



Abuse, Neglect and Exploitation

MAY 2023

Welcome

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Housekeeping

Please:

- Use chat ONLY for immediate technical issues
- Use Q&A button to ask questions
- Click closed captioning (cc) in order to see the live transcript
- Complete the evaluation that will be sent in the follow-up email (the email will also serve as confirmation you attended)

The recording will be uploaded to the FSSA YouTube Channel after the live sessions have been conducted





Agenda

- ❖ Code and Policy: Protection of an Individual's Rights
- ❖ Recognizing Abuse, Neglect, Exploitation
- ❖ Responsibilities
- ❖ Prevention



<https://youtu.be/Ps0Rt9TU3ao?t=72>



Sobering Statistics

2/3 of all people with intellectual/developmental disabilities have been victims of abuse

8 out of 10 of these people were verbally/emotionally abused

More than half were physically abused

Over a third were sexually abused more than once

9 out of 10 who were abused were abused multiple times in multiple ways

Only one third reported it

2012 National Survey on Abuse Against People with Disabilities Findings



In 2022:

- 75.4% of complaint allegations of abuse, neglect or exploitation by staff for individuals were substantiated by BDDS
- 50.6% of incidents of abuse, neglect or exploitation by staff for individuals were substantiated by the provider

In 2020-2021 National Core Indicator survey:

- 93% of individuals reported that staff are respectful
- 28% of individuals reported feeling afraid or scared in their home, day program, work, walking in the community, in transport, and/or other places

Indiana Data

CIH and FSW waivers only



Indiana Administrative Code (IAC) and Policy

PROTECTION OF AN INDIVIDUAL'S RIGHTS



IAC and DDRS Policy

A Provider who delivers services through owners, directors, officers, employees, contractors, subcontractors or agents shall adopt policies and procedures, including training, that prohibit:

- a. Abuse, Neglect, or Exploitation of an Individual; or
- b. Violation of an Individual's rights.



https://www.in.gov/fssa/ddrs/files/Protection_of_Individual_Rights.pdf



IAC and DDRS Policy

Practices prohibited under this section include but are not limited to the following:

Corporal punishment

Seclusion

Emotional/verbal abuse

Denial of basic needs

Work or chores benefitting others without pay

https://www.in.gov/fssa/ddrs/files/Protection_of_Individual_Rights.pdf





ABUSE

1. Intentional or willful infliction of physical injury.
2. Unnecessary physical or chemical restraints or isolation.
3. Punishment with resulting physical harm or pain.
4. Sexual molestation, rape, sexual misconduct, sexual coercion, and sexual exploitation.
5. Verbal or demonstrative harm caused by oral or written language, or gestures with disparaging or derogatory implications.
6. Psychological, mental, or emotional harm caused by unreasonable confinement, intimidation, humiliation, harassment, threats of punishment, or deprivation.



https://www.in.gov/fssa/ddrs/files/Protection_of_Individual_Rights.pdf

Physical Abuse

Physical abuse is commonly characterized by physical injury resulting from:

- Hitting, punching, kicking, shaking, biting, pulling hair
- Burns (e.g. Iron, cigarette, match)
- Inappropriate administration of alcohol or other drugs
- Inappropriate kinds of discipline including withholding food or removing essential equipment

Signs of physical abuse may include:

- Physical injury such as bruising, bite marks, pressure marks
- Fear of being with a particular person or excessive compliance to staff
- Distrusting people
- Irritability or becoming easily upset
- Being worried or anxious for no obvious reason
- Being depressed, apathetic or withdrawn

Physical Abuse scenarios

"Johnny" bumps into things and frequently has bruises. Johnny went to day program and staff found bruises on the upper part of his arms. When questioned, Johnny stated staff grabbed him. The day program alerted the residential provider.

It was observed in the home that the staff physically restraining client in her chair in the home.

"Sampson" reported to his staff that his ribs were hurting. He went on to state that another staff pushed him in the shower and punched him in the ribs. His staff immediately called the supervisor and an investigation was launched.

Sexual Abuse

Sexual abuse can include the following when informed consent has not been given:

- Sexual suggestion - such as making sexualized comments or inviting sexual behavior
- Showing of pornographic material, e.g. DVDs, internet
- Using a vulnerable person in the production of pornographic material
- Voyeurism - deliberately watching another person during dressing and undressing or sexual activity for the purpose of sexual gratification

Signs of sexual abuse may include:

- Frequent urinary tract infections, injuries to genitalia, discomfort when using the toilet
- Sexually transmitted disease
- Difficulty walking or sitting
- Torn, stained or blood-stained underwear
- Showing reluctance to talk openly
- Fear of being bathed or having incontinence aid changed
- Sleep disturbance, night terrors, bed wetting

Sexual Abuse scenarios

"Victor" had been withdrawn since his new housemate moved in. Finally, he confided in his BC and indicated that shortly after the new housemate moved into the home, the housemate had sexually assaulted him. The BC called the police and notified the provider. When police arrived, Victor told the officers the same story.

"Sam" took the phone into his room stating he needed to call the suicide hotline. Sam proceeded to call 911 and alleged that staff had taken a knife into his room and raped him. Sam was taken to the hospital and had a rape kit completed and is currently inpatient psych. The provider and the police are investigating.

"Maria" indicated that another resident of the apartment complex touched her sexually. The police were notified and a protective order is in place. The other resident is also being evicted on unrelated issues.

Emotional Abuse

Some common examples include:

- Verbal taunts, humiliation, intimidation and insults (bullying)
- Withdrawal of love/affection, or emotional support.
- Isolating or ignoring a person
- Threatening behaviors
- Removing aids (such as a wheelchair or communication device)
- Demeaning and belittling behaviors

Signs of emotional abuse may include:

- Aggression, anti-social and destructive behavior
- Self-harming
- Unexplained mood swings
- Low self-esteem, feeling of worthlessness, depression
- Clingy to certain people
- Extreme behavior to obtain attention.

Emotional Abuse scenarios

A staff member has been overheard calling "Betty" stupid, sick, and crazy. The staff member also allegedly follows Betty on Facebook and sends Betty messages. Betty was able to show her provider the messages sent by the staff.

"Kyle's" staff says derogatory things to him and posted a video on TikTok. Kyle told his case manager and she alerted the provider who investigated. The staff was terminated.

"Rebecca" reports that a male staff member makes her uncomfortable by doing the following: He once stated there were two beautiful girls doing the dishes. He referred to them as "nice, thick girls." He has sat close to her and smelled her hair.

"Shatana" and "Monica" were in Monica's bedroom and the staff instructed Shatana and Monica to put on between five (5) to eight (8) Depends so they "didn't wet their pants". Staff kept yelling "Put it on" as well as pulling on Individual 1's arm, yelling "Pick it up" referring to a Depend that had fallen on the floor.



Neglect

Failure to provide supervision, training, appropriate care, food, medical care, or medical supervision to an individual.



https://www.in.gov/fssa/ddrs/files/Protection_of_Individual_Rights.pdf

Neglect

This can include failure to provide:

- Support for long periods of time when support is outlined in the PCISP; and/or appropriate staffing ratios
- Adequate nutrition, clothing or personal hygiene
- Appropriate health care, medical treatment, and/or adaptive equipment
- A safe environment
- Social interaction and engagement

Signs of neglect may include:

- Frequently hungry, dirty or unwashed
- Person steals food, gorges on food
- Being left alone for long periods of time when it's not by choice
- Loss of social or communication skills

Neglect scenarios

A lack of care was reported regarding "Amy". Amy is not being fed meals and the oven/stove is out of order. There is limited food in the home with much of it requiring the oven/stove to be prepared. The front door does not latch properly unless the deadbolt was locked. The bathroom door is attached by a single screw. The kitchen sink will not drain. Amy does not have shoes or a mattress.

Staff failed to take the Individual to medical appointments.

It appears that staff are not providing appropriate support based on "Karen's" needs. Karen is prone to incontinence and staff are not encouraging her to go to the bathroom and she ends up with soiled pants and shoes. Her bedding has been soiled and staff does not assist her with cleaning them. Karen receives no help with her laundry to ensure that things are properly cleaned.

"Selena" is unable to get out of bed or turn over on her own. The staff do not turn her and there is no hooyer lift. Selena was complaining of pain in her back. EMTs were called for assistance and she had a open wound on her back that was severely infected.



Exploitation

1. Unauthorized use of the personal services, the property, or the identity of an individual; or
2. Any other type of criminal exploitation, including exploitation under IC 35-46-1-1; for one's own profit or advantage, or for the profit or advantage of another.



https://www.in.gov/fssa/ddrs/files/Protection_of_Individual_Rights.pdf

Financial Abuse and Exploitation

Examples include:

- Forging a person's signature
- Spending a person's money on items that do not benefit the person
- Staff eating food a person they support has paid for
- Staff using utilities (such as taking a shower or washing their clothes) at the home of a person supported.
- Using a person's food stamps without permission

Signs of financial abuse may include:

- Lack of access to personal funds
- Lack of or incomplete financial records kept
 - Person controlling finances does not have legal authority
- Person has insufficient money to meet budgetary needs
- Person is persistently denied outings and activities due to lack of funds.

Exploitation scenarios

It was reported staff charged \$267.37 of groceries to the individual's debit card.

Through the course of continuing to investigate finances that this staff had access to, it has been determined that the Individual has purchases that were made by staff totally \$1727.05 that were not delivered to the site and are unaccounted for.

It was reported that a staff had been taking videos with the individual in them and posting them on the internet.

"Richard" is prescribed Lorazepam PRN for medical procedures/appointments. There was no count sheet in the home. Two packets of medications found. One had 4 pills missing and one had three pills missing. Richard has not had any incidents requiring this medication.

Systems for Protecting Individuals

A provider shall require that at regular intervals, as specified by the individual's ISP, the individual be informed of the following:

The individual's medical condition

The individual's developmental and behavioral status

The risks of treatment

The individual's right to refuse treatment

Systems for Protecting Individuals



BDDS Training: Honoring Rights

<https://youtu.be/zoL0LPf9UIg>



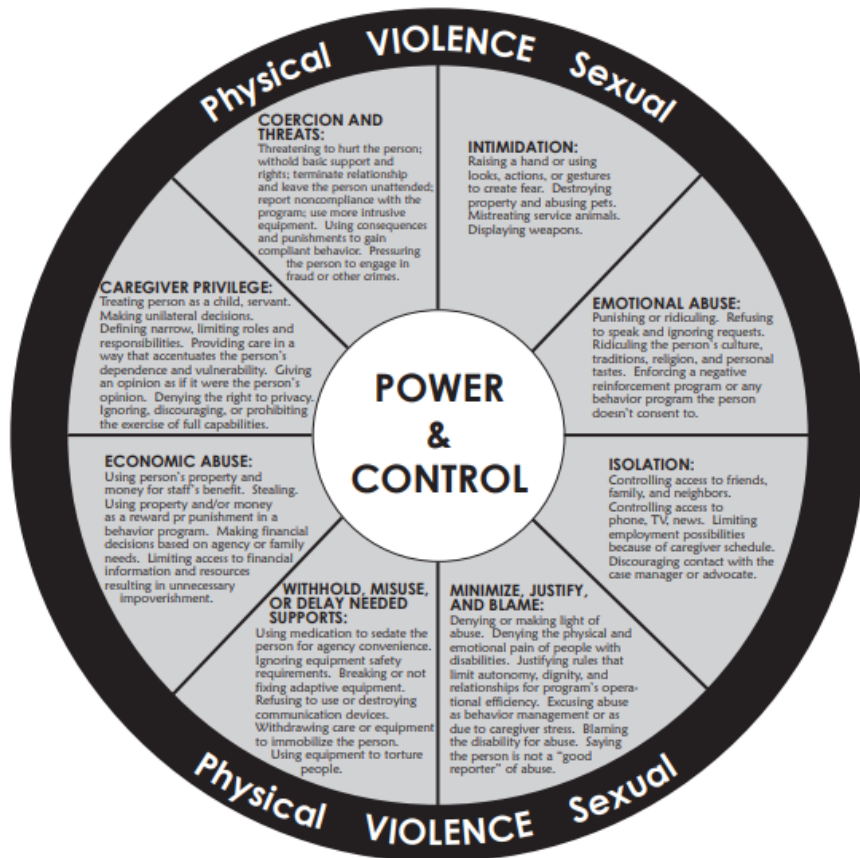
“ How can people exercise their rights if they don't know what they are? ”
Patrick, Self-Advocate

*ur Rights, Wisconsin Board for People with
Disabilities*

Recognizing ANE



POWER & CONTROL WHEEL: PEOPLE WITH DISABILITIES AND THEIR CAREGIVERS



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

<http://www.ncdsv.org/images/DisabledCaregiverPCwheel.pdf>



Behavioral Responses to ANE

Challenging
Behavior

Confusion

Fearfulness

Withdrawal

Resignation,
Lethargy and
Depression

Responsibilities





State of Indiana

INCIDENT INITIAL REPORT

(FSSWEBP012FW A)



[User Guide](#)
[Help Desk](#)

[COVID-19
Employee
Reporting](#)

Consumer(s):

Division: [Select] v	
Consumer Information	
SSN(last 4 digits):	<input type="text"/>
First Name:	<input type="text"/>
Address:	<input type="text"/>
State:	IN
DOB:	<input type="text"/>
Gender:	[Select] v
Abuse, Neglect, or Exploitation (A/N/E)	
A / N / E ?:	<input type="radio"/> Yes <input type="radio"/> No
Primary Funding Source:	[Select] v

DDRS Policy

Incidents to be reported to BDDS include any event or occurrence characterized by risk or uncertainty resulting in or having the potential to result in significant harm or injury to an individual.

All alleged ANE is to be reported to BDDS; and **mandated reporters** need to report it.

Incident Reporting: ANE

https://www.in.gov/fssa/ddrs/files/Incident_Reporting_and_Management.pdf

Alleged, suspected or actual abuse, (which must also be reported to Adult Protective Services or Child Protective Services as indicated) which includes but is not limited to:

- a. physical abuse
- b. sexual abuse
- c. emotional/verbal abuse
- d. domestic abuse

Alleged, suspected or actual neglect (which must also be reported to Adult Protective Services or Child Protective Services, as indicated)

Alleged, suspected or actual exploitation (which must also be reported to Adult Protective Services or Child Protective Services as indicated)

***If a crime is suspected, a police report must be filed as well.**



Incident Reporting: Responsible Parties

https://www.in.gov/fssa/ddrs/files/Incident_Reporting_and_Management.pdf

1. The provider responsible for an individual at the time of the occurrence of a reportable incident shall submit an incident initial report.
2. **In addition to the provider's mandatory reporting, any other person may submit an incident initial report associated with any reportable incident.**
3. The entity responsible for incident follow-up reports is the individual's: a. case manager, when receiving waiver funded services; b. residential provider's Qualified Developmental Disabilities Professional (QDDP) when receiving State Line Item (SLI), Supervised Group Living (SGL), or other ICF/IDD services; c. BDDS service coordinator when receiving other services (e.g. nursing facilities).



Mandatory Components of an Investigation

https://www.in.gov/fssa/ddrs/files/Mandatory_Components_of_a_n_Investigation.pdf

Mandatory components for investigations and reviews as addressed in this policy include:

- a. A clear statement indicating why the investigation/review is being conducted along with the nature of the allegation/event (e.g., allegation of neglect, etc.).
- b. A clear statement of the event or alleged event in a time-line format including what, where, and when the event happened or is alleged to have happened.
- c. Identification by name and title of all involved parties or alleged involved parties including: 1. any victim(s) or alleged victim(s); 11. all staff assigned to the victim(s) or alleged victim(s) at the time of the incident; 111. all alleged perpetrators, when indicated; and iv all actual or potential witnesses to the event or alleged event.
- d. **Signed and dated statements from all involved parties, including all actual and potential witnesses to the event or alleged event**



Investigations

https://www.in.gov/fssa/ddrs/files/Mandatory_Components_of_an_Investigation.pdf

A determination if rights have been violated, if services and/or care were not provided or were not appropriately provided, if agency policies and/or procedures were not followed, and/or if any federal or state regulations were not followed.

A clear statement of substantiation or non-substantiation of any allegation that includes a description/summary of the evidence that resulted in the finding.

BDDS Training: Investigations

<https://youtu.be/e9V0Ebggrt0>



Requirement

Activities initiated by a provider that require mandated investigative components include:

- a. Internal reviews of the death of an individual receiving services;
- b. Investigations into alleged abuse, neglect, or exploitation of an individual receiving services;
- c. Investigations into significant injuries of unknown origin, as defined in the Incident Reporting policy; and
- d. Investigations as otherwise requested by:
the DDRS Director; or



Challenging Situations

1. The person you support, who has experienced ANE, tells you that they want you to keep it a secret. This person may:

Ask you not to tell anyone else.

Try to bribe you with goods or money.

Bribe you emotionally and say they will never trust you again.

Be in fear of retribution from the perpetrator.

2. Having reported the you may be worried about what will happen to the person.

Challenging Situations

3. Having witnessed ANE, or after ANE has been reported to you, you may worry that you have misread the situation, and that you will be looked down on by your staff team as someone who reports people.

4. You witnessed ANE but feel the case was too minor to be worth reporting, and you do not want to make a fuss about such a small concern.

5. You assume someone else will report the ANE you witnessed, if it continues.

Reporting Abuse, Neglect, Exploitation



https://youtu.be/z8JqU_pjsZ4



Prevention



Preventing Abuse, Neglect, Exploitation



<https://youtu.be/Ps0Rt9TU3ao?t=1805>



Speaking Up

MANY PEOPLE DO NOT SPEAK UP FOR THEMSELVES BECAUSE:

- They have experienced ANE before.
- When they say "NO" in their day-to-day lives people commonly do not respect this, and instead talk them into saying "yes". So they learn that "no" means nothing.
- They were not listened to or were not believed.
- They do not know what ANE is.
- They are not used to making their own decisions and having control.
- Do not have the confidence to speak up and say "NO."

<https://www.openfuturelearning.org/>

AS SUPPORT PROFESSIONALS WE CAN HELP PEOPLE BY:

- Listening, trusting, respecting, and, most importantly, acting on what they tell us.
- Educating people on what ANE is.
- Supporting people to make their own choices and have real control.
- Helping people develop the confidence to say "NO" in their day-to-day lives.



Educate Individuals

- Person-centered approaches, which maximize the person's ability to exercise control and choice
- Generally, what is exploitative or harmful
- To have access to personal resources and knowledge/input into how they are being spent
- To receive services at a level that is outlined in the PCISP; including ensuring basic needs are met, like food, clothing, safe housing, etc
- To be aware that sexual contact as a condition of service provision or by service providers is abuse and should be reported
- A clear understanding of healthy sexual expression

Educate Individuals

- To seek out someone they trust. Tell this person anytime someone is bothering them or if they need help deciding if a situation is okay or not.
- Personal rights and responsibilities
- They should know that they have rights and the power to stop or report someone who tries to make them feel differently.
- How to contact the DDRS Ombudsman, Indiana Disability Rights, how to file a complaint, and other advocacy resources



Privacy



https://des.az.gov/sites/default/files/media/RecognizingAndReporting_PG-VILT-PROVIDERS.pdf

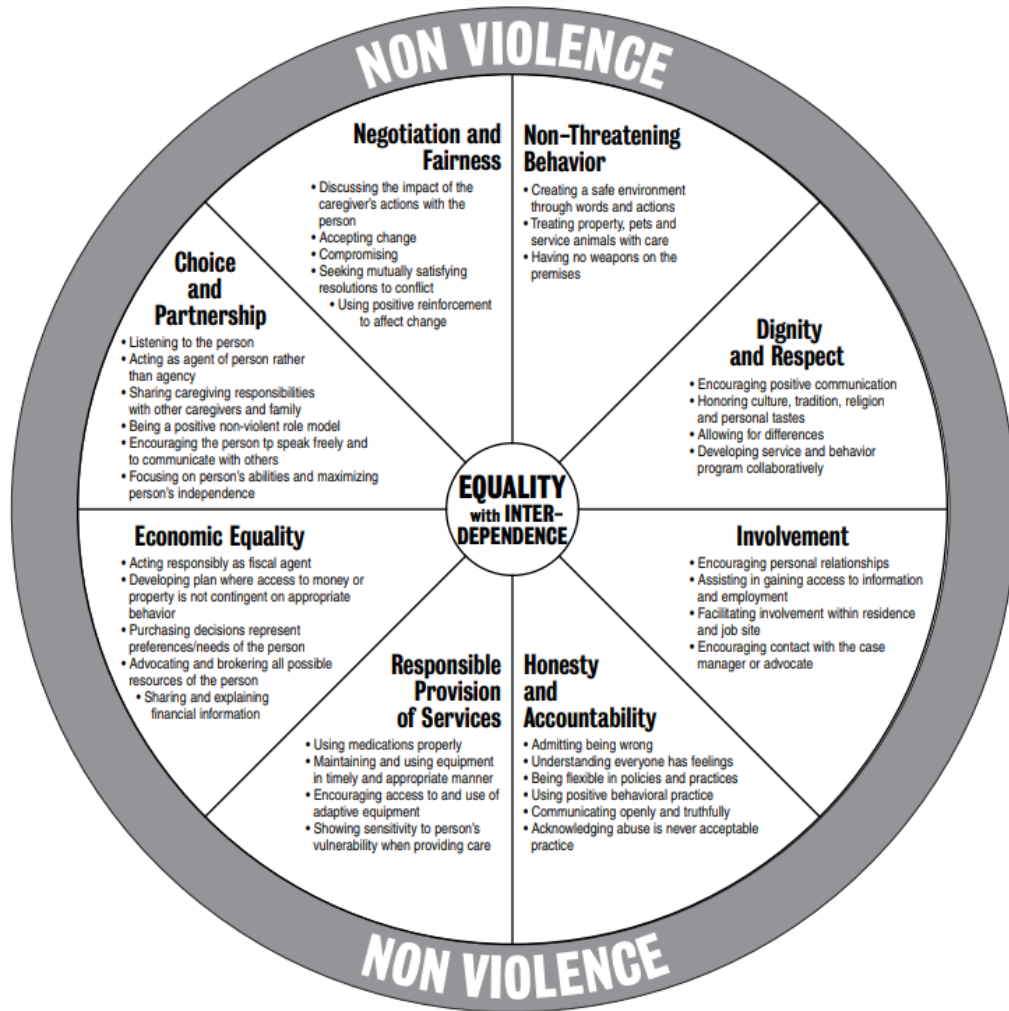


Space

https://des.az.gov/sites/default/files/media/RecognizingAndReporting_PG-VILT-PROVIDERS.pdf



Support



- Non-Threatening Behavior
- Dignity and Respect
- Involvement
- Honest and Accountability
- Responsible Provision of Services
- Economic Equality
- Choice and Partnership
- Negotiation and Fairness

This diagram is based on the Power and Control/Equality wheels developed by the Domestic Violence Intervention Project, Duluth, MN



Dignity of Risk

Narrative from Open Future
Learning

Video by RODNAE Productions:
[https://www.pexels.com/video/
a-girl-running-7403259/](https://www.pexels.com/video/a-girl-running-7403259/)



BDDS Training: Person- Centered Risk Management

<https://www.youtube.com/watch?v=MkTRT9Y6iNI>



The video player displays a green-themed slide for a training session. On the left is the BDDS logo, which consists of a central white circle with 'BDDS' in red, 'Indiana Bureau of Developmental Disabilities Services' in black, and six smaller colored circles around it containing icons for a person, a group, a person with a cane, a person with a hearing aid, a person with a wheelchair, and a person with a white cane. To the right of the logo, the title 'Person-Centered Risk Management' is written in large white font, with the date 'June 30, 2021' below it. Further down, it says 'Presented by: Heather Dane, Director of Home and Community Based Services, The Bureau of Developmental Disabilities Services'. At the bottom of the slide, it lists 'Shelly Thomas, Assistant Director, Bureau of Developmental Disabilities Services'. The video player interface includes a progress bar at 0:01 / 11:18, a volume icon, a closed captions icon, a settings gear, a full screen icon, and a share icon. The Indiana Family & Social Services Administration logo is visible in the bottom right corner of the video frame.





Risk Issues Identification Tool

Name of Individual:	
Annual Meeting Date:	
Date Completed:	

Provider Name:	Service(s):
Name of Person Completing this Form:	Role:

Directions: This tool should be completed by **all IST members** supporting the person noted above prior to the annual team meeting. It is to be given to the Case Manager **no less than 5 days** prior to the annual team meeting date.

- Identify individual risks that are **specific to the individual**.
- Include factual and detailed information as to why the noted area **currently** presents a particular risk to this individual, or how the issue has presented **significant** risk in the past and might impact the individual currently.
- You may include a recommended strategy for managing or eliminating the risk, if desired.
- During the annual team meeting, decisions and plans, if needed, will be made around each risk identified.

I. Individual Risks: Relevant to Health

✓	Identified Risk Issue	Describe the incident(s) or issue(s) that indicates this as a current Risk?	Is this risk addressed somewhere now? If so, how?
	Lack of Mobility: <ul style="list-style-type: none"> • Lack of mobility that could result in skin breakdown/pressure sores. • Substantially limits access to home or community. 		
	Significant weight gain/loss or change in eating patterns:		



Risk Issues Identification Tool

https://www.in.gov/fssa/ddrs/files/Person-Centered-Risk-Management_FINAL_for-posting.pdf

Resources

DDRS Protection of an Individual's Rights; Policy Number: BDDS 460 0228 022;
https://www.in.gov/fssa/ddrs/files/Protection_of_Individual_Rights.pdf

DDRS Incident Reporting and Management; Policy Number: BQIS 460 0301 008;
https://www.in.gov/fssa/ddrs/files/Incident_Reporting_and_Management.pdf

460 Indiana Administrative Code: <https://www.in.gov/fssa/ddrs/files/460-IAC-6.PDF>

Open Future Learning Module: ABUSE PREVENTION - LONG VERSION; www.openfuturelearning.org

Findings from the 2012 Survey on Abuse of People with Disabilities; The Disability and Abuse Project, Spectrum Institute;
<https://web.archive.org/web/20170313231046/http://disabilityandabuse.org/survey/findings.pdf>

Everyone's Responsibility: Preventing Abuse Against People with Disabilities, AbleVision; <https://youtu.be/Ps0Rt9TU3ao>

Comprehensive Plan for Prevention of Abuse and Neglect of People with Disabilities: Report by the Specialty Committee Co-Chairs and the Olmstead Implementation Office for the Olmstead Specialty Subcabinet; 2018; <https://mn.gov/olmstead/>

A Worker's Guide to Safe-guarding People Living with Disability from Abuse. The Abuse and Restrictive Practices Sub-Committee of the Australasian Disability Professionals. SA Chapter, 2013. <https://www.shinesa.org.au/media/2015/04/SafeguardingPeopleLivingwithDisabilityfromAbuse.pdf>

Stock photos from Creative Commons





Preventing Financial Harm, Abuse, Neglect, & Exploitation of Older Adults

<https://kabc.org/wp-content/uploads/2019/05/2013-PEANE.pdf>

BDDS Training: Sexual Violence

<https://youtu.be/CneTNC-BAbE>

Power and Control: The root of violence

POWER & CONTROL WHEEL: PEOPLE WITH DISABILITIES AND THEIR CAREGIVERS



- Caregiver privilege
- Economic abuse
- Emotional Abuse
- Isolation
- Withhold/misuse supports
- Minimize, justify, & blame

STRENGTH
VOICE
WORTH
Engage
Truth
Empower
ICESAHT
survivor
educate
support
SAFE
Center
Prevent
Security
Justice



disability justice & violence prevention resource hub

[About Us](#) ▾ [What's in the hub?](#) [Resources](#) ▾ [Accessible Evaluation](#) ▾ [Subscribe](#)

<https://indisabilityjustice.org/>





Starting the Conversation

A toolkit for self-advocates to talk about
sexual violence in their community

<https://selfadvocacyinfo.org/wp-content/uploads/2019/03/Talking-about-Sexual-Violence-Toolkit.pdf>



Epidemic Rates of Violence

Today, abuse and violence against people with disabilities occurs at rates two to three times the general public, making them one of the most harmed groups in the country.

Rates are even higher for certain groups of people with disabilities: women, people of color, people with intellectual or psychiatric disabilities, and people with multiple disabilities.

A [number of factors](#) contribute to people with disabilities being harmed at higher rates including the systemic devaluation of people with disabilities in our society, high rates of isolation, and systems that collude with people who cause harm.

<https://www.endabusepwd.org/>



People with disabilities
are **3X** more likely to experience
violent victimization.



ALL people are empowered to live, love, work, learn, play and pursue their dreams.





We're In This Together

If you need additional information,
please contact us at

800-545-7763

BDDS.Help@fssa.IN.gov



Stay Connected

Sign up for the DDRS listserv:

<https://public.govdelivery.com/accounts/INFSSA/subscriber/new>

Follow the BDDS FB page:

<https://www.facebook.com/Indiana-Bureau-of-Developmental-Disabilities-Services-318818311807579/>





