

# **Abuse and Neglect for Clinicians and Administrators:**

Welcome to the eLearning course titled, **Abuse and Neglect for Clinicians and Administrators**. This course covers foundational information on the topic along with clinician and administrator responsibilities in prevention, detection, and reporting of suspected abuse and neglect on a federal level. Resources are provided to assist in locating state reporting entities.

The intended audience for this course is healthcare clinicians and administrators.

## **Disclaimer for Learners**

Home Care Pulse is accredited as a provider of nursing continuing professional development by the American Nurses Credentialing Center's Commission on Accreditation.

To obtain contact hours, participants must view the entire course and pass the post-test with a score of 80% or greater. Upon successful completion, 0.5 contact hours will be awarded to nurses. Post-learning survey completion is required for the course to be marked as complete in the system.

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The course has been reviewed for evidence of bias, and Home Care Pulse guarantees the absence of bias. At Home Care Pulse, we acknowledge and respect all gender identities that exist today. Gender-specific terms and pronouns may be used in order to ease the text flow of our training.

We are also using the term “clinician” to encompass the various roles in the post-acute setting, including nurses, therapists, social workers, counselors, and other skilled professionals. We also use the term “patients” to refer to the people receiving care in the various post-acute settings with the understanding that your organization may use designations like “clients,” “residents,” or “members.”

## Objectives

### Learning Outcome

Learners will demonstrate an understanding of abuse and neglect for clinicians and administrators as evidenced by their ability to meet the following objectives:

### Objectives:

Differentiate between the most common types of abuse and neglect and identify associated risk factors.

Identify resources for reporting requirements per their organization’s policies and federal/state mandates.

## Introduction

**Mistreatment of others, including elders, children, and those in between, is a significant societal issue.**



Healthcare clinicians and administrators have a responsibility to **identify risks with the hope of preventing abuse and neglect**. When abuse and neglect have already occurred, they must **address the harm and report the occurrence** to the appropriate people.

**More than 10% of people 65 and over experience incidents of abuse and neglect. In children, about 1 in 7 experience abuse and neglect.**

**Your actions can be the difference between a near miss and lasting harm for vulnerable patients and families.**

This training provides information on the types of abuse and neglect along with associated risk factors. You will also learn about the resources available to aid in determining your reporting responsibilities.

## Unit Introduction

### Unit 1: Abuse and Neglect Terminology



In this unit, you will learn the **terminology** used when discussing abuse and neglect.

Actions and/or inactions that are considered abuse and neglect can vary based on community norms, cultural beliefs, and state/federal legal definitions. While there are no universally accepted definitions for the mistreatment of elders, children, and others, these definitions can be used in most situations.

Be sure to review your state and organizational policies for any differences.

## Definition of Abuse

**Abuse is the inappropriate behavior or treatment of an individual.** **Physical Abuse**



**Physical abuse is the intentional and/or reckless use of physical force or coercion against someone. It**

**places the individual at risk for, or causes, physical pain, injury, and/or impairment of function.**

Examples include:

- + Hitting, pushing, shoving, shaking, pinching, etc.
- + The unlawful use of physical or chemical restraints to confine an individual or to force the individual to accept unwanted care. Force feeding is an example of this.

### **Sexual Abuse**



**Sexual abuse is non-consensual sexual contact of any kind. Sexual abuse happens to adults and children. Any sexual interaction with a child under the age of consent and with anyone who is unable to give consent is considered sexual abuse.**

Understanding the **consent laws in your state** is important when understanding what constitutes sexual abuse. Sexual contact that involves force, threats, or abuse of power is sexual abuse.

Examples include:

- + Sexual intercourse without consent
- + Unwanted touching
- + Sexual assault/battery
- + Sexual harassment

### **Emotional/Psychological Abuse**



**Emotional or psychological abuse is the infliction of distress,**

**pain, and/or anguish upon another person via verbal or nonverbal actions.**

Examples include:

- + Verbal assaults, insults, or threats
- + Intimidation
- + Harassment
- + Humiliation
- + Isolation

## **Definition of Neglect**

**Neglect is the failure to meet an individual's basic needs.**

It can also be the refusal to meet the individual's needs. Neglect can be a single incident, such as failure to seek care for an injury, or an ongoing incident such as failure to provide adequate personal care over time.

### **Neglect by Others**



**Neglect by others is the failure of a caregiver to provide care and items needed.**

Examples include failure to provide:

- + Food, water, and medications.
- + Clothing, shelter, heat, and cooling.
- + Personal safety, comfort, and supervision.
- + Personal hygiene.
- + Medical care and treatments.

## Self-Neglect



**Self-neglect is a competent individual's actions/choices that threaten their health and safety.**

**Examples include:**

- + Does not allow needed care or assistance.
- + Lacks adequate food despite offers of food support.
- + Refuses assistance with personal hygiene despite inability/unwillingness to perform hygiene tasks.
- + Does not take medications as ordered/refuses medications.
- + Chooses to remain in an unsafe housing situation. This includes individuals no longer safe to live alone and those whose home environment is unsafe.

## Abandonment



**Abandonment is a type of neglect where an individual is abandoned or deserted by someone who is responsible for their needs. This person usually has custody of, or has assumed responsibility for, the individual.**

**Examples include:**

- + Leaving the individual alone and without care at home.
- + Leaving the individual in an institutional setting without means to coordinate and pay for care going forward.
- + Abandoning a dependent individual in a public setting.

## Definition of Exploitation

## Exploitation occurs when someone takes improper advantage of an individual.

### Financial Exploitation



**Financial exploitation occurs when someone improperly, illegally, or in an otherwise unauthorized manner uses the individual's money, assets, property, power of attorney, guardianship, or conservatorship for the profit or benefit of someone other than the individual.**

Examples include:

- + Cashing someone else's checks, writing their checks to oneself.
- + Forging signatures.
- + Misusing or stealing money.
- + Coercing and/or deceiving someone into signing documents.

### Material Exploitation



**Material exploitation occurs when an individual's property or assets are used without authorization.**

Examples include:

- + Misusing or stealing possessions.
  - + Disposing of property through coercion.
  - + Transferring assets to others without the individual's permission.
- + Understanding common terminology is the basis for knowing what to do if you suspect abuse and/or neglect. **Be sure to review your organization's policies and state regulations to ensure you are aware of any situations that may be unique to your state or organization.**

Before we move on to the next topic, consider the following situation and apply what you have learned.

## Unit Introduction

### Unit 2: Risk Factors and Signs



In this unit, you will learn about **risk factors** that increase the risk of abuse and neglect. You will also learn **common signs** of abuse and neglect.

## Risk Factors

The National Center on Elder Abuse (NCEA) is a great resource for information on elder abuse.

Their information on risk factors and perpetrators of abuse and neglect can be applied to other patient populations too.

# NCEA

## National Center on Elder Abuse

The NCEA identifies the following **risk factors** for becoming a victim of elder abuse:

Chronic medical conditions and poor physical health

Functional disability and dependence

Mental health problems

Cognitive deficits

Financial dependence (victim dependent on perpetrator and perpetrator dependent on victim)

Lower socioeconomic status

Substance misuse

Elevated levels of stress and inadequate coping mechanisms

Prior exposure to trauma

Limited social support

Poor relationship between the victim and the perpetrator

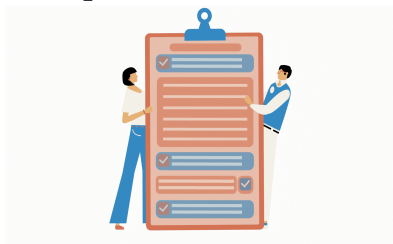
Gender (women)

Race (physical abuse most common in Caucasians and financial/emotional abuse most common in African Americans)

Younger older age (60-69)

Health care insecurity

## Signs of Abuse, Neglect, and Exploitation



**Clinicians must be aware of signs of abuse, neglect, and exploitation and administrators must be aware of the seriousness of such reports.**

Reviewing the signs associated with each ensures you can **recognize and react** when you encounter signs of potential abuse, neglect, or exploitation.

### Physical Abuse Signs

- Bruises, abrasions, black eyes, welts, cuts, rope marks.
- Bite marks, burn marks.
- Head trauma, fractures.
- Injuries in various states of healing.
- Internal injuries.
- Falls, injuries attributed to falls, broken glasses.
- Reports of punishment, evidence of restraint use.
- Medication overdose, use of chemical restraints.
- Sudden changes in behavior, fear of being alone with a family member/staff member, flinching or pulling away from touch.

## **Psychological/Emotional Abuse Signs**

- Agitation and/or emotional distress, crying, trembling.
- Withdrawal from others, refusal to participate in activities.
- Uncommunicative.
- New self-soothing behaviors such as rocking, thumb sucking, self-injury.
- Change in hygiene or other self-care behaviors.
- Conversation that indicates low-self-esteem, repetition of threats and/or insults.

## **Sexual Abuse Signs**

- Bruising in the breast, genital, anal, and oral areas.
- Absence of a period in a patient with regular periods who is unable to consent to sexual activity.
- Unexplained venereal disease or genital/perineal infection.
- Unexplained vaginal, anal, oral bruising.
- Torn, stained, or bloody clothing.
- New refusal to allow perineal care, changing of undergarments or clothing.
- Report of sexual assault or rape.

## **Neglect Signs**

- Report of being neglected or mistreated.
- Living conditions are hazardous/unsafe due to lack of heat/cooling, clean water, sanitation, structural hazards, and/or unsafe wiring.
- Living conditions are unsafe due to lack of cleanliness, infestations, soiled bedding or lack of bedding, inadequate clothing, food, medications, poor hygiene.
- Health conditions that are not treated. Lack of health care.

## **Exploitation Signs**

- Complaints about missing money and/or items.
- Sudden changes in a will and/or other financial documents.
- Unpaid bills despite financial resources to pay them.
- Discovery of forged documents.
- Evidence of poor financial decision making.

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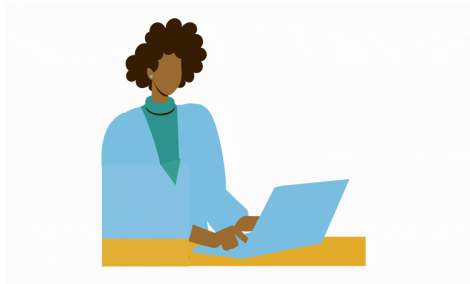
- Unexplained withdrawal of money, moving money to a new account, addition of another party to the patient's account

**Review your organization's policies and state laws to see if there are other signs you are expected to report.**

Now let's check what you know about these risk factors and signs.

# Unit Introduction

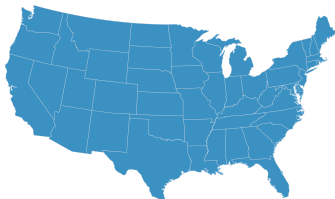
## Unit 3: Actions



In this unit, you will learn about clinician and administrator **reporting responsibilities**. You will also learn **best practices** in abuse and neglect prevention and intervention.

# Mandatory Reporting

**Mandatory Reporting Laws outline the requirements for reporting suspected or confirmed abuse, neglect, or other mistreatment of vulnerable persons.**



These laws **vary from state to state** so it is important to know the laws in the state in which you practice.

Your organization's abuse and neglect policy should include **mandatory reporting requirements**. It may also include a link to the **state specific requirements** as well.

It is important to know that mandatory reporting requirements apply to **any abuse and neglect the clinician encounters**, not just what is happening with their patients.

**Abuse and neglect of others in the home, including children, must be reported.**

While laws differ from state to state, there are commonalities.

## **WHAT must be reported**

- Neglect
- Physical abuse
- Sexual abuse
- Emotional/Psychosocial abuse
- Financial abuse/exploitation
- Intimate partner abuse in some states

## **WHICH populations are covered by mandatory reporting laws**

- Children
- Elderly
- Persons with a disability
- Persons unable to provide consent

## **WHO must report**

- Clergy
- Coaches
- Counselors
- Teachers and principals

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- Healthcare providers and administrators
- Law enforcement

In addition to mandatory reporting requirements, various disciplines have reporting responsibilities outlined in their role specific code of ethics. Nurses, physicians, therapists, social workers, and counselors typically have ethical responsibilities to report suspected abuse and neglect.

The Healthcare Administrator Code of Ethics does not specifically mention abuse and neglect. **The ethics code does require adherence to laws and zero tolerance for abuse of power that compromises patient safety.**

An organization's area of practice (hospice and skilled nursing facilities, for example) may have federal and/or state reporting requirements **specific to administrators.**

Your organization's abuse and neglect policies should outline the specific situations when suspected abuse and neglect must be submitted to the administrator and the situations where the administrator has specific reporting requirements.

## Prevention

**Education and awareness are powerful tools in identifying and addressing abuse and neglect.**

**Preventing mistreatment of vulnerable persons begins with an awareness of risk factors.**

You have explored characteristics and situations that put people at risk of mistreating others or becoming a victim of abuse and neglect.

Your organization recognizes the importance of **annual training** as a means of ensuring instances of abuse and neglect are prevented, when possible, identified and responded to immediately.



**Care planning is an important tool in minimizing the risk of mistreatment.**

An individualized care plan should address both actual and potential risks for abuse and neglect and identify interventions that should be put in place to mitigate those risks.

Care plan interventions might include:

Exploring respite care services in the community.

The use of volunteers and/or professional caregivers to provide breaks for the caregiver.

Education in self-care while caring for others.

Disease-specific education and management of symptoms and behaviors.

Provision of psychosocial support and opportunities for social contact as a part of self-care.

**Reducing the risk of mistreatment and abuse and neglect cannot be done by one person.**

The entire care team must work collaboratively with other resources in the community and other healthcare professionals involved in the patient's care.

**Collaborating with others increases the likelihood of success.**



The use of **counseling services** and other **community support groups** can make a significant difference for stressed caregivers.

Ensure that your organization is aware of the community resources available for the patient populations you serve. Be able to provide contact information for groups that support those living with Alzheimer's disease, ALS, Parkinson's disease, cancer, and other illnesses.

## Intervention When Abuse Is Suspected

**When you witness or suspect abuse and neglect, your first response is to ensure patient safety.**

If the patient is injured, **ensure appropriate medical care is provided.** If the patient's situation is unsafe, steps can be taken to **improve safety when possible.**



It is important to **involve the patient** in the response planning when the patient has capacity.

Patients may **choose** to remain in unsafe situations for various reasons. Working with the care team, it may be possible to create a plan that helps the patient remain in place, so their autonomy can be respected.

**The patient may deny any abuse happened.**

They may state they are okay being left alone or choose to live alone or in situations where their care needs are not met.

**Mandatory reporting requirements still apply in these situations.**

**Patients** who are victims of abuse and neglect need support. **Their families** will also need support.



Think about it:

- + Finding out that someone has hurt your loved one, taken their things, or taken advantage of them financially is **very upsetting**.
- + The patient may **feel foolish** that they have been tricked.
- + They **may be worried** about who will care for them if the perpetrator of the abuse and neglect gets into trouble.

**There are community resources that support elders and families dealing with the after effects of abuse and neglect. Members of the healthcare team can provide this support as well.**



**Responding to instances of abuse and neglect can be stressful.**

There can be a very real concern that reporting the issue can make the situation worse for the patient. **Reporting to your supervisor and discussing your findings** allows you to talk through what you know and help determine the next steps.

It is important to note that as a mandatory reporter, a supervisor or administrator cannot interfere with your reporting, nor can they absolve you of the responsibility to report.

## **Reporting**

Your organization's policies will outline the reporting process for your organization. This process should be reviewed and updated regularly to ensure that it meets all regulatory requirements. Reporting processes typically look something like this:

**Step 1:**

Call 911 or the appropriate agency if the patient needs emergency help and/or if the situation is life-threatening.

**Step 2:**

Gather all the information and report to the appropriate agency. This is usually the Adult/Child Protective Services in your county or state.

- Reporting can be done online or via phone.
- The reporter's identity is typically kept confidential.
- Some protective services agencies do allow for anonymous reporting. This is usually done via phone so the intake person can ask questions since they will not be able to reach out for further information.

**It is not only patients and families who need support in cases of abuse and neglect.**

Staff need support as well. Witnessing the abuse and neglect and/or its aftermath is **upsetting and stressful**. Deciding what to report and the actual reporting process is stressful as staff wonder what the outcome of the reporting will be for the patient and themselves.



**Patients and families may think they know who reported them.**

It is a common occurrence for specific care providers or organizations to be “fired” by the patient or family once they become aware of a Protective Services referral.

Explore your **organization's resources** for supporting staff in this situation. There may be a process for the team involved in

the patient's care to meet and get support. The organization may have an **employee assistance program** that can support staff dealing with the stress of this situation.

## **Review**

Here is a quick review before you assess what you have learned. Ensure you follow your organization's **policies and best practices** in responding to actual/potential abuse and neglect.

**Report your concerns** to the appropriate parties.

Ensure that you provide **all the details**.

Work **collaboratively** toward the best outcome as defined by the patient.

Provide **compassion and concern** to all involved to help build the resiliency needed to fully address the abuse and neglect.

# **Unit Introduction**

## **Unit 4: Resources**



In this unit, you will learn about **key resources** to help you report suspected/actual abuse and neglect.

## **Resources**

**It is important to follow your organization's policies when reporting suspected/actual abuse and neglect. Annual training on this topic helps keep the information readily available in case you need it.**

Here are some additional resources that you can bookmark or save for use when needed. They provide information on

recognizing elder and child abuse and neglect and how to report it. Contact information is provided on the state level for kids and by town/zip code for elder abuse.

## **Adults**

**Eldercare Locator** is a database that provides information on all the resources available in each zip code. If you work in a more rural area, you might need to search by city/state. The database provides a list of agencies providing services in the area and information on reporting abuse and neglect. The link is included here and in the resources.

## **Children**

**Child Welfare Information Gateway** is a resource for those needing information on reporting child abuse and neglect. They also have information on prevention and community resources. This link will take you to the list of Child Protective Services contacts for each state.

[Child Welfare Information Gateway](#)

## **Long-Term Care**

Each state has a **long-term care ombudsman program** that investigates complaints in skilled nursing, long-term care, and assisted living facilities. Check your state for information on contacting this organization. Facilities post the contact information for residents and families. Reports of abuse and neglect can be made here as well as **adult protective services**.

## **Wrap-Up**

Healthcare clinicians and administrators have a responsibility to watch for and respond to abuse and neglect in the patients and families they serve. This course has provided you with the tools you need to identify those at risk of abuse and neglect and how to respond when it occurs. Keep the resources provided handy so you can respond appropriately when you need to.

## **Authorship**

Maria Wharton, ANCC Program Director/Senior Nurse Educator, has over 30 years' hospice experience, practicing as a bedside nurse prior to assuming senior leadership roles focused on education, quality, and compliance. She received her Bachelor of Nursing degree from San

Francisco State University and a master's in health care administration from the University of Maryland Global Campus. Ms. Wharton has served as content expert in compliance and quality for her state hospice association and represented her state at the CMS Advisory Group. She holds certification in both OASIS and hospice and palliative care. Ms. Wharton has a passion for sharing wisdom and experience with other clinicians. She has presented at local, state, and national hospice and palliative care conferences on topics related to patient care, educational development, and quality improvement, ensuring the contributions of all members of the hospice team are recognized and nurtured.

## References

[\(opens in a new tab\)](#)

American College of Healthcare Executives. (2022). Code of Ethics. Accessed October 26, 2023.

<https://www.ache.org/about-ache/our-story/our-commitments/ethics/ache-code-of-ethics>

[\(opens in a new tab\)](#)

American Psychological Association. (2022). Elder abuse: How to spot warning signs, get help, and report mistreatment. Accessed October 26, 2023.

<https://www.apa.org/topics/aging-older-adults/elder-abuse>

[\(opens in a new tab\)](#)

Centers for Disease Control and Prevention. (2022). Fast Facts: Preventing Child Abuse and Neglect. Accessed October 25, 2023.

<https://www.cdc.gov/violenceprevention/childabuseandneglect/fastfact.html>

[\(opens in a new tab\)](#)

Child Welfare Information Gateway. (n.d.) State Child Abuse and Neglect Reporting Numbers. Accessed October 27, 2023.

[https://www.childwelfare.gov/organizations/?CWIGFunctionsaction=rols:main.dspList&rolType=custom&rs\\_id=5](https://www.childwelfare.gov/organizations/?CWIGFunctionsaction=rols:main.dspList&rolType=custom&rs_id=5)

[\(opens in a new tab\)](#)

National Center on Elder Abuse. Research Statistics and Data. Accessed July 2021.

<https://ncea.acl.gov/What-We-Do/Research/Statistics-and-Data.aspx>

[\(opens in a new tab\)](#)

TLC Home Care of the Twin Cities

Patel, K., Bunachita, S., Chiu, H, Suresh, P., & Patel, U. K. (2021). Elder Abuse: A Comprehensive Overview and Physician-Associated Challenges. Cureus Journal of Medicine. doi: [10.7759/cureus.14375](https://doi.org/10.7759/cureus.14375) ([opens in a new tab](#))

Thomas, R. & Reeves, M. (2023). Mandatory Reporting Laws. NIH National Library of Medicine STATPearls. Accessed October 26, 2023. <https://www.ncbi.nlm.nih.gov/books/NBK560690/> ([opens in a new tab](#))

## **Course Test**

**Please click the link below for course knowledge test**

**<https://forms.gle/2oNBVVjkn59HqSov7>**