injuries
- Facial bone or jaw fractures
- Bruising of cheeks and gums at corners of mouth (from gags)
- Cuts or bruises on the tongue
- Discoloration of the teeth as a result of previous abuse

Dislocations of Joints

- Repeated dislocations of joints in the absence of a known disease process may indicate shaking, twisting, or pulling
- Frequent or multiple dislocations in the absence of a clear explanation may indicate physical abuse

Fractures

- Repeated or multiple fractures in the absence of a known disease process or clear explanation may indicate abuse
- Old, untreated fractures can indicate chronic abuse
- Spiral fractures that result from twisting limbs may be related to abuse in non-ambulatory children and adults with developmental disabilities

Coma

Shaking and other forms of abuse can result in coma of undetermined origin without external injuries. Comas not associated with known accidental causes or clearly identified disease processes should also be suspected.

Things to consider in distinguishing abuse from accidental injuries...

- Location of the injury
- Number and frequency of injuries
- Size and shape of injury
- Description of how the injury occurred
- Consistency of the injury with the person’s developmental capability

Behavioral Signs of Abuse

- Aggressive behavior
- Atypical attachment
- Disclosure
- Fearfulness
- Learning disabilities
- Noncompliance
- Regression
- Sleep disturbance
- Withdrawal
Signs and Symptoms of Exploitation

- Sudden decrease in bank account balances
- Sudden change in banking practices (such as making several large withdrawals from a bank account or ATM over a period of several days instead of one small withdrawal each week)
- Sudden problems paying bills or buying food or other necessities
- Sudden changes in wills or other financial documents

More signs of exploitation...

- The person begins to act very secretively. (Telephone con artists often try to isolate their victims to avoid detection by telling the victim not to let anybody know about their calls.)
- Unexplained disappearance of money or valuable possessions
- Substandard care being provided or bills which are late or unpaid despite the availability of adequate financial resources
- Concerns expressed by a person with a developmental disability that he or she is being exploited

Factors That Make it Hard to Recognize Abuse, Neglect and Exploitation

- Person does not recognize abuse, neglect, or exploitation
- Greater personal assistance needs
- Fear of not having needs met
- Communication challenges
- Self-abusive behaviors
- Signs of abuse may be interpreted as behavioral problems

Conditions that can Sometimes Look Like Abuse or Neglect

- Injuries due to falls
- Sensory impairments
- Skin breakdown from appliances or orthopedic equipment
- Self-injurious behavior (SIB)
- Poor growth and failure to thrive
- Fractures

More conditions that can look like abuse or neglect....

- Sensory integration problems
- Mongolian spots
Module 5: Reporting Requirements

The purpose of this section is to learn about how you should report abuse, neglect, and exploitation and what may happen next.

Key Learning Objectives

• Explain how to report abuse, neglect, or exploitation.
• Describe what may happen after the report is made.
• Understand the reasons that may prevent persons with developmental disabilities from reporting these types of crimes.

Mandatory Reporting Requirements

• Failure to report known or suspected cases of abuse, neglect, or exploitation is a crime.
• Keep in mind that, as a service provider, failure to report can also cause you to lose your job and/or face legal action.
• When in doubt, report; it is always better to make a mistake on the side of caution to keep people safe from harm.
• Reports should be made even if the incident happened a long time ago.

Client on Client Abuse

Sexual assault or any type of injury-causing physical altercation (such as punching, stabbing, choking, or hitting someone with a heavy object resulting in injury) which takes place between two individuals with developmental disabilities should be reported immediately to the Florida Abuse Hotline.

In addition, service providers must also report the incident immediately to their supervisor as well as the local APD office to ensure the continued health and safety of the individuals involved.

Capacity to Consent

It is not your job to determine whether or not someone with a developmental disability has the capacity to agree to sexual activity (either with another person with a disability or someone else).
How to Report Abuse, Neglect, or Exploitation

• Call the Florida Abuse Hotline, which is a nationwide, toll-free telephone number, at 1-800-96-ABUSE (1-800-962-2873), or send a faxed statement to the Abuse Hotline’s statewide toll-free fax number, 24 hours a day, 7 days a week, at 1-800-914-0004, or e-mail http://www.dcf.state.fl.us/abuse/report/

• Notify your supervisor

• You or your supervisor should notify the area Agency for Persons with Disabilities (APD) office in accordance with established APD incident reporting procedures

Information That May be Requested by Florida Abuse Hotline Operators

• Name, age, sex, physical description, and location of each victim alleged to have been abused, neglected, or exploited

• Names, addresses, and telephone numbers of each alleged perpetrator

• Name, address, and telephone number of the person reporting the alleged abuse, neglect, or exploitation

• Description of the physical or psychological injuries sustained

• Actions taken by the reporter, if any, such as notification of the police

What Happens After the Abuse Hotline is Contacted

Within 24 hours of receiving and accepting a report, a DCF protective investigator will make a face-to-face contact with the alleged victim. If access to the alleged victim is denied to the protective investigator, the police will be called to assist.

What happens if the hotline does not accept the call?

If you believe that your call should have been accepted and/or that the hotline operator did not handle the call properly, please call the hotline back and ask to speak to a supervisor to explain the situation.

Calls not accepted by the hotline (because the allegation does not involve abuse, neglect, or exploitation of a child or vulnerable adult by a caregiver) will automatically be transferred by hotline staff to the local police.

Other People to Call

Direct service providers should report knowledge or suspicion of abuse, neglect, or exploitation to their supervisors who may be required to also report this information to the local APD office (in accordance with established APD reporting procedures).

A word of caution about prescreening hotline calls…

• While supervisors may contact the Abuse hotline along with the direct service provider who witnessed an incident, provider agencies may not require their employees to first report such information to them before permitting those employees to contact the Abuse Hotline.

• Preventing someone from contacting the hotline to report a known or suspected case of abuse, neglect, or exploitation is a crime in Florida.
Barriers to Reporting

- Victims sometimes refuse to acknowledge that there is a problem
- Persons with disabilities are often taught to be compliant and passive and are sometimes unable to distinguish between appropriate and inappropriate physical contact
- Persons with disabilities may feel their report of abuse would not be believed
- Physical/cognitive impairments make it difficult for the victim to seek help

More barriers...

- Most augmentative communication systems (such as communication boards used by people who cannot speak) are not programmed to report abuse, neglect or exploitation.
- Victims do not know where to turn for help, and they are often isolated
- Victims may believe they are financially or otherwise dependent on the abuser for their needs;
- Victims fear loss of a caregiver, even an abusing caregiver; they are fearful they will be forced to leave their current families or homes. Persons with disabilities may be more easily threatened by the withholding of needed care or equipment.

Activity

• There is a general lack of understanding or awareness of the high rate of these types of crimes.
• People often do not recognize abuse and are quick to dismiss the visible signs of abuse by saying it was probably caused by the person’s disability.
• Most people assume that no person would be capable of committing certain crimes against persons with disabilities.
• Because they haven’t seen actual physical abuse, they may not believe a problem exists.
• People fear financial or legal liability and retaliation if they report suspected abuse.
• Many people have the mistaken idea that their actions will not make a difference.

Module 6: Prevention and Safety Planning

While it is important to understand all of the issues surrounding abuse, neglect, and exploitation committed against persons with developmental disabilities, the ultimate goal of the Agency’s Zero Tolerance Initiative is to prevent such abuse, neglect, and exploitation before it has the chance to even occur.

This section will identify a number of ways in which you can help persons with developmental disabilities decrease the chances that they will ever have to experience abuse, neglect, and exploitation.

Key Learning Objectives

• Describe methods which can be used to prevent abuse, neglect, and exploitation.
• Describe how to create and maintain a safe living environment for people with disabilities.
• Know the numbers for assistance with domestic abuse issues.
Ways to Prevent Abuse, Neglect and Exploitation

Primary prevention

Secondary prevention

Primary Prevention Efforts

- Providing education and self-protection information directly to consumers
- Education of direct care staff members on the sexual misconduct law and other laws regarding abuse, neglect, and exploitation.

More primary prevention tips…

- Background screening/reference checks of prospective caregivers
- Growing of social circles
- Respite for Caregivers
- Training for Caregivers

Secondary Prevention Efforts

- Education of direct care staff in recognizing and reporting the signs and symptoms of abuse, neglect, and exploitation.
- Unannounced visits at different times of day
- Full cooperation with police and DCF investigators

More secondary prevention tips…

- Modification of communication devices so that abuse, neglect, and exploitation can be easily and quickly reported.
- Expansion of social circles so that more individuals would be involved in the person’s life and would therefore be able to identify and report suspected cases of abuse, neglect, and exploitation.

Consumer Education

- Self Protection Skills
- Appropriate and Inappropriate Behaviors (by both caregivers and consumers)
- Reporting Problems to Others
Domestic Abuse Helplines:

• Volusia County: Domestic Abuse Council 386-255-2102
• TDD: 386-255-2102
• Flagler County: Family Life Center 386-437-3505 (TDD also)

Services provided by domestic abuse centers locally:

• 24 hour hotline
• Advocacy
• Relocation Assistance
• Legal Advocacy
• Safety Planning
• Pet Fostering
• Support Groups
• And much, much more

Safety planning
1. How can you help insure safety? What does the victim feel they need in order to be safe?
2. If they sense that the violence might escalate, can they leave for a few days? Do they have a place to go?
3. What do they think the batterer will do if they leave, or gets a protective order?
4. If the victim has a car, have they hidden a set of keys? Could there be a GPS on the car? If they have any money, can it be hidden? Do they have access to bank accounts?
5. Do they have important papers in one area, so they could grabbed them if necessary?

6. Can the victim run to a neighbor’s house or work out a signal so that the neighbor calls the police?
7. How can you safely call them? How should you identify yourself? What should you do if the batterer answers the phone?
8. If he/she moves, can he/she prevent the abuser from finding him/her by making long distance phone calls from your phone, asking the new school system, the court or welfare center not to reveal their address?
9. What technology and social media do they use and who has access? What are their privacy settings?

Additional Tips for Caregivers to Help Prevent Sexual Abuse

• Recognize the person’s need to know
• Set boundaries
• Identify appropriate behavior in public and private
• Teach children protective behaviors
• Use appropriate names for genitals
• Seek help when you need it

Agency Prevention Efforts

• Supervisory leadership
• Management practices/attitudes
• Policies and procedures
• Ongoing staff training
Summary

- What questions do you still have?
- Are there topics you wish to review?
- Is there anything else that should be discussed prior to finishing our session?

In conclusion...