

Module 18. Introduction to Mental Illness, Developmental Disabilities, and Abuse and Neglect

Goals

The goals of this module are to:

- Introduce participants to the needs of consumers with mental illness or developmental disabilities.
- Identify and appropriately report signs of abuse and neglect.

Time

3.5 hours (includes 30 minutes for warm-up or closing and one break)

Activities	Methods	Time
18.1 Introduction to Working with Consumers Who Have a Mental Illness or a Developmental Disability	Interactive presentation, pairs exercise, small-group work, and large-group exercise	1 hour & 30 minutes
18.2 Recognizing and Reporting Abuse and Neglect	Interactive presentation, large-group exercise, pairs work, discussion	1 hour & 30 minutes

Supplies

- Flip chart, markers, and tape
- Paper and pencils
- Index cards
- Poster boards

Handouts

- Handout 18.1 Overview of Mental Health and Mental Illness
- Handout 18.2 Myths and Truths about Mental Illness
- Handout 18.3 Signs of Mental Illness
- Handout 18.4 Working with Consumers with a Mental Illness and Their Families
- Handout 18.5 Introduction to Developmental Disabilities
- Handout 18.6 How You Can Assist Consumers with Developmental Disabilities and Their Families
- Handout 18.7 Abuse, Neglect, and Financial Exploitation
- Handout 18.8 Physical Abuse
- Handout 18.9 Psychological Abuse
- Handout 18.10 Sexual Abuse
- Handout 18.11 Neglect
- Handout 18.12 Financial Exploitation

- Handout 18.13 Reporting Abuse or Neglect—Why It Is Important
- Handout 18.14 How to Report Abuse, Neglect, or Financial Exploitation
- Handout 18.15 Case Scenarios: Abuse, Neglect, or Financial Exploitation

Advance Preparation

Review all training and presentation materials for this module.

Copy all handouts for participants.

Gather all necessary supplies and equipment.

Activity 18.1: Working with Consumers Who Have a Mental Illness or a Developmental Disability

Prepare flip chart pages for this module's Learning Agenda (step 1), Mental Health (step 2), Mental Illness (step 3), Causes of Mental Illness (step 4), and The Role of the Direct-Care Worker (step 14).

Activity 18.2: Recognizing and Reporting Abuse and Neglect

Prepare flip chart pages for physical, psychological, and sexual abuse, plus neglect and financial exploitation (steps 5 & 6). Each page will have the definition and the examples from Handouts 18.8 through 18.12.

Prepare 5x8-inch index cards (or half-sheets of blank paper) with signs of each type of abuse and neglect from Handouts 18.8 through 18.12. Write one bullet on each card.

ACTIVITY 18.1 Introduction to Working with Consumers Who Have a Mental Illness or a Developmental Disability

90 minutes

Learning Outcomes

By the end of this activity, participants will be able to:

- Define mental illness.
- List three possible causes for mental illness.
- List two ways of treating mental illness.
- Explain what EARS means.
- Describe the role of the direct-care worker in assisting consumers with mental illness.
- Define developmental disability.
- List three possible causes of developmental disabilities.
- Describe several ways in which developmental disabilities differ from mental illness.
- Describe the role of the direct-care worker in assisting consumers with developmental disabilities and their families.

Key Content

- ❖ Working with consumers who have a mental illness or a developmental disability can be very challenging for direct-care workers in large part due to the misconceptions about these conditions that exist in our society. Learning about these conditions, what causes them and how they affect consumers and their families, can help participants to overcome stereotypes and develop empathy.
- ❖ Like all the other consumers who have been studied in this training, people with a mental illness or a developmental disability sometimes need assistance with activities of daily living. A direct-care worker can make a difference in their lives by being there for the individuals and their families, with “EARS” —empathy, acceptance, respect, and support.

Activity Steps

Interactive presentation (5 minutes)

1. Explain that this final part of their training (Modules 20 & 21) addresses issues and consumers that they might meet in any setting. This module introduces two new consumer groups—consumers who have a mental illness and consumers who have a developmental disability. It also includes a discussion of abuse and neglect, particularly how a direct-care

worker can recognize the signs and report concerns. Post and review the prepared flip chart page with the Learning Agenda for this module.



LEARNING AGENDA
MODULE 20: MENTAL ILLNESS,
DEVELOPMENTAL DISABILITY, AND
ABUSE AND NEGLECT

- Introduction to working with consumers with mental illness
- Introduction to working with consumers with developmental disabilities
- Detection and reporting of abuse, neglect, and financial exploitation

WORKING WITH CONSUMERS WHO HAVE A MENTAL ILLNESS

Interactive presentation (15 minutes)

2. Explain that in order to understand mental illness participants first need to understand “mental health.” Ask for a few ideas about how to define mental health. Then post and review the prepared flip chart page (see below). Note that there are many different definitions or meanings (with some differences among cultures as acknowledged by the World Health Organization). However, most definitions have these four elements.

Tell participants that they will get handouts with the information that is on all these flip chart pages. It will be more useful for them to listen, think, and participate in the discussions than to take notes.



MENTAL HEALTH

- Being emotionally stable
- Being able to work
- Being able to relate to others
- Being able to cope with life’s challenges

3. Starting with this view of mental health, mental illness can be thought of as a condition or illness that prevents a person from being successful in each of those “mental health” areas. Post and review the prepared flip chart page on mental illness.



MENTAL ILLNESS

A problem (illness) of the brain that affects:

- Thinking
- Behavior
- Emotions
- Ability to carry out daily activities
(over a long period of time)

4. Ask:

What do you think causes mental illness?

After a few responses, post and review the flip chart page. Note that the causes of mental illness are still being studied, since there is still a lot we don't understand about it.



CAUSES OF MENTAL ILLNESS

- Chemical imbalance in the brain
- Heredity
- Accident, head injury
- Trauma
- Drug or alcohol abuse
- Isolation

Pairs exercise (5 minutes)

5. Ask participants to form pairs with the person sitting next to them. Explain that you are going to read several statements about mental illness. They need to decide in their pairs if they think the statement is true or false. Read the first statement:

If they wanted to people with mental illness could control their behavior.

6. Give participants a few moments to discuss in their pairs, then ask for a show of hands for those who think it is true. Then ask for those who think it is false to raise their hands. Tell them the statement is false, and briefly explain why, per Handout 18.2, “Myths and Truths about Mental Illness.”

7. Repeat the exercise for the next three statements [all are false]:

People with mental illness cannot work or function in social settings.

People with mental illness are dangerous or violent.

People with mental illness can never get well.

8. Explain that the purpose of this exercise was to bring out some of the more common misconceptions about mental illness. These myths are particularly important because they relate to the fears that some people may have about working with consumers who have a mental illness.

Interactive presentation (10 minutes)

9. Explain that there are many types of mental illness. It is not necessary for direct-care workers to know the different types and their specific symptoms. But it is important for them to know the general signs of mental illness and how to respond.
10. Some people have described mental illness like a constant noise in the back of the head. It is hard to think clearly, because you can’t turn it off. Distribute and review Handout 18.3, “Signs of Mental Illness.”
11. Note that we ALL have shown such signs at some point in our lives. The difference for someone with a mental illness is that the signs are frequent and form a pattern of unusual behavior.

12. Explain that most mental illnesses are very responsive to treatment. The most common forms of treatment are medications and psychotherapy. If a direct-care worker is working with a consumer who has mental illness, there will be other members of the team — therapists, psychiatrists, social workers, psychiatric nurses — who will be responsible for developing a plan of treatment with the consumer.

Small-group work (10 minutes)

13. Ask participants:
- *So what do you think a direct-care worker can do to assist a consumer who has mental illness?*
14. After a few responses, post and review the prepared flip chart page (EARS).



**THE ROLE OF A DIRECT-CARE
WORKER**

E = empathy

A = acceptance

R = respect

S = support

15. Quickly form four groups. Distribute Handout 18.4, “Working with Consumers with a Mental Illness and Their Families.” Note that this handout provides specific points about how to show empathy, acceptance, respect, and support for consumers and their families. Assign one “letter” of “EARS” to each group. Ask them to think of an example of demonstrating this approach with a mentally ill consumer and/or family.

Large-group discussion (10 minutes)

16. Ask each group to share their example of empathy, acceptance, respect, or support. Briefly clarify, if needed, and discuss one or two other examples.
17. Distribute handout 18.1, “Overview of Mental Health and Mental Illness,” for participants’ binders.

WORKING WITH CONSUMERS WHO HAVE DEVELOPMENTAL DISABILITIES

Interactive presentation (15 minutes)

18. Explain that “developmental disabilities” is another category of disabilities that may affect some of the consumers that they encounter in their work. Ask if any participants have heard of this kind of disability and what they know about it.
19. After a few responses, distribute and review Handout 18.5, “Introduction to Developmental Disabilities.” Discuss the definition, the areas of function that are affected, a brief description of some of the more common types of developmental disabilities, and causes. Explain the different settings in which consumers might work with people with developmental disabilities.
20. Explain that even though both mental illness and developmental disabilities are being discussed in the same activity, there are differences between them. Note that generally developmental disabilities happen before or at birth and last the consumer’s entire lifetime. There is no “cure.” Mental illness, by contrast, can happen at any point in a consumer’s lifetime and in many cases can be cured.

Interactive presentation (15 minutes)

21. Ask participants:
 - *What kind of assistance do you think a person with a developmental disability would need?*
22. After a few responses, distribute and review Handout 18.6, “How You Can Assist Consumers with Developmental Disabilities and Their Families.”
23. Note that direct-care workers may care for either children or adults with developmental disabilities, and often in either case, the family is very involved in the consumer’s life. Ask:
 - *Why might the family be very involved with a consumer who has a developmental disability, regardless of age?*
 - *What might be the impact on the family of a child who has a developmental disability?*

[Likely responses: shame, guilt, social isolation, irritability, exhaustion, protectiveness, worry]

24. Ask participants:
 - *In working with a child with a developmental disability, how could a direct-care worker assist the child’s family?*

After a few responses, remind participants about using “EARS” and ask for examples of how they could apply that to working with families of children with developmental disabilities.

Large-group exercise: Go-round (5 minutes)

25. To wrap up this activity, ask each participant to share one thing they have learned from this activity that they think will help them in their work.

ACTIVITY 18.2 Recognizing & Reporting Abuse & Neglect¹

90

minutes

Learning Outcomes

By the end of this activity, participants will be able to:

- Define abuse, neglect, and financial exploitation.
- Give examples of the four types of abuse – physical, psychological, sexual, and financial exploitation.
- Give examples of active and passive neglect.
- Describe signs of abuse or neglect.
- Explain the responsibility of the direct-care worker to report abuse and neglect.
- Describe the process of reporting abuse and neglect.

¹ Adapted from Competence with Compassion – *Universal Core Curriculum*. Center for Advocacy for the Rights and Interests of the Elderly (CARIE), 2007.

Key Content

- ❖ Abuse takes many forms—physical, sexual, psychological, and financial exploitation, as well as neglect. The issue of abuse and neglect cuts across all racial, ethnic, socioeconomic, geographic, and relationship boundaries. A national study estimates that one in every 25 older Americans is a victim of abuse.
- ❖ Abuse can occur in at least three ways in direct care—abuse of the consumer by workers, abuse of the consumer by family or friends, or abuse of the worker by consumer or family.
- ❖ While most caregivers intend no harm, abuse happens more often than we think. Neglect may be the outcome of chronic staff shortages. Caregiving requires staff to provide health care and emotional support to consumers, which can be demanding work. Workers perform these tasks under working conditions that can be stressful, and workers may receive little support from supervisors. They may also find themselves the target of abuse from consumers or family members. As stress increases, so does the potential for abuse.
- ❖ For whatever reason it occurs, abuse and neglect are harmful and unlawful. Direct-care workers are required to report situations that appear to be cases of abuse or neglect to their supervisors or to a higher authority. Therefore, it is important for trainees to know what abuse and neglect are, what the signs are, and how to report abuse and neglect.

Activity Steps

⇒ Teaching Tip

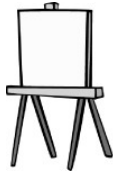
During this activity, participants may start to identify examples or signs of abuse that apply to them personally. For some, this may be the first time they have ever considered that they may be abusive or that they may be the victims of abuse. Be sensitive to signs of emotional discomfort or distress. Do not force every person to talk. And take breaks when it looks as if people need it.

Interactive presentation (5 minutes)

1. Introduce the topic by noting that participants will spend the next 90 minutes learning about abuse and neglect – what abuse and neglect are, how to recognize them, and the role of the direct-care worker in reporting.
2. Ask participants: *What do you picture when you think of abuse?*
After a few responses, review the first bullet in “Key Content.”
3. Ask participants: *How do you think abuse or neglect would occur in direct-care work?*
After a few responses, review the second and third bullets in “Key Content.” The focus of this module is primarily on abuse and neglect of consumers. However, it is important to know that workers can also experience abuse, and this will be addressed briefly.
4. Review the fourth bullet in “Key Content.” Note that this activity will provide a general orientation to abuse and neglect. Once the trainees start work, they should find out what their agency’s guidelines are on reporting abuse and neglect.

Large-group exercise (20 minutes)

5. Post the prepared flip chart page with the definition of physical abuse and the examples. Fold the paper so that the examples are hidden or cover the examples with another piece of flip chart paper. Review the definition and then ask participants to brainstorm examples. After a few examples, reveal the list of examples on the flip chart page and review.



PHYSICAL ABUSE:

Hurting someone's body on purpose, attacking, trapping, or punishing them.

Examples:

- Hitting, slapping,
- Punching, beating
- Hitting with an object
- Shoving, tripping
- Pulling, twisting
- Scratching, biting, spitting
- Squeezing hard, pinching
- Burning
- Too hot water for bathing
- Too cold water for bathing

6. Repeat this exercise using the prepared flip charts for psychological abuse, sexual abuse, neglect, and financial exploitation. Spend about 4 minutes on each category.

Pairs work (10 minutes)

7. Ask participants to form pairs. Randomly distribute the prepared cards for “signs of abuse/neglect” (see Advance Preparation). Instruct participants to discuss the signs with their partner and decide which type of abuse or neglect these signs indicate. Then they will go to that flip chart page and tape the “signs” card to the page.
8. Note that some of these signs could indicate more than one type of abuse or neglect. They may get to their flip chart page and find that someone has already posted the same “sign” as they are holding. In that case, they should think about what *other* type of abuse or neglect it could indicate and go post it on *that* flip chart page.
9. Allow 5 minutes for the pairs to work.

Discussion (10 minutes)

10. Starting with physical abuse, review the “signs” cards that are posted on it. If there are duplicates, ask participants what other type of abuse or neglect could be indicated by those signs. If some of the signs are incorrectly placed, ask participants which type of abuse or neglect it describes. Continue until all 5 types have been discussed.

11. Distribute Handout 18.7, “Abuse, Neglect, and Financial Exploitation,” Handout 18.8, “Physical Abuse,” Handout 18.9, “Psychological Abuse,” Handout 18.10, “Sexual Abuse,” Handout 18.11, “Neglect,” and Handout 18.12, “Financial Exploitation.” Note that these are the same as the flip chart pages that you posted and they worked on.

Interactive presentation (15 minutes)

12. Note that an important role of the direct-care worker is to use their observation skills to notice the signs of abuse and neglect and, then, report the situation to the appropriate person. Proper reporting of potential abuse is essential for prompt action to reduce the harm it can cause to consumers, family, and staff.
13. Distribute and review Handouts 18.13, “Reporting Abuse or Neglect – Why It Is Important,” and 18.14, “How to Report Abuse, Neglect, or Financial Exploitation.”

Small-group work (10 minutes)

14. Put participants into 5 groups. Distribute Handout 18.15, “Case Scenarios – Abuse, Neglect, and Financial Exploitation” to each participant. Assign one of the case scenarios to each group. Tell participants they will have 10 minutes to read the scenario and then answer the questions. Briefly review the questions to make sure they are clear. Allow 10 minutes for group work.

⇒ **Training Option**

If there is not enough time for group work and discussion afterwards, this exercise can also be conducted by reading the scenarios out loud, and discussing in the large group.

Discussion (20 minutes)

15. Starting with the first scenario, read it out loud and then ask the group that discussed it to briefly report the answers to their three questions. Guide them to describe the indicators objectively. If they chose to report, discuss to whom and how they would report it. If they chose not to report, discuss why not and what might happen as a result.
16. Continue with the remaining scenarios (4 minutes per scenario).
17. Wrap up the topic by asking: *What is one thing you have learned in this activity that you will apply in your work?*

Module 18 Handouts:
Introduction to Mental Illness, Developmental Disabilities, and Abuse and Neglect

Activity 18.1: Introduction to Working with Consumers Who Have a Mental Illness or a Developmental Disability

Handout 18.1
Overview of Mental Health and Mental Illness

Handout 18.2
Myths and Truths about Mental Illness

Handout 18.3
Signs of Mental Illness

Handout 18.4
Working with Consumers with a Mental Illness and Their Families

Handout 18.5
Introduction to Developmental Disabilities

Handout 18.6
Working with Consumers with Developmental Disabilities and Their Families

Activity 18.2: Recognizing and Reporting of Abuse and Neglect

Handout 18.7
Abuse, Neglect, and Financial Exploitation

Handout 18.8
Physical Abuse

Handout 18.9
Psychological Abuse

Handout 18.10
Sexual Abuse

Handout 18.11
Neglect

Handout 18.12
Financial Exploitation

Handout 18.13
Reporting Abuse or Neglect: Why It Is Important

Handout 18.14
How to Report Abuse, Neglect, or Financial Exploitation

Handout 18.15
Case Scenarios: Abuse, Neglect, or Financial Exploitation

Handout 18.1—Overview of Mental Health and Mental Illness

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What is mental health?

There are many definitions for mental health, and they are different for different cultures. Almost all definitions include:

- Being emotionally stable
- Being able to get along with others
- Being able to work and survive in the community
- Being able to cope with life's challenges

What is mental illness?

There are also many different definitions for mental illness. Here are some basic ideas about mental illness:

- Mental illness is a problem in the brain that affects how a person thinks, feels, and acts towards others.
- The result is behavior that is not appropriate for the life situation.
- It is a disability because it can affect how a person gets along in life.

What causes mental illness?

No one knows for sure. It is probably a combination of many factors. Here are some possible causes:

- Chemical imbalance in the brain
- Heredity
- Accident, head injury
- Emotional trauma
- Drug or alcohol abuse
- Isolation from other people for a long time
- Illnesses

Handout 18.2—Myths and Truths about Mental Illness

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Myth: People with mental illness can control their behavior.

The Truth: People with mental illness cannot control their thoughts, feelings, or behavior. The lack of control is part of the illness.

Myth: People with mental illness cannot work at a job.

The Truth: People with mental illness can work at a job, depending on how severe their illness is. Also, they may be able to take a less stressful job.

Myth: People with mental illness are violent.

The Truth: People with mental illness usually do not hurt themselves or others.

Myth: People with mental illness can never get well.

The Truth: It depends on the illness and how severe it is. However, with treatment, many people with mental illness can get well.

Handout 18.3—Signs of Mental Illness

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Signs of Mental Illness:

It is important to know the basic signs that you might see in consumers who have a mental illness. It is also important to remember that these signs could indicate other problems or illnesses. That is why you must report **what you see**, and not decide for yourself what it means.

Physical signs

- Not able to sleep
- Tired and sleeping more than normal
- Headaches
- Diarrhea
- Nausea
- General pain

Emotional signs

- Mood swings
- Anxious all the time
- Sadness
- Hopelessness
- Fears
- Not knowing where they are
- Imagining people or events

Social signs (around other people)

- Aggression
- Withdrawal (lack of interest in people or activities)
- Over-dependent on others
- Suspicious of others (paranoia)
- Acting like a child (regression)

Handout 18.4—Working with Consumers with a Mental Illness and Their Families

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Working with mentally ill consumers and their families is a big job. There's a lot to remember.

It helps to think of the word EARS:

- Empathize
- Accept
- Respect
- Support

Empathize with the consumer and their family.

- Think about how each person feels.
- Show that you care.
- Try to make the person feel better.

Accept the consumer and their family.

- Accept the person – even if you don't like the way the person acts.
- Accept the person – even if the person's ideas don't seem right.

Respect the consumer and their family.

- Avoid arguing and giving advice.
- Help the consumer stay part of their family.

Support the consumer and their family.

- Assist the consumer with daily tasks and personal care.
- Keep the consumer safe. Store things that could hurt them out of their reach.
- Share what you have learned about mental illness with family members.
- Write down and report any changes you see in how the consumer acts (ORR).

Handout 18.5—Introduction to Developmental Disabilities

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What is a developmental disability?

It is:

- A life-long condition,
- With mental or physical problems, or both,
- That develops before age 22

Having a developmental disability means that a person will be challenged in at least 3 areas:

- Independent living
- Being able to earn money to support oneself
- Learning
- Walking and moving around
- Communicating with words
- Taking care of oneself
- Making decisions for oneself

Some types of developmental disabilities:

- Mental retardation
- Cerebral palsy
- Autism
- Down syndrome
- Fragile X syndrome
- Fetal alcohol syndrome

Handout 18.5—Introduction to Developmental Disabilities

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What causes developmental disabilities?

- Brain injury or infection – before, during, or after being born
- Abnormal genes or chromosomes
- Very premature birth
- Poor diet and health care
- Drug use by the mother during pregnancy (includes alcohol and smoking)
- Child abuse

Handout 18.6—Working with Consumers with Developmental Disabilities and Their Families

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Consumers with developmental disabilities live in many places:

- With their families
- Independently in apartments or houses
- Group homes with supervision
- Institutions

People who work with consumers with developmental disabilities may be called “direct support professionals” (DSP) or personal care attendants or aides. They may work in the consumer’s home or in the community. They may work directly with the consumer, or with the family.

The goal of both at-home and community support is to promote independence for the consumer, as much as possible.

How can a direct support professional assist?

- Assist with ADLs
- Help the consumer to explain their needs and goals (being the consumer’s “advocate”)
- Assist with managing the home – cooking, cleaning, shopping, paying bills
- Assist to go to work
- Assist to participate in community activities – education, training, social events, recreation (fun!)

Handout 18.7—Abuse, Neglect, and Financial Exploitation

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Abuse is when someone does something or says something that hurts another person.

Neglect is when someone does NOT do something they were supposed to do, and it hurts another person.

Financial exploitation is when money or things belonging to one person are used to benefit another person, without the owner's permission.

Who are the abusers and who gets abused?

In direct-care work, abuse can happen in three ways:

- Workers abuse consumers
- Family or friends abuse consumers
- Consumers or family abuse workers

Why does abuse happen?

- Trying to meet physical and emotional needs of consumers can be draining and frustrating – for families and workers.
- Workers often work without much support from supervisors.
- Consumers are often physically weak and are sometimes dependent on others to take care of them. This can make them easier to abuse or take advantage of.

It's illegal. Abuse, neglect, and financial exploitation are all illegal. Direct-care workers are required by law to report if they think any of these may be happening.

Handout 18.8—Physical Abuse

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Physical abuse is hurting someone on purpose, trapping them without a reason, or punishing them in a way that hurts or harms their body.

Examples of Physical Abuse:

- Hitting, slapping, punching, beating
- Hitting with an object
- Shoving, tripping, pulling, twisting
- Scratching, biting, spitting
- Squeezing hard, pinching
- Burning
- Using water that's too hot (e.g., for bathing)
- Using water that's too cold

Signs of Physical Abuse:

- Bruises, swelling
- Skin tears, scratches, cuts
- Burns
- Arm or leg out of place or broken
- Change in walking
- Change in behavior
- Unexplained depression
- Unusual fear
- Withdrawal
- Denial of signs or excuses

Handout 18.9—Psychological Abuse

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Psychological abuse is when someone threatens to hurt, trap, or punish someone else. It includes threatening or humiliating with words, in a way that hurts or harms your emotional well-being, or makes you afraid. It is sometimes also called emotional abuse or mental abuse.

Examples of Psychological Abuse:

- Yelling or screaming
- Threatening to punish the person
- Saying mean things or making fun of someone
- Talking to someone as if they were a child
- Talking about someone as if they weren't there
- Leaving someone stuck in bed or in a chair, without any way to get up or get out
- Not allowing someone to participate in activities
- Ignoring questions or comments
- Being silent
- Humiliating someone by leaving them naked or exposed with no privacy

Signs of Psychological Abuse:

- Sudden change in behavior
- Unusual fear or suspicions
- Refusal to talk
- Denial of signs
- Unexplained depression
- Withdrawal
- Lack of interest in anything
- Change in activity level

Handout 18.10—Sexual Abuse

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Sexual abuse is sexual touching or sexual activity that is not wanted by the other person. The abuser might use threats or violence to force the touching or activity on the other person.

Sexual abuse includes assault, rape, and sexual harassment, but it goes beyond that. It also includes when someone allows the touching because they are afraid of what might happen if they don't.

Sexual abuse is also touching or having sex with someone who cannot legally say yes. In most states, this includes children under age 15 and people who have a mental or emotional disability.

Examples of Sexual Abuse:

- Male consumer touching the sex organs of a confused female consumer
- Direct-care worker touching the sex organs of a consumer during bathing, more than what is necessary for cleaning
- Any sexual activity that happens when one person does not want it
- Consumer or consumer's family member demanding sexual contact with a direct-care worker
- Direct-care worker having intercourse with a consumer who has a mental disability or who is unable to say no

Signs of Sexual Abuse:

- Scratches, tears, redness, or swelling around the genitals
- Discomfort in sitting or walking
- Abnormal discharge from the penis or vagina
- Withdrawal, depression
- Unexplained signs of fear or discomfort associated with specific people

Handout 18.11—Neglect

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Neglect is when you do NOT do something for someone, and it results in them being hurt, physically or emotionally.

Active Neglect is when you don't do something for someone on purpose, and you know that what you are NOT doing is going to hurt the other person.

Passive Neglect is when you don't do something for someone, but you didn't mean to hurt the other person. Forgetting to do something for a consumer happens to every worker once in a while. It becomes "neglect" when it happens over and over, resulting in harm to the consumer. Sometimes it is due to the work load being too great for the number of workers – but the effect on the consumer is still considered neglect.

Examples of Active Neglect include:

- Not giving food or water to a person, on purpose
- Not assisting with an ADL, when you know the person needs help
- Not taking a person to the toilet, when you know they need to go
- Not changing or cleaning a person who has had an accident
- Ignoring calls for assistance

Handout 18.11—Neglect

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Examples of Passive Neglect include repeatedly:

- Telling a person you will be back in 5 minutes, and then forgetting to come back
- Leaving a person on the toilet and forgetting to come back
- Forgetting to help someone with an ADL
- Not following all the safety rules
- Forgetting to clean, or cleaning improperly
- Forgetting to feed a person

Signs of Neglect (Active and Passive):

- Weight loss
- The consumer smells bad, has matted hair, is wearing soiled or stained clothing
- Skin breakdown, particularly in the perineum
- Dirty or unsafe living conditions
- Withdrawal or unexplained depression
- Sudden changes in behavior
- Anger, demanding behavior from the consumer

Handout 18.12—Financial Exploitation

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Financial exploitation is using the consumer's money or things for your own benefit, without the consumer's permission.

In federal law on nursing homes, this is called “misappropriation of a consumer's property.” It can also refer to putting something that belongs to a consumer in the wrong place on purpose. Even if you plan to put things back after you use them, this is still illegal.

Examples of Financial Exploitation:

- Taking money from a person
- Stealing
- Using a person's things without permission
- Not listening when a person complains of things being taken or missing
- Not returning proper change after shopping
- Eating the consumer's food without permission

Signs of Financial Exploitation:

- Missing clothes
- Missing valuables, including money
- Missing food
- Reports of theft by the consumer
- Bills not paid (when consumer lives at home)

Handout 18.13—Reporting Abuse or Neglect: Why It Is Important

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Why is reporting important?

- Consumers can suffer serious physical and emotional harm when they are victims of abuse and neglect.
- The sooner it is reported, the sooner it can be stopped.
- Under one state's law (Pennsylvania's Act 13), "employees and administrators" in long-term care facilities are required to report any situations that they feel might be abuse or neglect. Many states have similar laws.
- Agencies representing consumers and other long-term care service providers, such as home care agencies, generally have policies and procedures about reporting abuse.

What could happen if it's not reported?

- The abuse or neglect could get worse.
- The consumer could be hurt badly.
- The consumer could die.
- The person doing the abuse or neglect could do it to other consumers.
- If the abuse or neglect is discovered later, the worker who didn't report could be accused of wrong-doing.
- If the worker doesn't report, they will have to live with their conscience.

Shouldn't the worker be sure it's abuse before reporting?

- No. It is not the direct-care worker's job to investigate the situation. Other people are responsible for that.
- If there is no abuse, but the report was made in good faith, the person who reported it will not be punished.

Handout 18.14—How to Report Abuse, Neglect, or Financial Exploitation

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Who do you report to?

- Your immediate supervisor
- Your supervisor's supervisor (if your supervisor is not available)
- The local public agency (state, county, or city) responsible for ensuring consumer rights protection

Every long-term care facility and home care agency or community-based residence should have a written policy for reporting abuse. This is usually explained during new employee orientation. Follow your agency's policies for reporting.

Report to the police if there is:

- Sexual abuse
- Serious body or physical injury
- A suspicious death

When do you report?

- As soon as you think abuse or neglect is happening

How do you report?

- Tell someone (in person or by phone)
- Agency or police may follow-up for written report within 48 hours

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What do you say?

- Report what you saw or heard, in detail
- Do NOT report what you “think” happened

Example:

DO NOT report what you think happened -- “I think the nurse broke the woman’s arm because I saw her leave the room.”

DO report what you saw -- “I saw the nurse grab the woman’s arms and push them down, and then I saw blood on the woman’s arm.”

Handout 18.15—Case Scenarios: Abuse, Neglect, or Financial Exploitation

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Case Scenario A.

You arrive at Mrs. Garcia's home in the afternoon, to begin your 4-hour shift. Mrs. Garcia's son, Manuel, was helping Mrs. Garcia in the morning. He is leaving as you arrive. He says to you: "She's really a pain in the butt today – I couldn't do anything with her!"

When you go in, Mrs. Garcia is in her usual chair, crying. She has urinated on herself and had a bowel movement in her pants. Her walker is just out of reach. She tells you that Manuel got upset with her. Then he put the walker where she couldn't reach it, and refused to help her get to the bathroom.

- Is this abuse, neglect, or financial exploitation?
- How do you know?
- What should you do?

Handout 18.15—Case Scenarios: Abuse, Neglect, or Financial Exploitation

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Case Scenario B.

You are a certified nurse assistant in a nursing home. Mr. Feldman is one of the residents you work with. You really like Mr. Feldman and he likes to talk with you. He tells good stories about his life.

One day Mr. Feldman stops talking with you. You ask him what's wrong and he won't answer you. You check around and find out that, about a week ago, he was heard shouting with the C.N.A. on the night shift. Someone reported it to the supervisor, and the worker was docked a couple of days work, without pay. Now the night worker is back and still assigned to Mr. Feldman.

- Is this abuse, neglect, or financial exploitation?
- How do you know?
- What should you do?

Handout 18.15—Case Scenarios: Abuse, Neglect, or Financial Exploitation

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Case Scenario C.

Alexis works in a personal care home. Mrs. Jackson is one of the people she assists. Alexis does mostly cleaning and laundry with Mrs. Jackson.

You also work in the same personal care home, and Alexis is your friend. She tells you that she really likes Mrs. Jackson. She says she started watching TV with her, to keep her company. Now she watches Mrs. Lee's TV whenever she wants – and Mrs. Jackson says it's okay.

One day Alexis is sick, and you go to assist Mrs. Jackson. You are shocked at how dirty the place is. Also, the laundry is piled up in the bathroom, and Mrs. Jackson doesn't have any clean clothes for the day.

- Is this abuse, neglect, or financial exploitation?
- How do you know?
- What should you do?

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Case Scenario D.

You are an aide in an adult day center. You were there when Mr. Ralph Turner first started coming. He's kind of hard to work with, but no worse than anyone else.

You notice that the program assistant, Sharon, pays a lot of attention to Mr. Turner. She teases him a lot, calls him “grumpy old man.” Whenever they're doing an activity, Sharon always focuses on Mr. Turner. She points out to the others what he does wrong. She calls him her “teaching assistant” because she can always count on him to show everyone how NOT to do the activity.

At first Mr. Turner didn't complain so much. Then he started yelling a lot, particularly at Sharon. But lately, he doesn't say anything at all. He just sits and refuses to talk to anyone.

- Is this abuse, neglect, or financial exploitation?
- How do you know?
- What should you do?

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Case Scenario E.

Robert is a personal care assistant to Joe Capella. He works with him on weekdays and you work on the weekends. You've gotten to know Robert a little, but he's always asking if he can borrow money, so you kind of keep your distance.

One weekend you notice that there's no food in the house. You ask Joe if he wants you to go shopping, and he says he gave Robert money to go shopping on Thursday. Joe also complains that he "loans" Robert about \$20 a week, but never gets paid back.

- Is this abuse, neglect, or financial exploitation?
- How do you know?
- What should you do?