

TRAIN Florida – APD Zero Tolerance Learner Guide Module 2

The Agency Supports Persons with Developmental Disabilities in Living, Learning, and Working in their Communities.

Module 2



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Zero Tolerance – Learner Guide Module 2



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Slide 1 – Recognizing the Signs and Symptoms



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

You'll also learn some reasons why caregivers may commit such acts against individuals with developmental disabilities, as well as, some of the reasons why individuals with developmental disabilities are more likely to be abused, neglected, or exploited.

Finally, you will learn how to recognize the warning signs that an individual with a developmental disability is the victim of abuse, neglect, or exploitation.

Slide 2 –Learning Objectives



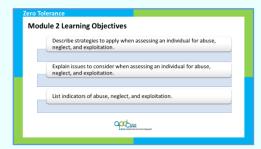
At the end of Module 2, you should be able to:

Explain how power and control contribute to caregiver abuse.

List statistics related to the abuse, neglect, and exploitation of individuals with developmental disabilities.

State who should report abuse, neglect, and exploitation.

Slide 3- Learning Objectives



At the end of this module, you should also be able to:

Describe strategies to apply when assessing an individual for abuse, neglect, and exploitation.

Explain issues to consider when assessing an individual for abuse, neglect, and exploitation.

List indicators of abuse, neglect, and exploitation.



Slide 4 – Desire for Power and Control!



Desire for Power and Control

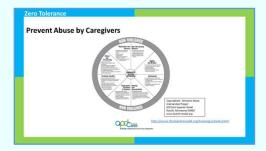
There is no excuse for abuse and those caregivers who abuse others must be held accountable for their actions. Understanding caregiver abuse is the first step toward preventing it from happening.

Think about this:

What happens inside an individual to make them abuse someone with a developmental disability?

On the next slide is the power wheel, which was designed to help individuals understand the dynamics of a relationship with a caregiver of an individual with developmental disabilities.

Slide 5 - Prevent Abuse by Caregivers



Prevent Abuse by Caregivers

This power wheel displays ways to prevent abuse of individuals with developmental disabilities by their caregivers. Non-violent traits and the examples of those activities are located on the wheel.

Turn to page 28 in the Participant's Guide to view the power wheel.

Slide 6 -Power and Control Wheel



Power and Control

This Power and Control Wheel for individuals with disabilities and their caregivers is designed to help individuals understand the dynamics of an abusive relationship with a caregiver of an individual with developmental disabilities. This Power and Control wheel is produced and distributed by the National Center on Domestic and Sexual Violence. The wheel is credited to the Domestic Abuse Intervention Project as noted.

The National Training Project staff may be contacted at training@theduluthmodel.org.

Turn to page 29 in the Participant's Guide for a copy of the Power and Control Wheel for individuals with disabilities and their caregivers.

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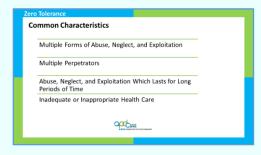
Slide 7 -Power and Control



The Power and Control Wheel illustrates eight categories of abuse:

- Intimidation.
- Emotional Abuse.
- Isolation.
- Minimize, Justify, and Blame.
- Withhold, Misuse, or Delay Needed Supports.
- Economic Abuse.
- Caregiver Privilege.
- Coercion and Threats.

Slide 8 Common Characteristics



A number of common characteristics have been identified among individuals with developmental disabilities who have been abused, neglected, or exploited. For example, individuals with developmental disabilities are more likely to experience:

Multiple forms of abuse, neglect, and exploitation.

Multiple perpetrators.

Abuse, neglect, and exploitation which lasts for long periods of time.

Inadequate or inappropriate health care.

Slide 9 - Common Characteristics



Common characteristics that individuals with developmental disabilities are more likely to experience include:

Multiple contacts with health care providers and other professionals who:

Fail to recognize or respond to abuse, neglect, or exploitation.

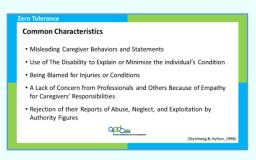
Ignore, misunderstand, or misinterpret signs and symptoms of abuse, neglect, and exploitation.

Inappropriate use or misuse of prescribed treatments and medications.

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Slide 10- Common Characteristics



Common characteristics are continued with:

- Misleading caregiver behaviors and statements.
- Use of the disability to explain or minimize the individual'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.

This information was compiled by Steinberg & Hylton, 1998

Slide 11 - Characteristics of Abuse

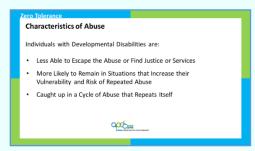


Some characteristics of abuse include:

Individuals with developmental disabilities are more likely to be:

- Abused more frequently than others.
- Abused more severely and for longer periods of time than individuals without disabilities.

Slide 12- Characteristics of Abuse



Characteristics of Abuse, are continued with:

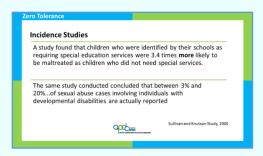
Individuals with Developmental Disabilities are:

- Less able to escape the abuse or 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

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Slide 13- Incidence Studies



Incidence Studies

A study of over 50,000 school children in Nebraska (Sullivan and Knutson Study, 2000) found that children who were identified by their schools as requiring special education services were 3.4 times more likely to be maltreated as children who did not need special services.

The same study conducted concluded that between 3% and 20%...of sexual abuse cases involving individuals with developmental disabilities are actually reported.

Turn to page 33 in the Participant's Guide for more information.

Slide 14 - Incidence Studies



Incidence Studies, continued:

15,000 to 90,000 individuals with developmental disabilities are raped each year in the U.S. Women with developmental disabilities are raped and sexually abused at a rate at least twice that of the general population of women. In addition, it is estimated that 90% of individuals with developmental disabilities will experience sexual abuse at some point in their lives.

Here are some additional statistics:

15.2% of children who were found to be sexually abused had disabilities (Crosse, Kaye, & Ratnofsky, 1993) 61% of girls and 25% of boys with disabilities have been found to be sexually abused before the age of 18 (McArthy and Thompson, 1997)

Among deaf children, 54% of boys and 50% of girls have been sexually abused. Studies of deaf children in residential schools found that between 50-75% of these children had experienced sexual abuse (Sullivan, Vernon, & Scanlan, 1987). 40% of women with physical disabilities reported being sexually assaulted (Roeher Institute, 1995).

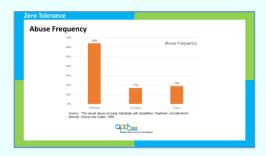
38% of women with developmental disabilities who have been married experienced sexual violence by their partners (Roeher Institute, 1995).

Males with developmental disabilities are twice as likely as males without developmental disabilities to be sexually abused in their lifetimes (Roeher Institute, 1995).

Individuals with intellectual disabilities have been found to be especially vulnerable to sexual abuse. Between 25-85% of individuals with intellectual disabilities have been victims of sexual abuse. (Morano, 2001).



Slide 15 – Abuse Frequency

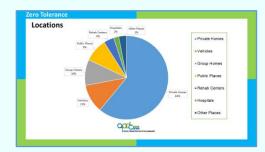


Abuse Frequency

 Of the individuals who are abused, the larger percentage (64%) have been abused more than 10 times. Those in the 2-9 times category make up 17% and the 1 time category is 19%. Clearly, abuse is not usually a one-time incidence.

Turn to page 33 in your Participant's Guide to see this information.

Slide 16- Locations



Locations of sexual abuse:

Look at this graph and the locations of sexual abuse have been notated. The colors in the key shows the name of the location areas on the graph. The percentages are provided for each location. By looking at the graph, answer this question. "In what location does abuse most frequently occur?" It can be determined that "private homes" are the most frequent location of reported sexual abuse.

Turn to page 35 in your Participant's Guide.

Slide 17- Signs of Abuse and Neglect

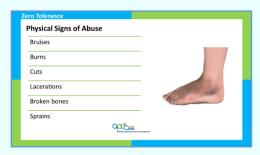


Signs of abuse and neglect

As you work with someone with a developmental disability, pay close attention to any changes in appearances or behavior.

Sudden or gradual changes may be signs that abuse or neglect has occurred (or may still be happening).

Slide 18- Physical Signs of Abuse



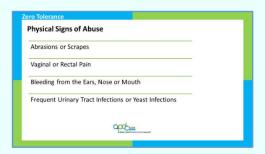
Physical signs of abuse are:

- Bruises
- Burns
- Cuts
- Lacerations
- Broken bones
- Sprains

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Slide 19 – Physical Signs of Abuse



Other physical signs of abuse are:

- Abrasions or scrapes
- Vaginal or rectal pain
- · Bleeding from the ears, nose or mouth
- Frequent urinary tract infections or yeast infections

Slide 20- Physical Signs of Abuse



More Physical signs of abuse are:

- Painful urination
- Abrasions, bleeding, or bruising in the genital area
- Incontinence in someone who was previously toilettrained
- 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

Note that these physical indicators *may not* be signs of abuse if they are one-time occurrences or if no other symptoms are present.

Do not assume that the presence of one of these indicators automatically means an individual is being abused.

However, you need to consider the possibility that these physical signs should be looked at further.

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Slide 21-Physical Signs of Neglect



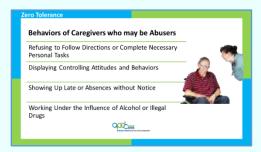
Physical Signs of Neglect are:

- Bedsores (the four stages of bedsores are areas of dead skin caused by sustained pressure cutting off blood flow. The ulcers can range from superficial sores of deep wounds)
- Dehydration
- Poor or improper hygiene
- Malnourishment/weight loss
- Lack of necessary adaptive aids
- Improper medication management

Again, these are physical indicators and *may not* be signs of neglect if they are one-time occurrences or if no other symptoms are present. Generally speaking, physical signs will be accompanied by behavioral indicators.

Turn to page 38 in your Participant's Guide.

Slide 22-Behaviors of Caregivers who may be Abusers



If you work with other caregivers, these are behaviors that should trigger your awareness. You should always be on the lookout for certain behaviors that *may* be indicators that another caregiver is an abuser. The following are some examples of behaviors to make you more observant of the caregiver.

Some of the **behaviors of caregivers who may be abusers** include:

- 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

Turn to page 39 in the Participant's Guide for more information about behaviors of caregivers who may be abusers.

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Slide 23-Behaviors of Caregivers who may be Abusers



Behaviors of Caregivers, who may be abusers, are continued:

- Abusing or harming pets or service animals
- Using threats or menacing looks/body language as a form of intimidation
- Impulsive
- · Using vehicle, money or other resources without consent

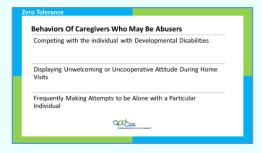
Slide 24-Behaviors of Caregivers who may be abusers



Behaviors of Caregivers who may be abusers can include:

- Socially isolating individual with a disability (including limiting educational and/or employment opportunities)
- · Devaluing the individual with developmental disabilities
- Frequently switching health care providers
- Speaking for the individual with developmental disabilities

Slide 25 -Behaviors of Caregivers who may be abusers



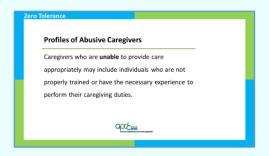
Some Behaviors of Caregivers who may be abusers continue with these examples:

- Competing with the individual with developmental disabilities
- Displaying unwelcoming or uncooperative attitude during home visits
- Frequently making attempts to be alone with a particular individual for no apparent legitimate purpose

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Slide 26-Profiles of abusive caregivers



Profiles of abusive caregivers

Caregivers who abuse, neglect, or exploit individuals with developmental disabilities are either **unable** or **unwilling** to provide care to these individuals in an appropriate way.

It is very important to understand what is going on with these types of caregivers because that will help us develop and implement prevention strategies (which we will talk about later on in this training).

Examples of caregivers who are **unable** to provide care appropriately may include individuals who are not properly trained or have the necessary experience to perform their caregiving duties.

The caregiver may have a developmental disability, mental illness or another medical or health condition themselves. Caregivers who are **unable** to provide appropriate care may also be overly stressed, overly tired or working under the influence of drugs or alcohol which limits their ability to work effectively.

Slide 27-Profiles of abusive caregivers



Profiles of abusive caregivers

Caregivers who are **unwilling** to provide care appropriately are more likely to know that what they are doing is wrong yet they continue to behave inappropriately.

Research shows that these individuals will abuse, neglect, or exploit individuals with developmental disabilities over and over again as long as they are given the opportunity to do so. Some abusive caregivers may not see their victims as actual individuals (with feelings and emotions).

In other cases, caregivers who are **unwilling** to provide appropriate care to the individuals perceive individuals with developmental disabilities as the perfect victims who, as we will talk about later, may not be able to defend themselves or inform anyone about the abusive behavior that has happened to them.

Turn to page 39 in your Participant's Guide.

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Slide 28- Abusive caregivers may also have



Abusive caregivers may also have:

- Low self-esteem
- A need to control others
- Frustration with authority, which can lead to displaced aggression toward weaker individuals
- A history of being abused or neglected as a child
- A lack of attachment to the dependent individual, (which can lead to thoughts by the abuser that the victim does not feel or hurt in response to their abusive actions)

Slide 29- Types of emotional abuse and neglect



Types of emotional abuse and neglect

Emotional abuse is the most difficult form of abuse to identify. Even though emotional abuse often happens along with other forms of abuse, it can also occur by itself. Caregivers who have power and influence over others' lives can use that power to harm or exploit, rather than to support and nurture.

This can be especially devastating for children in their developmental years, but it can be harmful for anyone. Verbal and emotional abuse can take the form of threats, insults harassment, and less noticeable forms that are difficult to detect.

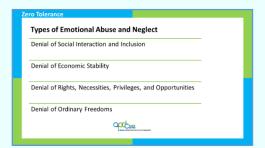
These can be perpetrated by individuals or by representatives of caregiving systems. Here are some of the most common types of emotional abuse and neglect:

- Exposure to domestic violence
- Insults and harassment
- Denial of conditions necessary for physical and emotional well-being
- · Denial of communication
- · Denial of the right to family life

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Slide 30-Types of emotional abuse and neglect



Sometimes abuse of individuals with developmental disabilities takes the form of acts that could be thought of as well-intentioned but unsuccessful attempts by the caregiver to ensure the individual's well-being. In other cases, the abuse is deliberate, and is disguised as caregiving. Here are a few examples of that type of abuse:

- · Rough physical handling
- · Sudden movements of bedding
- · Pushing and pulling and
- Over-medication

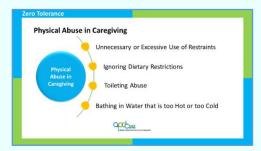
Slide 31-Physical Abuse in Caregiving



Types of emotional abuse and neglect:

- Denial of social interaction and inclusion
- · Denial of economic stability
- Denial of rights, necessities, privileges, and opportunities
- Denial of ordinary freedoms

Slide 32- Physical Abuse in Caregiving



Other signs of physical abuse in caregiving:

- Unnecessary or excessive use of restraints
- Ignoring dietary restrictions
- · Toileting abuse
- Bath water being too hot or too cold

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Slide 33-Frightening Physical Actions



Using frightening physical actions that stop just short of causing serious physical harm is another form of physical abuse that is too often used by abusive caregivers of individuals with developmental disabilities.

Consider how you would feel, if you experienced any of these situations.

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

Slide 34- Physical Signs



Physical Signs of Abuse Questionable Bruises:

Bruises are among the most common injuries found in children and adults with developmental disabilities who have been abused.

It is important to remember that occasional bruising is also common in individuals who are not abused, and that individuals with some disabilities may be prone to bruising for other reasons.

Here are some of the more common bruises that may indicate signs of abuse:

- Facial
- · Frequent, unexplained, or inadequately explained
- In unlikely places
- · In various stages of healing

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Slide 35- Physical Signs

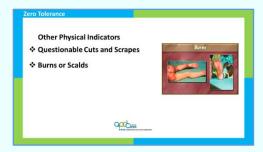


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- Facial
- Frequent, unexplained, or inadequately explained
- In unlikely places
- In various stages of healing

Slide 36-Other Physical Indicators



Other Physical Indicators of Concern include: **Questionable cuts and scrapes**

- Frequent, repetitive, unexplained, or inadequately explained scrapes
- Atypical 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 due to inflicted injuries such as whipping

Burns or scalds

- Patterned burns(e.g., shaped like a cigarette butt or electrical appliance)
- 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

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Slide 37- Physical Signs



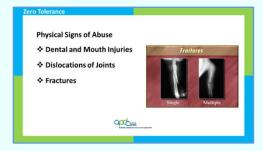
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Slide 38- Physical Signs of Abuse



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

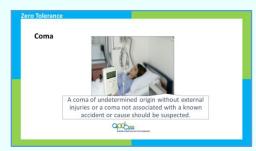
Fractures:

- 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

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Slide 39- Coma



Coma:

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

Turn to page 49 in your Participant's Guide.

Slide 40- Distinguishing Abuse from Accidental Injury:



Distinguishing Abuse from Accidental Injury:

Accidents happen with everyone, including individuals with developmental disabilities. The following is a guide to help tell the difference between accidental and non-accidental injuries. When observing an injury that might be the result of abuse, consider these factors:

Location of the injury:

Certain locations on the body are more likely to sustain accidental injury. These include the knees, elbows, shins, and forehead. Protected body parts and soft tissue areas, such as the back, thighs, genital area, buttocks, back of legs, or face, are less likely to accidentally come into contact with objects that could cause injury.

Number and frequency of injuries:

The greater the number of injuries, the greater the cause for concern. Unless the individual is involved in a serious automobile accident, he/she is not likely to sustain a number of different injuries accidentally. Multiple injuries in different stages of healing are also a strong indicator of chronic abuse.

Turn to page 50 in your Participant's Guide for more descriptions about distinguishing abuse from accidental injury

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Slide 41- Distinguishing Abuse from Accidental Injury



Distinguishing Abuse from Accidental Injury, continued: Size and shape of the injury: Many non-accidental injuries are inflicted with familiar objects: a stick, a board, a belt, a hair brush. The marks which result bear a strong resemblance to the objects used. Accidental marks resulting from bumps and falls usually have no defined shape.

Description of how the injury occurred: If an injury is accidental, there should be a reasonable explanation of how it happened that is consistent with the appearance of the injury. When the description of how the injury occurred and the appearance of the injury are inconsistent, there is cause for concern. For example, it is not likely that an individual's fall from a wheelchair onto a rug would produce bruises all over the body.

Consistency of injury with the individual's developmental capability: As children grow and gain new skills, their ability to engage in activities that can cause injury increases. A toddler trying to run is likely to suffer bruised knees and a bump on the head. Toddlers are less likely to suffer a broken arm than an 8-year-old who has discovered the joy of climbing trees.

Slide 42- Behavioral Signs of Abuse



Behavioral Signs of Abuse:

Behavioral signs can be extremely important in detecting abuse and neglect, especially in individuals who have communication challenges and are unable to tell anyone about what happened to them. In many cases, physical signs of abuse may not yet be present or noticed so behavioral signs are often the first indicators. Usually, it is a combination of physical and behavioral changes that are seen in individuals that have been abused. Some of the behavioral signs of possible abuse are:

Aggressive Behavior

Is widespread among victims of abuse;

May imitate the aggression committed against the abused an individual (e.g., the child who is whipped may whip smaller children);

May generalize to other forms of aggression, such as yelling or hitting others; or

May be exhibited through excessively violent drawings, stories, or play.

Atypical Attachment

Children who have been abused often appear insecure with strangers, and compulsively seek the presence and attention of their primary caregivers, yet may express little affection towards them.

A preschooler may cling to his mother and cry excessively both when she leaves him and when she returns.

The individual who has been abused may be uncomfortable with physical contact with anyone.

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Slide 43- Behavioral Signs of Abuse



Disclosure

Direct disclosures of abuse, neglect, or exploitation are powerful evidence, even when some details are incorrect. Complaints of soreness or pain when unrelated to disability or illness. All disclosures should be given attention and referred to the appropriate authorities for full evaluation.

Fearfulness

Victims of abuse often appear fearful of others:

Fear can be specific to the abuser, but may generalize to other individuals

Fear may be age or gender-specific (e.g., the child who turns away and raises his or her arms as if to ward off a blow whenever an adult nearby makes a sudden move)
The individual may be afraid to go home, or afraid to leave home. The child may be afraid to change clothes for gym activities (may be attempting to hide injuries, bruises), or may be afraid to take off a long-sleeved shirt even in the heat.

Slide 44- Behavioral Signs of Abuse



Behavioral Signs of Abuse:

Other behavioral signs that can be important in detecting abuse and neglect are:

Noncompliance

Individuals who are abused often become noncompliant. Noncompliance:

- May be a generalized response to frustration, or an effort to gain personal control
- May be aimed at avoidance of the abuser or the abusive situation
- Can take the form of chronically running away (adolescents)

Regression

Often children who are abused behave like younger children.

This form of regression:

- May reflect their inability to move through normal stages of development in the face of intense anxiety
- Could reflect a mechanism of escape
- Can be limited to affective and interpersonal behavior
- Can extend to developmental skills such as toileting (e.g., a child who was previously toilet trained may begin to have accidents after experiencing abuse)

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Slide 45- Behavioral Signs of Abuse



Sleep Disturbance

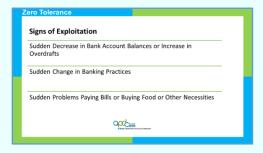
Having nightmares or trouble getting to sleep are characteristics of abused individuals.

This can lead to further abuse due to caregiver frustration and loss of sleep.

Withdrawal

- Individuals who are abused often withdraw from others and spend much of their time alone
- Sometimes the withdrawal is related to depression
- Sometimes the individual will alternate between withdrawal and aggression
- Aggression may be the individual's way of discouraging interaction with others. For example, an abused child may keep to himself and avoid other children, but become aggressive when unable to avoid interaction

Slide 46- Signs of Exploitation



Signs of Exploitation

Taking advantage of individuals with a developmental disability can rob them of their independence and the ability to afford the basic necessities of life, such as food, rent payments and medicine. It's also a crime and should be reported promptly to the Florida Abuse Hotline as well as the police. In particular, financial exploitation often goes unreported or is reported long after the damage is done. When that happens, the suspect is far more likely to get away with the crime and move on to commit crimes to other victims. Here are a few signs to watch for:

- Sudden decrease in bank account balances or increase in drafts
- 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

Turn to page 53 in the Participant's Guide.

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Slide 47- Signs of Exploitation



Signs of Exploitation:

- Sudden changes in wills or other financial documents
- The individual begins to act very secretively
- 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 an individual with a developmental disability that he or she is being exploited

If you notice any of these signs or suspect that an individual with a developmental disability might be a victim of exploitation, please contact the Florida Abuse Hotline and the police immediately.

Slide 48- Factors that make it Hard to Recognize Abuse



Factors that make it hard to recognize abuse, neglect, and exploitation

A number of factors can make it difficult to identify abuse, neglect, and exploitation of individuals with developmental disabilities. One of the factors is the **individual does not recognize that abuse, neglect, or exploitation has taken place.** In order to let someone know they are being maltreated, victims of abuse must:

- Recognize the behavior as abusive
- Consider it significant enough to report
- Be able to communicate to someone about the abuse
- Provide someone who listens and understands. Many individuals with developmental disabilities have grow n accustomed to being treated without respect, and are used to routine treatment that most other individuals would not tolerate. individuals with developmental disabilities may view only the most severe acts against them to be worthy of attention and possible reporting. The victim may consider an incident "unimportant" unless it involves serious physical harm.

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Slide 49- Factors that make it Hard to Recognize Abuse, Neglect, and Exploitation



Factors that make it hard to recognize abuse, neglect, and exploitation:

Greater personal assistance needs

Some individuals with physical disabilities require help with personal care routines such as dressing and bathing throughout their lives. Personal care routines require physical contact, and may result in occasional touching of sexual parts of the body, with the result that the individual can't tell whether these touches are accidental, required, or exploitive.

Fear of not having needs met

Individuals with developmental disabilities who are dependent on others for their day-to-day care may be fearful that if they let anyone know they are being maltreated, they will no longer receive the care they need. They may also fear reprisals from their caregivers if they tell anyone about the abuse.

Communication challenges

Some individuals with developmental disabilities are limited in their ability to communicate verbally about an abusive incident. Adaptations may be required to insure adequate communications. Behavioral and circumstantial indicators become more important in identifying abuse, neglect, and exploitation in these cases.

Self-abusive behaviors

Some individuals with developmental disabilities who have behavioral or cognitive impairments may engage in selfabusive behaviors, or are prone to accidental injury. This makes it more difficult to identify abuse, neglect, or exploitation when it occurs for these individuals.

Module 2



Slide 50- Behavioral Signs



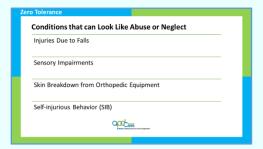
The Individual's Behavioral Signs of Abuse That May Be Interpreted as Behavioral Problems

The best rule of thumb for discerning behavioral signs of abuse, neglect, or exploitation is to know what normal behavior is for the particular individual. When assessing the individual's behavior, it is important to take the following steps:

- Examine the history of the behavior
- Obtain a behavioral baseline
- Determine whether there has been a clear behavior change that has taken place during the time frame in question
- Consider any changes in the intensity and duration of the behavioral episodes

Turn to page 55 in the Participant's Guide.

Slide 51- Look like Abuse or Neglect



Conditions of individuals with Developmental Disabilities that can look Like Abuse or Neglect

There are a number of conditions that may lead you to incorrectly think that someone with a developmental disability has been abused or neglected.

The most common conditions are listed:

- Injuries due to falls
- Sensory impairments
- Skin breakdown from orthopedic equipment
- Self-injurious behavior (SIB)

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Slide 52-Conditions that can look like Abuse



Conditions Of individuals With Developmental Disabilities That Can Look like Abuse or Neglect Are:

- Poor growth and failure to thrive
- Fractures
- <u>Sensory integration problems</u>: Some individuals with different kinds of disabilities may be overly sensitive to touch, textures, taste, or temperature. These individuals may resist hugs, face washing or other harmless/innocent types of touch. This can also look like failure to thrive or significant behavioral problems.
- Mongolian spots: Mongolian spots which are bluish or bruised-appearing areas that are usually seen on the lower back or buttocks. These spots are harmless and occur more commonly in individuals of color. They may remain for months or years.

Turn to page 56 in your participant's guide.

Slide 53- Summary



In this module, you have learned how and why individuals with developmental disabilities are at a higher risk for experiencing abuse, neglect, and exploitation.

You have also learned how power and control can contribute to caregiver abuse. The Power and Control Wheel provides information to support this.

The incident studies related to abuse, neglect, and exploitation of individuals with developmental disabilities show statistics related to the abuse of individuals with developmental disabilities, as well as statistics about sexual abuse.

Module 2



Slide 54- Summary



The list of characteristics of abusers and the signs of abuse should help you to become familiar with what to look for when you suspect abuse. You must report abuse, neglect and exploitation. You will learn about the process of how you are to report abuse in the next module.

Slide 55- Activity #2



Turn to Activity #2- Abuse, Neglect, and Exploitation Answer the questions.

Slide 56- Next Module



You have completed module 2.

You are ready to go to Module 3 where you will learn about the requirements for reporting abuse.

If you have not done so, please download the <u>How to Navigate</u> <u>APD Zero Tolerance</u> guide. The guide will display the steps for completing the course.



APD Technical Support and Communication



We are just an email away!

If you cannot find the answer to your problem or require technical assistance, please do not contact the PFH technical assistance or FDOH; instead, contact the TRAIN Florida APD Support Team at apd.lmssupport@apdcares.org