

Incident Reporting for Direct Support Professionals

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1 Learning Outcomes

The topic of today's lesson is incident reporting for Direct Support Professionals (DSPs). By the end of this lesson, you should do the following:

1. Define "mandated reporter."
2. Identify incidents that the DSP is required to report.
3. Describe procedures for reporting abuse and neglect.
4. Define "zero tolerance."

2 Introduction

Hello! My name is Dr. Ben Theisen. I am a professor and behavioral consultant for community care facilities here in Southern California. You may know me from the Direct Support Professional Certification workshops, as I teach Year 1 and Year 2 for the Department of Developmental Services. Some of today's lesson comes from those certification manuals. I hope you find the following information useful. Today's topic is Incident Reporting for Direct Support Professionals.

2.1 Opening Statement

Please allow me to thank you for starting to read this document. Thank you for being the kind of person who chose to work as a professional DSP. It is very important and difficult work. You have my respect as a colleague for what you do. It takes focus, patience, and cleverness to make it as a DSP. You have to be smart. Sometimes, the work is very frustrating.

Today's topic continues the story of two best friends: Risk Management and Incident Reporting. Bert had Ernie, Dora had the backpack, and Frodo had his ring. In the story of today's lesson, Risk Management has Incident Reporting. These two have faced many challenges over the years. The story of these two is long, so we will approach the topic in two lessons. The first lesson covers risk management. The second lesson covers incident reporting.

Last time, we said that increasing one's job knowledge helps the worker succeed. When thinking about a "difficult day" for an office worker, what comes to mind? We might think of many phone calls and emails, long meetings, and deadline pressure. Workers and customers may be short-tempered, sometimes raising their voices to the point of escalation. This is rare at most job sites. On the tough days, the risk of physical harm is relatively low.

Let's compare that picture to the typical working conditions of a DSP. For the DSP, a difficult day of caring for individuals with intellectual and/or

developmental disabilities involves more risk than one would find in a typical office job. What can go wrong?

DSPs know the caretaker relationship poses its own risks. While most DSPs and individuals get along without problems, some DSPs have abused individuals with intellectual and/or developmental disabilities in the past.

It is unlawful for mandated reporters to let suspected abuse go unreported in California. State law is very clear about the punishment for DSPs who engage in such abuse, which can result in imprisonment and fines.

California law goes on to specify that all DSPs are mandated reporters, which means you are required to report suspected abuse in a timely manner. If not, you may face criminal charges including jail time and fines. What if you were not the one perpetrating the abuse? If a jury of twelve random people in your local community agree that you would have had reason to suspect abuse, they can find you guilty of failure to fulfill your duties as a mandated reporter. We will look at the specifics later in the lesson.

Being a DSP is a serious job. Risk is around the DSP throughout each day. Reportable incidents must be reported following the steps we will outline in this training. Given that mandated reporters are subject to criminal charges for failing to report abuse, DSPs who engage in abuse against individuals with intellectual and/or developmental disabilities may find it difficult to convince others to keep their secret. The truth will out. It always does. If you suspect abuse, report it.

Please allow me to thank you for being the kind of person who chose this profession. I have worked in this field since 2006. The stories I could tell, the things I have seen... All of it has been an inspiration. It is an honor and a privilege to help others who have difficulty helping themselves. I hope you continue to enjoy the many benefits, personally and professionally, of helping individuals with intellectual and/or developmental disabilities to lead more meaningful lives. It's a wonderful profession unlike any other.

Friends and colleagues, I now present you Incident Reporting for Direct Support Professionals.

2.2 Key Idea

What is required of you as a DSP? Zero tolerance is mandatory of any vendor of a regional center serving individuals with intellectual/developmental disabilities. As a DSP you are required to report to the appropriate entities any incident or allegation of suspected abuse or neglect. A DSP must take immediate action to ensure the health and safety of all involved individuals with intellectual and developmental disabilities who receive services from a regional center vendored facility.

2.3 Key Words

1. Incident Reporting: By law and regulation, the DSP is required to report certain events to regional centers, Community Care Licensing, and/ or protective services agencies.
2. Mandated Reporter: Any person, paid or unpaid, who has assumed full- or part- time responsibility for the care or custody of a child, an elder, or dependent adult. DSPs are mandated reporters. A mandated reporter must report any abuse, abandonment, abduction, isolation, or neglect they have seen, been told about, or suspect to the police and/or the protective services agency.
3. Zero Tolerance: Requires all regional center vendors to have a policy for reporting ALL instances of abuse and neglect.

3 Incident Reporting

We will talk about the general reporting requirements in this section.

Even if DSPs follow the principles of risk management, incidents still happen. When they happen, the DSP is required by law to report these incidents. Depending upon the type of incident, the DSP will report to all or some of these agencies: regional centers, Community Care Licensing, local law enforcement, Adult and Child Protective Services, and the Ombudsman. The timelines for reporting vary depending upon the type of incident.

The tables on the following pages summarize reporting requirements for each of these groups. You are required to meet all reporting requirements. For example, upon reviewing these tables, you will see that there are requirements to report abuse of a child to regional centers, Community Care Licensing, Child Protective Services, and local law enforcement. If you suspect an adult is being abused in a licensed setting, you must report to the regional center, licensing agency, Ombudsman, and law enforcement. You must meet all reporting requirements. Reporting to one agency does not mean you don't have to meet the requirements of another.

The actual reports are also called by different names. For example, the incident report that goes to regional centers is called a "Special Incident Report," while the report that goes to Community Care Licensing is called the "Unusual Incident/ Injury Report." (Appendix 3-C) In this training, you will use a sample Community Care Licensing form. Even though other agencies may have different forms, the information that is required is generally the same. It is a good idea to ask the local regional center if they have a Special Incident Report form and to use it when reporting to the regional center. Some regional centers accept the Community Care Licensing form, but many have their own Special Incident Report form.

In general, special or unusual incident reports include:

- The name, address, and telephone number of the facility.
- The date, time, and location of the incident.
- The name(s) and date(s) of birth of the individuals involved in the incident.
- A description of the event or incident.
- If applicable, a description (such as, age, height, weight, occupation, relationship to individual) of the alleged perpetrator of the incident.
- How individual(s) were affected, including any injuries.
- The treatment provided for the individual.
- The name(s) and address(es) of any witness(es) to the incident.
- The actions taken by the vendor (licensee, DSP, the individual or any other agency or individual) in response to the incident.
- The law enforcement, licensing, protective services, and/or other agencies or individuals notified of the incident or involved in the incident.
- If applicable, the family member(s) and/or the individual's authorized representative who has been contacted and informed of the incident.

The responsibility to report an incident lies with the person who observed it or the person who has the best knowledge of the incident. No supervisor or administrator can stop that person from making the report. However, internal procedures to improve reporting, ensure confidentiality, and inform administrators of reports are permitted and encouraged. It is important that you know any internal procedures that may be used where you work.

Regional centers have the responsibility to provide case management services to the individuals you support. So, regional center service coordinators need as much information as possible about the individual. For this reason, many regional centers have additional reporting guidelines.

Remember, when reporting:

- If you report to another agency, report to the regional center.
- If you are not sure if an incident should be reported, report to the regional center.
- Follow any reporting guidelines from the regional center.
- Report all incidents to the regional center, even if they did not happen in the home where you work.

3.1 Special Incident Reporting to Regional Centers

All regional center vendors (including community care facilities) and vendor staff (including DSPs) must report special incidents to the regional center as below. You can find this information in the DSP Year 1 Certification manual on page S-10 of Section 3.

Special Incident Reporting for Regional Center Vendors and Staff California Code of Regulations (CCR), Title 17, Section 54327

1. What Do I Report?

- (a) Missing individual. An individual is considered missing if he/she leaves their community care home unexpectedly or without the needed supervision. Suspected abuse/exploitation including physical, sexual, fiduciary (financial), emotional/ mental, or physical and/or chemical restraint. This includes cases in which an underage girl becomes pregnant. All cases of suspected abuse must be reported.
- (b) Suspected neglect including failure to provide medical care, care for physical and mental health needs; proper nutrition; protection from health and safety hazards; assistance with personal hygiene; food, clothing, or shelter; or the kind of care any reasonable person would provide. Neglect may include an individual's self-neglect or behavior that threatens their own health or safety. All cases of suspected neglect must be reported.
- (c) A serious injury/accident requiring medical treatment beyond first aid including cuts requiring stitches, staples, or skin glue; wounds by pointed objects; fractures; dislocations; bites that break the skin; internal bleeding (including bruises); medication errors; medication reactions; or burns.
- (d) Any hospitalization due to breathing-related illness; seizures; heart problems; internal infections; diabetes; wound/skin care; nutritional problems; or involuntary admission to a mental health facility.
- (e) Death of individual. Individual is a crime victim including credible evidence of robbery, physical assault, theft, burglary, or rape. Credible evidence means that there is believable proof. This includes records of a 911 call, an incident report number and date, and a report from a law enforcement official.

2. Who Do I Report To? The regional center with case management responsibility for the individual and the vendoring regional center, if different.

3. When Do I Report? Call or fax immediately, but no more than one work day after learning of the occurrence and submit a written report within two work days of the incident, even if you are not sure if the incident is reportable. Corrections can be made as more information becomes available.

3.1.1 Key Point

Not all reports of abuse and neglect are made verbally directly from the individual some reports are made from observation of the event or of other signs of abuse. Especially if the the individual has limited communication skills, the DSP must observe for other signs of abuse and neglect, such as a change in behavior, sleep patterns, visible bruising, or other injuries.

There are additional requirements for individuals that live in a Long-Term Care Facility which includes licensed community care facilities. If there is serious bodily injury, the DSP, as a mandated reporter, must also file a report with the Ombudsman AND local law enforcement immediately or within two hours, in addition to CCL and the regional center. If there is no serious bodily injury, a report must still be filed, but within 24 hours.

3.2 Special Incident Reporting to Community Care Licensing

All Administrators and staff (DSPs) of community care licensed facilities must report special incidents to their licensing agency as follows:

Unusual Incident Reporting for Licensed Community Care Facilities California Code of Regulations (CCR), Title 22, Sections 80061, 84061, 85061, and 87561

1. What Do I Report?
 - (a) Death of an individual from any cause.
 - (b) Any injury to any individual that requires medical treatment.
 - (c) Any unusual incident or absence that threatens the physical or emotional health or safety of any individual.*
 - (d) Any suspected physical or psychological abuse.* Epidemic outbreaks.
 - (e) Poisonings.
 - (f) Catastrophes.
 - (g) Fires or explosions that occur in or on the premises.
 - (h) In an adult CCF, the use of an Automated External Defibrillator (RCFE**).

- (i) Major accidents that threaten the welfare, safety, or health of residents (RCFE).

2. Who Do I Report To?

- (a) Report to the local Community Care Licensing agency.

3. When Do I Report?

- (a) Call within the agency's next working day during its normal business hours.
- (b) A written report shall be submitted within seven days following the occurrence of the event.

* In serious bodily injury when these two incidents occur, a DSP must report to the Ombudsman AND local law enforcement immediately or within two hours. If there is no serious bodily injury, a report must still be filed, but within 24 hours.

** Residential Care Facilities for the Elderly

3.3 Mandated Reporting

As a DSP, you are a mandated reporter. By law, you must report all incidents of abuse or neglect involving dependent adults and elders or children that you have observed or reasonably suspect. Adults with intellectual/developmental disabilities are by definition dependent adults. You must follow the zero tolerance policy and report any incidents of abuse or neglect. Failure to report incidents involving an elder or dependent adult is a misdemeanor, punishable by not more than six months in jail, by a fine of not more than \$1,000, or both. A mandated reporter who willfully fails to report abuse or neglect of an elder or dependent adult is subject to one year imprisonment and/or a \$5,000 fine. There are similar penalties for failure to report abuse or neglect of children.

As a mandated reporter, you must report incidents as follows:

Elder and Dependent Adult Abuse Reporting Requirements for Mandated Reporters

Welfare and Institutions Code (WIC) beginning with 15600

1. What Do I Report?

- (a) Physical abuse, such as:
 - i. Unusual or recurring scratches; bruises; skin tears; welts; bruises on opposite sides of the body; "wrap-around" bruises.
 - ii. Injuries caused by biting, cutting, pinching, or twisting of limbs; burns; fractures or sprains.

- iii. Any untreated medical condition.
 - iv. Injuries that don't match the explanation.
 - (b) Psychological abuse/isolation.
 - (c) Financial (fiduciary) abuse.
 - (d) Neglect.
2. Who Do I Report To?
- (a) The local Ombudsman if the abuse or neglect occurred in a licensed facility or Adult Protective Services AND
 - (b) Local Law Enforcement agency
3. When Do I Report?
- (a) Call immediately or as soon as practicably possible (but no later than 2 hours in cases of serious bodily injury*). If there is no serious bodily injury, a report must still be filed, but within 24 hours. AND
 - (b) Mandated reporters must submit a written report of a known or suspected instance of abuse within two (2) working days of making the telephone report to the responsible agency. (For required form and instructions, see Appendix 3-D.)

* Serious bodily injury is defined in the Welfare and Institutions Code § 15610.67 and means "...any injury involving extreme physical pain, substantial risk of death, or protracted loss or impairment of function of a bodily member, organ, or mental faculty, or requiring medical intervention, including, but not limited to, hospitalization, surgery, or physical rehabilitation." **All other bodily injuries would be considered, "no serious bodily injury".**

Note: Child abuse reporting requirements are not covered in this training. More information can be found in the DSP Year 1 Student Manual, Section 3, page S-15.

3.4 Identifying Incidents

Abusive or neglectful behavior toward a child, elder or dependent adult can take many forms. In this section, we will look at types of abuse with examples. Then, I will present scenarios and ask you if the situation involves reportable abuse.

3.5 Types of Abuse

Your observation skills will be important when looking for signs of suspected abuse. Observation means that you will use all of your senses to identify any changes or injuries to an individual that may be signs of abuse. There are several different types of abuse that may occur, including:

1. Physical Abuse
2. Neglect
3. Abandonment
4. Financial Abuse
5. Isolation
6. Sexual Abuse

3.6 What if You Report Something that Really Didn't Happen?

There is no doubt that reporting can be stressful. You may not want to get anyone in trouble or you may have a difficult time believing that a person could do something bad to one of the individuals you support. You may fear payback or the loss of a relationship with someone who has been reported. However, stopping or preventing abuse is what is most important. It is better to report and be wrong than to have abuse go unchecked. By law, you are required to report incidents that you have observed, suspected, or had reported to you, even if you are not 100% sure that it is reportable. Reporting is your legal duty and your ethical responsibility as a professional.

DSPs play a critical role in ensuring a safe and dignified life for individuals with disabilities. Therefore, it is your responsibility to be aware of the zero tolerance policy regarding abuse and neglect and report any suspected incidents to the local authorities.

3.7 Signs of Abuse

1. Physical Abuse

Signs of physical abuse may be evident in bruising, swelling, broken bones or skin, blistering, or open wounds. Physical abuse may also be hidden. DSPs may become aware of changes in an individual's behavior or affect that can signal a problem of abuse.

Indicators of physical abuse may include:

- (a) Unusual or reoccurring scratches, bruises, skin tears, or welts.

- (b) Bilateral bruising (bruising on both sides of the body).
- (c) “Wrap around” bruises due to binding or too firm a grip around a wrist or neck.
- (d) Bruises around the breasts or genital area.
- (e) Infections around the genital area.
- (f) Injuries caused by biting, cutting, pinching, or twisting of limbs.
- (g) Burns.
- (h) Fractures or sprains.
- (i) Torn, stained, or bloody underclothing.
- (j) Any untreated medical condition.
- (k) Signs of excessive use of medication.
- (l) Injuries that do not match the explanation given.
- (m) Intense fearful reactions to people in general or to certain individuals in particular.
- (n) A noticeable change in the way an individual reacts to someone.

Welfare and Institutions Code Section 15610.63(f) adds the following reportable situation:

“...use of physical or chemical restraint or psychotropic medication under any of the following conditions:

- (a) For punishment.
- (b) For a period beyond that for which the medication was ordered pursuant to instructions of a physician and surgeon licensed in the State of California, who is providing medical care to (an) elder or dependent adult at the time instructions are given.
- (c) For any purpose not authorized by the physician or surgeon.”

These indicators or descriptions may not necessarily mean that abuse is suspected, but they may be clues that a problem exists or that a trend is developing.

2. Neglect

Neglect can be more difficult to recognize. It might be helpful to consider the “reasonable person” standard in identifying neglect: How would a reasonable person in the same situation act?

Neglect is defined in the following way: the negligent failure of any person having the care or custody of a child, an elder, or a dependent adult to exercise that degree of care that a reasonable person in a like situation would exercise. In other words, neglect is not providing the kind of care any reasonable person would provide.

Some examples of neglect are failure to provide:

- (a) Assistance with personal hygiene.
- (b) Assistance with food, clothing, or shelter.
- (c) Medical care for physical and mental health needs.
- (d) Protection from health and safety hazards.
- (e) Proper nutrition and hydration (fluids).

Example

Arthur has a chronic ear infection. He complains that his ear hurts and there is obvious drainage from the ear. Staff at his work program have contacted his home to ask that he see a physician. There is no response from his care provider and two weeks later, Arthur is still complaining about his ear. The failure of his care provider to get medical treatment for Arthur may be a case of neglect and should be reported.

3. Abandonment

We sometimes hear about abandonment in the news when an infant or a child is found apparently left by his or her parents. In some cases, this might involve a newborn baby whose mother cannot care for her baby, or it might involve parents who believe they can no longer care for their child. Children left alone for long periods of time while their parents go away are also examples of abandonment. The critical point is that individuals in dependent situations are left without the care they require. In the same way the reasonable person standard was used in discussing neglect, Welfare and Institutions Code Section 15610.05 defines abandonment as **“the desertion or willful forsaking of an elder or a dependent adult by anyone having care or custody of that person under circumstances in which a reasonable person would continue to provide care and custody.”**

Examples of abandonment may include:

- (a) Returning home from an outing to find an individual has wandered away and is not present.
- (b) Locking an individual out of a facility as punishment.
- (c) Refusing to allow an individual to return to a facility without having followed required legal procedures for removal or relocating an individual.

Example

Roxanne, 29 years old, has been leaving her home late at night after staff go to bed. She is visiting her boyfriend and knows that staff do not want her to go. She typically returns after an hour or so. Marie, one of the DSPs, decides that the next time she finds Roxanne gone, she is going to lock the door and let her stay out all night to teach

her a lesson. This is an example of abandonment and a care provider legally cannot do this. Roxanne's behavior can be addressed in other, more effective and positive ways.

4. Financial Abuse

Dependent adults may also be the victims of financial abuse. As individuals become less able to be responsible for using money independently, they are at risk of being taken advantage of. We often hear about criminals that prey on elders, gaining their trust, and then taking their money. Individuals with disabilities also depend on others to help them manage their money and are vulnerable to financial abuse. Financial abuse includes any of the following:

- (a) Taking, using, or keeping real or personal property of an elder or dependent adult for a wrongful use or meaning to cheat or rob.
- (b) Assisting someone to take, hide, use, or keep real or personal property of an elder or dependent adult for a wrongful use, or meaning to cheat or rob.

Some signs that may indicate an individual has been a victim of financial abuse include:

- Disappearance of papers, checkbooks, or legal documents.
- Staff assisting individuals with credit card purchases or ATM withdrawals.
- Lack of personal items: appropriate clothing, grooming items, and so forth.
- Unpaid bills, even though the individual has money to cover personal costs.
- Unnecessary or unrequested services.
- Unusual activity in bank accounts, such as withdrawals from automated teller machines when the individual cannot get to the bank.
- Denial of necessary and/or needed services by the person controlling the elder or dependent adult's money.
- Questionable use of "representative payee."
- Unnecessary use of power of attorney or conservatorship.

Example

Tom is a DSP supporting David at his home. Tom and David have become very close and Tom assists David with his bill paying, shopping, and banking. Tom is a little short this month and because he knows that David has some extra money in his account, Tom asks David if he

can borrow his ATM card so he can get cash to pay for some of his own things. Because David likes Tom and wants to please him, he gives Tom the card. Tom is using his friendship and position of power for his own financial gain and is financially abusing David. David is being exploited financially and this is an incident that must be reported.

5. Isolation

One of the critical roles for DSPs is to encourage and support friendships and social interactions among individuals and with other community members. Individuals with disabilities may have difficulty meeting new people and maintaining relationships because of limited opportunities to move about in the community or limited skills in communication and social interaction. It is also critical to support individuals in maintaining family ties.

One of the difficulties DSPs report is their discomfort in some of the relationships individuals choose to make and maintain. As a DSP, we might not approve of some of the people the individuals we support choose to spend time with, but we cannot prevent social relationships. As a support provider, a DSP cannot make decisions about others an adult will see.

There have also been occasions when support providers, as part of a plan to address a problem behavior, have used opportunities to be with others as a reward or punishment. This is not allowable. Individuals with disabilities have the right to have friendships, companionship, and the relationships they want; this right does not depend on the individual's behavior. More effective positive behavioral support strategies are discussed in Session 11.

Isolation means any of the following:

- Preventing an elder or dependent adult from receiving his or her mail or telephone calls.
- Telling a caller or visitor that an elder or dependent adult is not present, does not wish to talk with the caller, or does not wish to meet with the visitor when the statement is false and goes against the wishes of the elder or dependent adult, whether he or she is competent or not, and is made in order to prevent the elder or dependent adult from having contact with family, friends, or concerned persons.
- Falsely imprisoning someone; false imprisonment is the unlawful violation of the personal liberty of another.
- Physically restraining an elder or dependent adult to prevent the elder or dependent adult from meeting with visitors.

Exception: If the above acts are the instructions of a licensed physician or surgeon as part of the individual's medical care, or if they are performed in response to a reasonably perceived threat of danger to property or physical safety (Welfare and Institutions Code Section 15610.43).

Restraint and seclusion or isolation are prohibited in community care facilities. Restraint is an emergency management strategy, used as a last resort by DSPs trained in such techniques when health and safety are in immediate danger.

Example

Veronica has been having a very bad week. She is very angry about something and has been hitting staff and her roommates. Veronica normally goes to her parents' home every other weekend and looks forward to these visits, as do her parents. Ted, a DSP at Veronica's home, has decided that Veronica is demonstrating that she is not ready to go home and has taken this right away. Veronica is to stay in her room over the weekend and if she can show better behavior, she can go to visit her parents in two weeks.

Veronica's visit to her parents' home is not a privilege, it's a right. Ted is isolating Veronica in an attempt to change her behavior.

6. Sexual Abuse Sexual abuse includes a wide range of sexual activities that are forced upon someone. Individuals with developmental disabilities are at an increased risk because they may be thought to be weak and unprotected. They may have limited communication skills that make it difficult to tell others about what is happening to them. They may unknowingly put themselves in harmful situations or associate with people who are harmful. In addition, if individuals with disabilities have small social circles, the isolation they feel may make them more likely to associate with people who pay attention to them. Finally, individuals with disabilities often live with roommates and in dependent situations. This makes them vulnerable to people who they think are more powerful.

When abuse is occurring, individuals are often unable to stop it due to a lack of understanding of what is happening, the extreme pressure to go along out of fear, a need for acceptance from the abuser, having a dependent relationship with the abuser, and the inability or unwillingness to question others they think to be in authority.

The research on sexual abuse is startling.

- (a) More than 90% of individuals with intellectual/developmental disabilities will experience sexual abuse at some point in their lives (Schwartz, 1991).

- (b) Victims who have some level of intellectual impairment are at the highest risk of abuse (Sobsey, 1994).
- (c) 49% of individuals with disabilities will experience 10 or more abusive incidents (Valenti-Hein & Schwartz, 1991).
- (d) Each year in the United States, 15,000 to 19,000 individuals with intellectual/ developmental disabilities are raped (Sobsey & Doe, 1991).

Note: The research presented above can be found in the DSP Year 1 Student Manual, Section 3, page S-20.

There are a number of ways that sexual abuse occurs. What may seem harmless may be abusive, especially if it is unwanted and makes an individual uncomfortable. Sexual abuse may consist of inappropriate and non-consensual actions such as:

- Exposure to sexual materials such as pornography.
- The use of inappropriate sexual remarks and language.
- Not respecting the privacy of a child or other individual.
- Exhibitionism (exposure of genitals to strangers) or explicit acts such as:
 - Fondling
 - Oral sex
 - Forced sexual intercourse

How would others know that sexual abuse is occurring?

There are obvious indications of sexual abuse, including unexplained pregnancy and sexually transmitted diseases (STDs). Unfortunately, these conditions are sometimes the first sign of abuse that is noticed. Obviously, there are other signs that can indicate sexual abuse and can move families and staff to intervene. Bruising around the genital area is an obvious signal, as is bruising of breasts or buttocks. Genital discomfort can be a sign of abuse and should be given medical attention. Torn or missing clothing may also indicate sexual abuse. More often, DSPs may see other, more subtle signs that something serious is going on.

Sometimes an individual who is being sexually abused may show physiological symptoms such as:

- Sleep disturbances
- Eating disorders
- Headaches
- Seizure activity

At times, or in addition to physiological symptoms, an individual may show psychological symptoms such as:

- Substance abuse
- Withdrawal
- Unusual attachment to a person or object
- Avoidance of certain places
- Avoidance of certain people
- Excessive crying spells
- Regression; returning to an earlier stage of life
- Poor self-esteem
- Non-compliance or unusually uncooperative behavior
- Self-destructive behavior
- Inability to focus or concentrate
- Resistance to physical examination
- Sexually inappropriate behavior

3.8 Activity: Identifying Types of Abuse

Directions: Read the scenarios and answer the following questions.

1. Does the situation describe a type of abuse?
2. What type of abuse does it show?
3. What should be done?

The scenarios begin below.

1. Annette, who is 27, returns from her day program with her blouse ripped. She informs you that someone on the bus was trying to touch her and she didn't like it.

Does the situation describe a type of abuse? (Yes or No)

What type of abuse?

What should be done?

- Answers for Annette:
Yes. This is sexual abuse. Report to the long-term care Ombudsman, regional center, and Community Care Licensing.

2. Ron, 33 years old, has been talking about getting married to someone he met at the movies. He wants to call her up frequently and invite her over to stay with him in his room. Some of the staff members know this woman and do not want him to see her and they refuse to

let him call her from home.

Does the situation describe a type of abuse? (Yes or No)

What type of abuse?

What should be done?

- Answers for Ron:

Yes. This is isolation. Report to the long-term care Ombudsman, regional center, and Community Care Licensing.

3. Yolanda, who is 19, lives at Mary's Care Home. She regularly has sex with her boyfriend at his home. Roxanne, the DSP at Mary's Care Home, is not sure what to do.

Does the situation describe a type of abuse? (Yes or No)

What type of abuse?

What should be done?

- Answers for Yolanda:

No. This is not abuse. However, this is a good opportunity for staff to discuss the responsibility of the planning team to assure that Yolanda is knowledgeable about safer sex practices and has access to birth control and other safer sex supplies.

4. Henry became angry and struck one of the DSPs and the care home owner. He ran out of the house and still hadn't returned by 10:00 p.m. He has done this on several different occasions, only to return in the early hours of the morning and wake up everyone in the home. The staff decided to lock the door and teach Henry a lesson this time.

Does the situation describe a type of abuse? (Yes or No)

What type of abuse?

What should be done?

- Answers for Henry:

Yes. This is abandonment. Report to the long-term care Ombudsman, regional center, and Community Care Licensing.

5. Dean enjoys going to the mall. Since he requires supervision and needs some support, a DSP always goes with him and sometimes brings one or two other individuals. Dean leaves the group and goes to a movie. When the others are ready to leave, Dean is not with them, so they go home, figuring that he'll call when he finds them gone.

Does the situation describe a type of abuse? (Yes or No)

What type of abuse?

What should be done?

- Answers for Dean:

Yes. This is abandonment. Report to the long-term care Ombudsman, regional center, and Community Care Licensing.

6. Rachel, 12 years old, occasionally wets herself. When she does this, she laughs as she wets. Staff know that she can go to the bathroom by herself and believe she does this to be funny. Tim, one of the DSPs, has had enough and swats her on the backside, tells her “No,” then sends her to her room.

Does the situation describe a type of abuse? (Yes or No)

What type of abuse?

What should be done?

- Answers for Rachel:

Yes. This is physical abuse and isolation. Report to the long-term care Ombudsman, regional center, and Community Care Licensing.

7. Robert has asked Cathy, a DSP, to buy him a pack of cigarettes when she is at the store. He gives her five dollars. Cathy gets the cigarettes and also uses the change to get herself an ice cream cone for her trouble.

Does the situation describe a type of abuse? (Yes or No)

What type of abuse?

What should be done?

- Answers for Cathy:

Yes. This is financial abuse. Report to the long-term care Ombudsman, regional center, and Community Care Licensing.

3.9 Activity: Reporting Incidents

Directions: Read the scenarios and answer the following questions.

1. Do I need to make a report?
2. To whom should I report?

The scenarios begin below.

1. Joey, age 9, just ran outside and threw his shoes onto the neighbor's roof for the third time this week. Mr. Smith, the neighbor, came running out and yelled, “I am going to call the cops if you people can't control those kids and I'm keeping these shoes!”

Do I need to make a report? (Yes or No)

Who should I report to?

- Answers for Joey:

No. The argument could be made that you do need to make a report if the behavior was caused by neglect.

2. You are walking with an individual along a sidewalk. Just as you notice that his shoe is untied, he steps on the lace and falls to the concrete hitting his head. He gets up quickly, saying he is fine. Even though there is no cut or blood, there is redness and you are concerned that he may have a head injury, so you take the individual home and have him apply a cold compress where he hit his head. You contact the individual's doctor's office and speak to the advice nurse, explaining the situation: that first aid was administered, the redness has gone away, and there is no bruising or other sign of injury. You ask what further action is necessary and are told that no action is needed.

Do I need to make a report? (Yes or No)

Who should I report to?

- Answers for Individual who Falls:

Yes, because it is best practice to make a report; it is always best to err on the side of over-reporting rather than under-reporting. It would be appropriate for the DSP to talk to a medical professional, who can advise whether or not an office or ER visit is necessary.

3. A resident of a group home, Mr. Johnson, has been in the hospital for a week due to a long illness. He dies while there. He was 78 years old.

Do I need to make a report? (Yes or No)

Who should I report to?

- Answers for Mr. Johnson:

Yes. Report to regional center and community care licensing.

4. While assisting Frank with his bath, you discover that he has head lice. You immediately purchase a bottle of Qwell and treat him.

Do I need to make a report? (Yes or No)

Who should I report to?

- Answers for Frank:

Yes, because Frank lives in a community care licensed facility and would need a prescription for Qwell. Report to regional center and community care licensing.

5. After a fight with her roommate, Mary runs out of the house into the street. She is screaming that she is going to kill herself. Drivers manage to miss her and you succeed in taking her back into the house after five minutes. She has made similar statements in the past.

Do I need to make a report? (Yes or No)

Who should I report to?

- Answers for Mary:

No report needed. Although not required, it would be beneficial to

report this incident to the regional center. Knowing the frequency of suicide threats will help the regional center provide appropriate case management services.

6. You walk into Sam's apartment just in time to hear another staff say, "I told you that if your room was not clean, you couldn't visit your sister this weekend." This is not part of any behavior plan.

Do I need to make a report? (Yes or No)

Who should I report to?

- Answers for Sam:

Yes. Report to Adult Protective Services and regional center because the psychological abuse occurs in Sam's apartment.

7. While on a ski trip with his parents, Mike breaks his arm and requires surgery to repair it.

Do I need to make a report? (Yes or No)

Who should I report to?

- Answers for Mike:

Yes. Report to regional center and community care licensing.

8. Bob, a very independent fellow, has spent the day at the mall. He left with \$20 and now has no money and nothing to show for it. When asked where his money went, he says, "I gave it to a guy who didn't have any."

Do I need to make a report? (Yes or No)

Who should I report to?

- Answers for Bob:

No. An argument can be made that there is suspected financial abuse, but there is not enough information in the scenario. The DSP should ask the individual additional questions to make a determination.

4 Conclusion

Congratulations! You made it to the end of this lesson. Thank you again for being the kind of person who chooses to work as a professional DSP. It is very important and difficult work. You have my respect as a colleague for all that you do. It takes focus, patience, and cleverness to make it as a DSP. You have to be smart. Sometimes, the work is very frustrating and a DSP may want to give up. There are many jobs in the community but many are not professions. There is nothing quite like being a professional DSP. I hope you continue to enjoy the many benefits, personally and professionally,

of helping individuals with developmental disabilities lead more meaningful lives.

4.1 Contact

To discuss this recommendation further, please contact me by phone at 424-744-0264 or by email at benjamin.t68@gmail.com.