Preventing, Recognizing, and Reporting Abuse, Neglect, and Exploitation

Wyoming Department of Health
Division of Healthcare Financing
Developmental Disabilities Section
Training Objectives

- **Define** abuse, neglect, and exploitation.
- **Understand** challenges that contribute to abuse, neglect, and exploitation.
- **Implement** strategies to prevent or decrease instances of abuse, neglect, and exploitation.
- **Recognize** abuse, neglect, and exploitation.
- **Report** abuse, neglect, and exploitation.
Define Abuse, Neglect, and Exploitation
Vulnerable Adult Definition

Wyoming Statute (W.S.) 35-20-102 (a)(xviii)

“Vulnerable adult means any person eighteen (18) years of age or older who is unable to manage and take care of himself or his money, assets or property without assistance as a result of advanced age or physical or mental disability.”
Abuse Definition

W.S. 35-20-102 (a)(xviii)

“Abuse means the intentional or reckless infliction, by the child or vulnerable adult's caregiver, person of trust or authority, professional, family member, or other individual of:

- Injury;
- Unreasonable confinement which threatens the welfare and well being of a vulnerable adult;
- Cruel punishment with resulting physical or emotional harm or pain to a vulnerable adult;
- Photographing vulnerable adults in violation of W.S. 6 4 304(b);
- Sexual abuse;
- Intimidation; or
- Exploitation.”
Injury Definition

W.S. 35-20-102 (a)(xv)

“Injury means any harm, including disfigurement, impairment of any bodily organ, skin bruising, laceration, bleeding, burn, fracture or dislocation of any bone, subdural hematoma, malnutrition, dehydration or pressure sores.”
Types of Abuse

*Physical abuse* could include slapping, hitting, beating, bruising or causing someone physical pain, injury or suffering. This could include confining an adult against their will, such as locking someone in a room (seclusion) or applying an unauthorized restraint.

*Emotional abuse* involves creating emotional pain, distress, or anguish through the use of threats, intimidation, or humiliation. This includes insults, yelling, threats of harm or isolation, or non-verbal actions such as throwing objects or glaring to project fear or intimidation.

*Sexual abuse* means sexual contact including, but not limited to, unwanted touching, all types of sexual assault or battery, sexual exploitation, and sexual photographing. This is particularly true with vulnerable adults who are unable to give consent or comprehend the nature of these actions.

*Intimidation* means the communication by word or act a person, their family, friends or pets will be deprived of food; shelter; clothing; supervision; medication; physical, mental or other health care necessary to maintain health; financial support; or will suffer physical violence.

Definitions adapted from the National Adult Protective Services Association website at [https://www.napsa-now.org/get-informed/what-is-abuse/](https://www.napsa-now.org/get-informed/what-is-abuse/)
Neglect Definition

W.S. 35-20-101 (a)(xi)

**Neglect** means the deprivation of, or failure to provide, the minimum food, shelter, clothing, supervision, physical and mental health care, other care and prescribed medication as necessary to maintain a child or vulnerable adult's life or health, or which may result in a life-threatening situation.
Neglect Definition - A Caveat

The withholding of health care from a vulnerable adult is not neglect if:

- Treatment is given in good faith by spiritual means alone, through prayer, by a duly accredited practitioner in accordance with the tenets and practices of a recognized church or religious denomination;
- The withholding of health care is in accordance with a declaration executed pursuant to W.S. 35-22-401 through 35-22-416; or
- Care is provided by a hospice licensed in accordance with and pursuant to W.S. 35-2-901 through 35-2-910.
Types of Neglect

*Physical neglect* includes failing to attend to a person’s medical, hygienic, nutrition, and dietary needs, such as dispensing medications, changing bandages, bathing, grooming, dressing, or failure to provide ample food to maintain health.

*Emotional neglect* includes causing emotional pain, distress, or anguish by ignoring, belittling, or infantilizing the needs of adults. This includes neglecting or discounting the emotional well being of others, as well as actions to isolate adults from visits or contact with family and friends.

*Abandonment* means leaving a vulnerable adult or child without financial support or the means or ability to obtain food, clothing, shelter or health care.

*Self neglect* is when a vulnerable adult is unable, due to physical or mental disability, or refuses to perform essential self-care tasks, including providing essential food, clothing, shelter, or medical care, obtaining goods and services necessary to maintain physical health, mental health, emotional well-being and general safety, or managing financial affairs.

Definitions adapted from the National Adult Protective Services Association website at https://www.napsa-now.org/get-informed/what-is-neglect/
Exploitation Definition

W.S. 35-20-101 (a)(ix)

Exploitation means the reckless or intentional act taken by any person, or any use of the power of attorney, conservatorship or guardianship of a vulnerable adult, to:

- Obtain control through deception, harassment, intimidation or undue influence over the vulnerable adult's money, assets or property with the intention of permanently or temporarily depriving the vulnerable adult of the ownership, use, benefit or possession of his money, assets or property.
Exploitation Definition - Continued

- In the absence of legal authority:
  - Employ the services of a third party for the profit or advantage of the person or another person to the detriment of a vulnerable adult;
  - Force, compel, coerce or entice a vulnerable adult to perform services for the profit or advantage of another against the will of the vulnerable adult.
  - Intentionally misuse the principal's property and, in so doing, adversely affect the principal's ability to receive health care or pay bills for basic needs or obligations; or
  - Abuse the fiduciary duty under a power of attorney, conservatorship or guardianship.
Types of Exploitation

**Theft** involves a participant’s assets taken without knowledge, consent or authorization, and may include taking cash, valuables, medications, or other personal property.

**Fraud** involves acts of dishonesty by persons entrusted to manage assets who then appropriate assets for unintended uses. This may include falsification of records, forgeries, unauthorized check-writing, and Ponzi-type financial schemes.

**Scams** involve payments (or transfer of funds) to collect unclaimed property or “prizes” from a lottery or sweepstakes.

**Investment exploitation** includes investments made without knowledge or consent, and may include high-fee funds (front or back-loaded) or excessive trading activity to generate commissions for financial advisors.

Definitions adapted from the National Adult Protective Services Association website at [https://www.napsa-now.org/get-informed/what-is-financial-exploitation/](https://www.napsa-now.org/get-informed/what-is-financial-exploitation/)
Understand Challenges that Contribute to Abuse, Neglect, and Exploitation
People with Disabilities are at Risk of Abuse

Abuse and exploitation are constant dangers for people with developmental disabilities. People with developmental disabilities are four to ten times more likely to be abused than their peers without disabilities. Compared to the general population, people with developmental disabilities are at greatest risk of abuse[1] and:

- Tend to be abused more frequently.
- Are abused for longer periods of time.
- Are less likely to access the justice system.
- Are more likely to be abused by a caregiver or someone they know; many are repeatedly abused by the same person.

Factors that may Contribute to Abuse

Reasons include:

■ Predators may perceive a person with disabilities as weak, vulnerable, or less likely to report abuse, making them easy targets.

■ People with disabilities are often isolated and dependent on a small circle of friends or caregivers for critical support, including assistance with basic physical needs. These same caregivers are often the abusers, which poses a difficult decision for the victim who is required to choose between the potential for continuing abuse and an uncertain future.
Factors that may Contribute to Abuse (Cont.)

- Stigma, discrimination, or ignorance about disability, as well as a lack of social support for those who care for people with disabilities.
- People with limited communication abilities or who have cognitive disabilities may find it difficult to report abuse effectively.
- People with disabilities may be afraid that they will not be believed when they do report abuse.
- People with disabilities may be verbally abused, resulting in low self-esteem and, in some cases, a belief that the abuse is somehow deserved.
Providers Face Challenges in Daily Service Provision

- Providers must learn the unique communication styles and needs of the participants they support. They may lack training on these topics.
- Providers must perform tasks, teach skills, and support participants in living the life they choose.
- Providers must balance participant health and safety with participant choice.
- Providers must deliver individualized services for each participant they support.
- Providers must navigate challenging behaviors and medical issues.
- Providers may not have training on building relationships, conflict resolution, or managing crisis.
- Providers suffer emotional and physical fatigue when working with participants who face a variety of challenges.
Common Reasons for Abuse or Neglect of Vulnerable Adults

- Depression in the provider.
- Past trauma history of the provider.
- Lack of support from other potential providers.
- The provider's perception that taking care of the participant is burdensome, with no emotional reward.
- Substance abuse by the provider.
- The intensity of the participant’s needs.
- Social isolation—the participant and provider are alone together almost all the time.
- The participant’s own tendency toward verbal or physical aggression.
Implement Strategies to Prevent Abuse, Neglect, and Exploitation
I am the decisive element in the environment. It is my personal approach that creates the climate. It is my daily mood that makes the weather. I possess tremendous power to make life miserable or joyous. I can be a tool of torture or an instrument of inspiration. I can humiliate or humor, hurt or heal. In all situations, it is my response that decides whether a crisis will be escalated or de-escalated, and a person humanized or de-humanized.

~ Haim Ginott
Implement to Prevent - Person Centered Values

Person-centred values are the guiding principles that help to put the interests of the participant at the center of everything you do. Keeping the participant as the focus is an important strategy for preventing abuse, neglect, and exploitation. Person centered values include:

- Promoting the participant’s right to dignity and respect.
- Advocating for the participant's independence, empowerment, and choice.
- Acknowledging the participant’s personal beliefs and identity.
- Respecting the rights of the participants with whom you work.
Implement to Prevent - Provider Competence

The competence of the provider is a crucial component to decreasing instances of abuse, neglect, and exploitation. Important educational topics to consider, which could prevent potential abuse situations include:

- Comprehensive participant specific training;
- Effective listening and communication skills;
- Managing emotions when under stress;
- Recognizing, preventing, and reporting abuse, neglect and exploitation;
- Conflict resolution;
- Crisis management; and
- Trauma informed care.
Implement to Prevent - Policies and Procedures

Creating and following solid provider policies and procedures is critical to preventing abuse, neglect, and exploitation. Having policies and procedures isn’t good enough - everyone in the organization must follow the policies in order for them to be effective. Important policies and procedures every provider should have include:

- Critical incident reporting;
- Internal incident reporting;
- Grievances and complaints;
- Confidentiality of participant information;
- Managing participant funds; and
- Participant choice.
Implement to Prevent - Provider Culture

The work environment created by the provider plays a significant role in decreasing instances of abuse, neglect and exploitation. It is important for providers and supervisors to create a work culture that includes:

- Effective lines of communication;
- Effective training;
- A place where people can speak up and voice their opinion or concern without fear of consequence; and
- Strategies to address physical and emotional burn-out.
Recognize Abuse, Neglect, and Exploitation
Indicators of Physical Abuse

Consider the possibility of physical abuse if the participant:

- Has unexplained burns, bites, bruises, or black eyes.
- Has bone fractures, broken bones and skull fractures.
- Seems frightened of caregivers or individuals in their community.
- Favors or avoids contact with a body part.
- Covers or hides certain body parts.
- Has limping that was not noticed before.
- Has open wounds, cuts, punctures especially those looking similar to items found around the house (i.e., puncture wounds from a hair brush).
- Has untreated injuries in various stages of healing.
- Has sprains or dislocations.
- Reports someone is physically hurting them.
- Demonstrates aggressive, disruptive, or destructive behavior.
Indicators of Emotional Abuse

Consider the possibility of **emotional abuse** if the participant:

- Shows extremes in behavior, such as being overly compliant, demanding, passive, or aggressive.
- Shows a dramatic change in personality.
- Being extremely withdrawn and non-communicative or not-responsive.
- Over or under uses eye contact.
- Uses either inappropriately adult or inappropriately infantile behavior.
- Is delayed in physical or emotional development.
- Has attempted suicide, or has demonstrated self-harming activities or ideation.
- Reports or demonstrates a lack of attachment to a parent or provider, or others important in their life.
- Reports the abuse.
Indicators of Sexual Abuse

Consider the possibility of sexual abuse if the participant:

- Has difficulty walking or sitting.
- Has bruises or other injuries around the breast or genital area.
- Suddenly refuses to change clothing or to participate in physical activities.
- Reports nightmares or bedwetting.
- Experiences a sudden change in appetite.
- Demonstrates bizarre, sophisticated, or unusual sexual knowledge or behavior.
- Becomes pregnant or contracts a venereal disease.
- Runs away.
- Has torn, stained, or bloody clothing.
- Reports inappropriate touching or sexual abuse.
- Inappropriately touches others in a sexual way.
- Fears being alone with others, especially if of a particular gender.
Indicators of Neglect (Including Self-Neglect)

Consider the possibility of **neglect or self-neglect** if the participant:

- Is frequently absent.
- Begs or steals food or money.
- Lacks needed medical or dental care, immunizations, or glasses.
- Is consistently dirty and has severe body odor.
- Lacks sufficient clothing for the weather.
- Abuses alcohol or other drugs.
- States that there is no one at home to provide care.
- Is malnourished or dehydrated.
- Displays confusion or depression.
- Has soiled linens (urine stains).
- Has an unkempt physical appearance.
- Has bed sores.
- Reports being deprived of essentials (food, clothing, medication, supervision etc.)
Indicators of Exploitation

Consider the possibility of *exploitation* if the participant:

- Has unusual bank activity.
- Is missing social security or SSI checks.
- Has new friends residing with them or expressing affection or interest.
- Is missing property such as money, jewelry etc.
- Has checks or documents that bear a signature that isn’t theirs.
- Is missing mail or has had mail redirected to a different address.
- Has Social Security or SSI monies that are not being spent on their needs.
- Has unpaid bills despite having adequate income.
- Writes checks for *Cash*.
- Gives their money away or spends indiscriminately.
Accident or Abuse?

Accidents happen. However, there are signs that are more indicative of abuse than an accident.

- **Location** (protected body parts and soft tissue, such as back, thighs, genitals, buttocks, face)
- **Number and frequency** (multiple injuries, or multiple injuries in various stages of healing)
- **Size and shape** (injury is the shape or size of an identified object)
- **Explanation of how the injury occurred** (explanation is inconsistent with the injury)
- **Consistency of injury with physical ability** (injury is inconsistent with what participant can reasonably accomplish)

It is the provider’s responsibility to report all incidents outlined in Chapter 45, Section 20. If a provider isn’t sure if an incident should be reported, report it! It is better to report than to let an incident of abuse go unreported.
Report Abuse, Neglect, and Exploitation
Who Should Report?

All citizens have a responsibility to protect those who cannot protect themselves.

- **W.S. 14-3-205 and W.S. 35-20-103** mandate that any person who suspects the abuse, neglect, or exploitation of a child or vulnerable adult is required to report.

- **Chapter 45, Section 20** of the Department of Health’s Medicaid Rules mandates that providers report these incidents to the Division of Healthcare Financing, the Department of Family Services (DFS), Protection and Advocacy Systems, Inc., the case manager, the legally authorized representative, and law enforcement **immediately after assuring the health and safety of the participant and other individuals.**
Reporting an Incident - Step 1

- Go to the [Division website](https://improv.health.wyo.gov/incidentreport.aspx?ProviderTypeld=1) or visit

Reporting an Incident - Step 2

- Complete the Participant Information and Provider Information sections.
- Select the appropriate incident type.

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<th>Incident Type</th>
<th>DFS Notification</th>
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<tbody>
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<td>Suspected Abuse</td>
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<tr>
<td>Suspected Self Abuse</td>
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<td>Suspected Neglect</td>
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<td>Suspected Self Neglect</td>
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<td>Suspected Exploitation</td>
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<td>Suspected Abandonment</td>
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<tr>
<td>Death</td>
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<tr>
<td>Intimidation</td>
<td>Required</td>
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<tr>
<td>Sexual Abuse</td>
<td>Required</td>
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</table>
Reporting an Incident - Step 3

- Provide information on the preceding events, description of the incident, and actions taken.
Reporting an Incident - Providing Detail

- **Be specific** - dates, times, and who was involved.
- **Be descriptive** - provide as much information as you can in each of the boxes.
- **Be accurate** - provide facts that you can verify or specifically witnessed.
- **Use names** - avoid pronouns. If there are three females involved in the incident, and you use *she* in your explanation, it is difficult to determine to which *she* you are referring.
- **Proofread** - read your report before you submit. If possible, have someone else knowledgeable of the incident read it as well. An incident report is a formal document, and needs to be understandable to everyone who reads it.
Reporting an Incident - Step 4

- Notify the appropriate entities.

<table>
<thead>
<tr>
<th>Contact</th>
<th>Contact Name</th>
<th>Date Contacted</th>
<th>How Contacted</th>
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<tbody>
<tr>
<td>Department of Family Services</td>
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<tr>
<td>Protection and Advocacy</td>
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<td>Division</td>
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<tr>
<td>Case Manager</td>
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<tr>
<td>Guardian (if applicable)</td>
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<tr>
<td>Law Enforcement Agency (if applicable)</td>
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Get DFS Contact Info
Reporting an Incident - Notifications

- Notification boxes appear based on the type of incident selected.
- Complete all of the boxes, including the contact name, date contacted, and how the entity was contacted.
- Remember, in accordance with Chapter 45, Section 20(a) of the Department of Health’s Medicaid Rule, for incidents of abuse, neglect, and exploitation, entities must be contacted immediately after assuring the health and safety of the participant and other individuals.
  - Law enforcement and DFS should be notified prior to notifying the Division.
  - It is expected that notification will occur within one calendar day.
  - If notification occurs outside of this timeframe, please provide an explanation in the Actions Taken box.
Questions? Contact your area Provider or Participant Support Specialist.