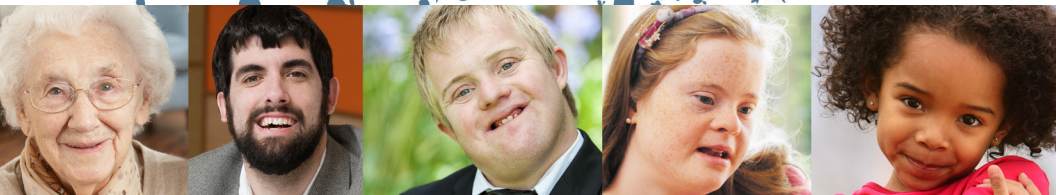


# ABUSE *PREVENTION*



irwin siegel agency, inc.



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# ABUSE PREVENTION



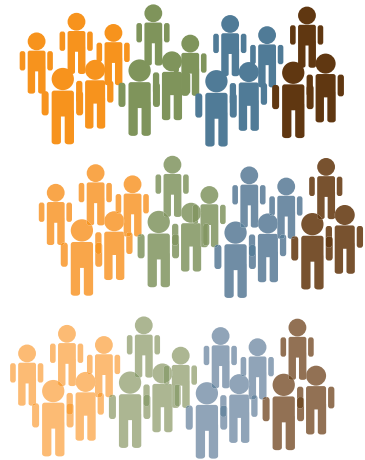
## Introduction

Abuse is defined as a corrupt practice or custom, improper or excessive treatment, language that condemns or physical maltreatment. It occurs when people harm or mistreat others, showing no concern for their worth as individuals. Abusers are interested in power and use offensive behaviors to manipulate their victims into obedience. They control their victims in a variety of ways such as verbal abuse, physical violence, or sexual assault. People may also abuse by neglecting dependent victims, causing them harm by lack of action.

Abuse is a serious cultural and social issue and it affects all ranges of people and ages. As it becomes more commonplace, organizations must make sure they take the necessary measures in committing to abuse prevention.

## Statistics

- 9.5% of elders were abused in 2010
- 80% of people that have received care in mental health institutions as inpatients have been sexually abused in their lifetime
- 1 out of 3 girls and 1 out of 5 boys will be sexually abused before the age of 18
- Approximately 80% of 21yr. olds who were abused as children met criteria for at least (1) psychological disorder
- Among adults who are developmentally disabled, as many as 83% of the females and 32% of the males are victims of sexual assault
  - ♦ For individuals with psychiatric disabilities, the rate of violent criminal victimization including sexual assault was two times greater than in the general population
- 3% of sexual abuse cases involving people with developmental disabilities are reported
  - ♦ 45% of female psychiatric outpatients reported being sexually abused during childhood. Respondents who have been abused in childhood had higher levels of depressive and psychotic symptoms and higher rates of sexual victimization in adulthood than those who had not been abused.



## Policies

Policies provide organization-wide standards on abuse prevention. Zero tolerance should be set and enforced through policies and administrative practices. These policies should outline exactly how the organization will respond to inappropriate actions, behaviors and any allegations. They should also define boundaries, outline acceptable actions and be communicated effectively to all employees. Policies should be in place so that there is uniformity throughout the organization. It helps take the emotion out of situations and allows the organization's supervisors to deal very specifically with performance and workplace behavior.

## Pre-Employment Screenings

An organization must do its due diligence before hiring new staff. Pre-employment screening and selection are important because it will assess abuse risk and help to control who has access to clients. Pre-employment screening should include:

- Background checks
  - ♦ National criminal and national sex offender checks, repeated every 3 years
- Reference checks
- In person interviews will give the company the chance to ask questions to assess potential abuse risk. Some example questions are:
  - ♦ What are some of your hobbies or volunteer work?
  - ♦ Why are you interested in this position?
  - ♦ Tell me about a time in your life when you had to quickly learn to do something. What did you have to learn? How did you learn it?



# Training

After the interview process is completed and a new employee is hired, it is important that they be trained. Training is an integral piece in teaching staff how to be a part of abuse prevention. Staff should be trained upon hire and at least annually thereafter.

## Signs and Symptoms of Abuse

Staff must learn to recognize the signs and symptoms of abuse. Indicators to look for include:

### *Physical Signs*

- Bruises
- Torn clothing
- STDs
- Unexpected pregnancy
- Poor hygiene

### *Behavioral Signs*

- Hyper-sexuality
- Appetite changes
- Depression
- Fear of person and/or places
- Withdrawn
- Excuses for injuries
- Depression
- Sleep disturbances
- Lack of trust
- Substance abuse

## Red-Flags

There are also red-flags to watch for that could indicate an adult is a perpetrator. Some red-flags are:

### *Physical*

- Wrestling
- Tickling
- Long/frequent hugs



### *Psychological*

- Excessively involved
- Chooses favorites
- Isolates children
- Creates personal friendships

### *Behavioral*

- Encourages drug/alcohol use
- Encourages breaking rules



## Appropriate vs. Inappropriate Displays of Affection

As part of training, staff needs to learn boundaries including the difference between appropriate and inappropriate displays of affection. Examples are:

### *Appropriate*

- Side hugs, shoulder to shoulder hugs
- Pat on shoulder or back
- Handshakes
- Verbal praise
- High-fives
- Arms around shoulders

### *Inappropriate*

- Full frontal hugs
- Touching (other than hands, face, shoulder, arms)
- Wrestling
- Tickling
- Piggyback rides
- Massages
- Compliments related to physique
- Any unwanted affection

## Additional Factors to be Included in Trainings

Supervisors should also make sure they are trained and that updates on trainings are appropriately assigned as needed to all staff. Equally as important in training is involving parents and clients in abuse prevention. Teaching them how to report abuse and empowering clients to protect themselves will help diminish the chances of reoccurrence.

Learning to speak with clients is a main part of training as well. Some appropriate verbal interactions include positive encouragement and reinforcement and appropriate jokes. It is inappropriate to use harsh language, curse, use name calling, telling secrets, or to discuss anything personal or sexual. When interacting with clients outside of any regularly scheduled activities, there are also proper and improper ways to do so. Some examples of both include:

### *Appropriate*

- Taking a group to a social event
- Going to a client's home while the parent or legal guardian is there

### *Inappropriate*

- Spending the night with a client unless it is a supervised function (i.e. sleepover party, lock in, away trip)
- One-on-one outings without written consent
- Visiting a client's home when only the client is home

# Monitoring & Supervision

Monitoring is the routine gathering of information in order to find out how something is progressing or developing. Monitoring provides feedback and guidance. It is also helpful in allowing management to follow up on any noted issues and to take corrective action early.

Supervision is management overseeing the efficiency and progress of employees. It helps to enhance the quality of work, clarify roles and responsibilities of staff, identify training needs, and recognize and deal with existing or potential problems. Supervision should be documented. This will help address issues, identify areas of improvement, and help analyze data so that recommendations can be made. It will also help with determining if and when training is needed and pinpoint what type of training is necessary.

Monitoring and supervision help to decrease the opportunity for inappropriate behaviors. Helpful ways for organizations to do this include placing windows in doors where possible and put mirrors or cameras in corners and hard to see areas for increased observation. Also, closet and storage areas should remain locked when not in use and all other doors should stay open unless clients are toileting, showering, or changing clothes.



## Reporting & Responding

Employees are the eyes and ears of the organization. If abuse is suspected, staff must know how to report and respond. If someone witnesses abuse, the interaction should be interrupted and the behavior should be addressed. Immediate supervisors should be notified as soon as possible.

The organization should have multiple avenues of reporting any abuse. This should include an anonymous hotline for both employees and clients. It is very important that the staff and/or clients feel comfortable and safe reporting their concerns. Abuse might go unreported if staff is untrained in identifying abuse. Staff or clients must be aware of services, who they can talk to, and what action can be taken in relation to the abuse. Potential reporters might fear retaliation or, if someone has confided in them with a concern of abuse, that the person will lose trust in them if they report it. Organizations must take the appropriate actions so that these barriers do not hinder reporting.



Once reported, all claims should be taken seriously and investigated. Information needs to be gathered and all reports need to be documented. If the report was not anonymous, it is essential to get back to the person that reported it. This will show that the organization is taking the concern seriously and that it is being addressed. Staff will have more confidence in reporting if they feel action is being taken. After all data has been collected, the decision needs to be made on how best to handle the situation. All circumstances should be analyzed to help decrease or eliminate the potential for abuse. Near-misses can be utilized to prevent similar reoccurrence.

## Conclusion

Quality of care should be an established custom in an organization and standards should be clear and enforced. All employees should be confident in what they're doing and know that being safe is a part of their job. Staff should also take all warning signs seriously and feel comfortable reporting their concerns. With all of these best practices in place, an organization should be able to mitigate abuse at all levels.

# Case Scenarios

## Scenario 1

An individual, “Jane” with intellectual and developmental disabilities resided in a group home. Jane became aggressive toward another resident. This led to a physical intervention by 3 direct support professionals in the house. We will call them employees number 1, 2, and 3. Employee 2 put Jane flat on the ground while Employee 1 stayed on her upper back. Employee 3 remained near the buttocks area. Employee 1 then asked Employee 2 to get a clothes iron while Employee 3 sprayed Jane in the face with cologne as an attempt to control her behavior. Employee 3 then plugged in the iron and Employee 1 inflicted 7 burns to Jane’s thighs. Two other staff members witnessed these events, yet did not intervene. At around 5:30 PM, about two hours after the incident, Jane started to cry and became self injurious while watching TV with her house-mates. She was redirected to the kitchen, offered cookies, and soothed herself by drawing at the dining room table. She appeared calm.

A group effort was made by employees 1, 2, 3 and employee 1’s mother to intimidate the witnesses into changing their story, and the initial reports were falsified. The witnesses eventually took back those false statements and told the truth.

A settlement was made of \$250,000. The most devastating outcome of this incident was that Jane did not heal well, and had very noticeable scars on her legs. Her behaviors also changed. Her anxiety drastically increased, with fear of separation from her mother, and she began wetting her bed.

Three of the five staff members involved pleaded guilty and received sentences of 1-4 years in prison. The other two employees had 7 criminal counts including aggravated child abuse and witness tampering. Another employee had two counts, including failure to take action to protect a child.

### *What Could've Been Done?*

In this scenario, background checks on these employees could have potentially raised a red-flag. Also, the two witnesses might not have been trained on what to do if they witness abuse. They might have been coerced into lying because they were afraid of retaliation from the other staff. If someone had spoken up on Jane's behalf, she might not have had an increase in behaviors. This scenario teaches us how important pre-employment screenings are and training all staff and clients on how to report abuse.



## Scenario 2

A minor, “John” resided at a foster care facility. One evening, John was given permission to go into his room to get cards. He did not return for several minutes. A staff member went to check on him. At the same time, John was heard crying out in this bedroom. Upon the staff member’s arrival, John was facedown on his bed with his pants partially down, his arm was held behind him. Another resident (also a minor) was behind John with his private area exposed. The abuse hotline was called and an investigation began. John was placed under line of sight supervision. The resident who had John pinned down had no history of abuse.

One year later, John reported to his therapist that he had been abused again. He alleged that sexual acts were committed on him by the brother of the person who had previously abused him. Reporting protocols were followed, but the incident could not be substantiated.

Five months later, a resident told staff that a third resident was in John’s doorway. The investigation reviewed that the boy in the doorway had exposed his private area to John and John’s roommate, and in turn, they did the same. The incident was reported and a complaint was filed through the licensure board. Since the facility did not provide overnight awake supervision and that is when the incident occurred, the claim was dismissed. An alarm was placed over John’s door that was activated once he went into his room for the night.

A few months later, John reported to a staff member that he was forced to perform oral sex on another resident. It was originally believed that the incident occurred in the evening, but later the story was changed and it was said it happened during the day. The abuse was reported, and it was decided that both boys should be placed somewhere better equipped to deal with sexual related issues.

Other than the first incident, the time frames of subsequent events were not specific. This made it hard for the organization to address individual staff on proper training and procedures. Due to the fact that not all evidence could be validated, the claimant was awarded a settlement of \$450,000.

### *What Could've Been Done?*

In this scenario, every time an abuse allegation was made, proper reporting protocols were followed and investigations ensued. Proper and complete documentation of each investigation could have helped to offer sound evidence in disputing the charges. Increased supervision and continuous monitoring of John could have also helped to lessen the chances of abuse allegations.



## Notes

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.



## Notes

A decorative graphic in the bottom right corner of the page, featuring a cluster of stylized human figures in orange, green, blue, and brown. The figures are arranged in a group, with some standing and some appearing to be in motion, creating a sense of community or diversity.

## About Irwin Siegel Agency, Inc.

Irwin Siegel Agency, Inc. (ISA) is a leading insurance and risk management organization serving the Human Services field and Non-Profit sector, and insures service providers in 50 states and the District of Columbia. ISA continues to set the standards of quality, innovation and value when it comes to developing new programs that meet the dynamic nature of the Human Services and Non-Profit fields.

Our Risk Management Division continues to develop specialized resources to assist our customers in their endeavors to effectively manage risk and control losses. In conjunction with our business partners, we offer loss control training seminars and teleconferences that address important field-related issues. We have also accrued an inclusive video lending library containing information on field-related programs, including but not limited to; vehicle safety, workforce issues, stress management, medication, medication administration, fire safety, self-determination, and working with challenging behaviors.

Not only does our Claims Department offer a caring and experienced staff, but also the claims offices with which we work are staffed with designated adjustors who have extensive training in the Human Services and Non-Profit fields and who are familiar with the unique coverages and nuances of our policies. To supplement our adjustor base, we have a network of distinguished legal professionals who bring years of successful experience to the table, particularly with regard to those legal matters indigenous to the Human Services and Non-Profit fields.

### Are you covered?

Some insurance coverages available through ISA include:

Directors & Officers Liability

Employment Practices Liability Insurance

CyberLiability - Network Security, Privacy Liability & Identity Theft Coverage

HIPAA/Meddefense Plus

Volunteer Accident Protection

Professional Liability

*Availability may vary by state.*

# Sample of Available Resources

## *Printed Publications*

- Volunteer Program Risk Management
- Investigation Process: Eliminating & Reducing Recurrence of Accidents & Abuse
- Key Components of Loss Control
- Introduction to Supervision
- Safety Committee

## *Flyers & Bulletins*

- Partnering for Protection
- Interviewing Basics
- Selection Process
- Abuse: Responding to Red Flags & Suspicious Behavior
- Employee Safety in Community Settings

## *Video Lending Library*

- Sexual Harassment for Management
- Media Relations: What to Do When the News is You!
- Understanding Behavior: Building Positive Supports
- Communicating with People Who are Non-Verbal: In Other Words
- Handling Transitions and Change

## *Partner Programs*

- Online Training, including Continuing Education Courses
- Incident Management Training
- Background Checks & Pre-Screening Services

*And much more...*

# irwin siegel agency, inc.

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