



A2.2 – Educative resources for teachers

PREVENTION OF NEGLECT, ABUSE & MISTREATMENT

Module: 6 – SPECIFIC TRAINING

Sub-Module: 6.3. PREVENTION OF NEGLECT, ABUSE & MISTREATMENT



Introduction

Module	6
Sub-module	PREVENTION OF NEGLECT, ABUSE & MISTREATMENT
Lesson nr.	#1
Duration (minutes)	3x45 minutes
Date	

Lesson Outcomes

1. Ability to understand basic background and concepts of neglect, abuse, or mistreatment.
2. Ability to recognize signs that neglect, abuse, or mistreatment may be occurring.
3. Ability to respond to neglect, abuse, or mistreatment; or to respond to concerns related that neglect, abuse or mistreatment might be occurring.
4. Ability to understand and identify barriers in reporting neglect, abuse, or mistreatment.
5. Ability to understand and apply prevention strategies of neglect, abuse, or mistreatment.

Task 1 - Reflection

1. Abuse in one word – please write at the post-it the first word which came up to you when you hear/read word abuse.
2. Consider different forms of abuse/neglect?
3. How would you define abuse/neglect/mistreatment?
4. What is common ground of definitions discussed?

Abuse and neglect

There are different forms of abuse and neglect.

1. Physical abuse
2. Psychological/emotional abuse
3. Domestic violence
4. Financial abuse
5. Sexual abuse
6. Neglect and mistreatment as a form of abuse
7.

Definition

1. Different definitions -> common ground:
 1. Intentional
 2. Expectation of Trust
 3. Risk
 4. Harm

Hall, JE, Karch, DL, Crosby, AE. Elder Abuse Surveillance: Uniform Definitions and Recommended Core Data Elements For Use In Elder Abuse Surveillance, Version 1.0. Atlanta (GA): National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, 2016.

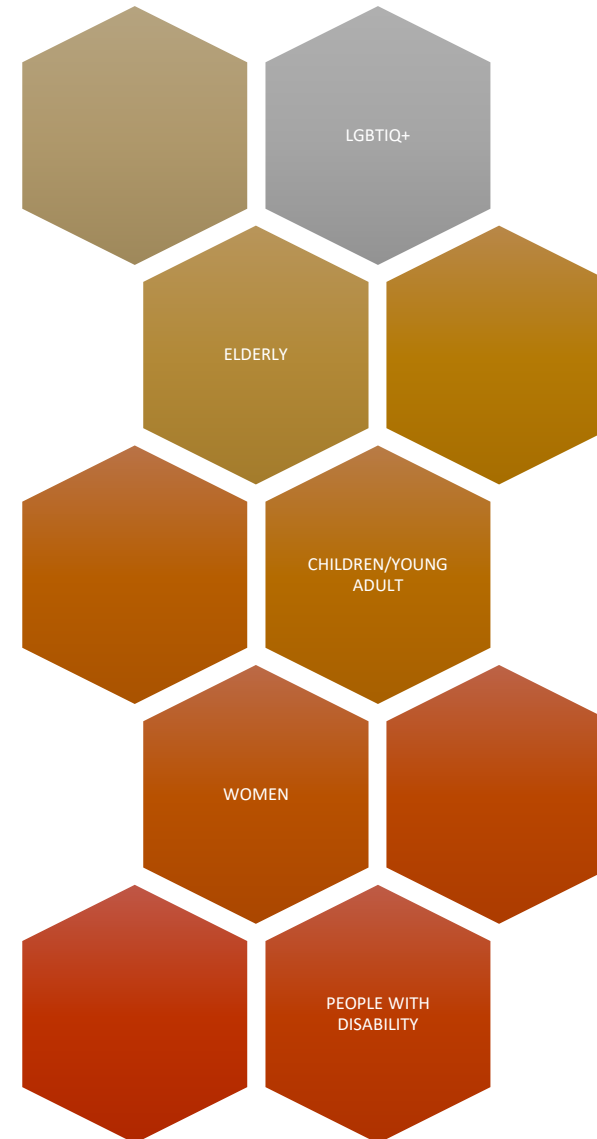
People at risk

Language?

Who is who?

What is +?

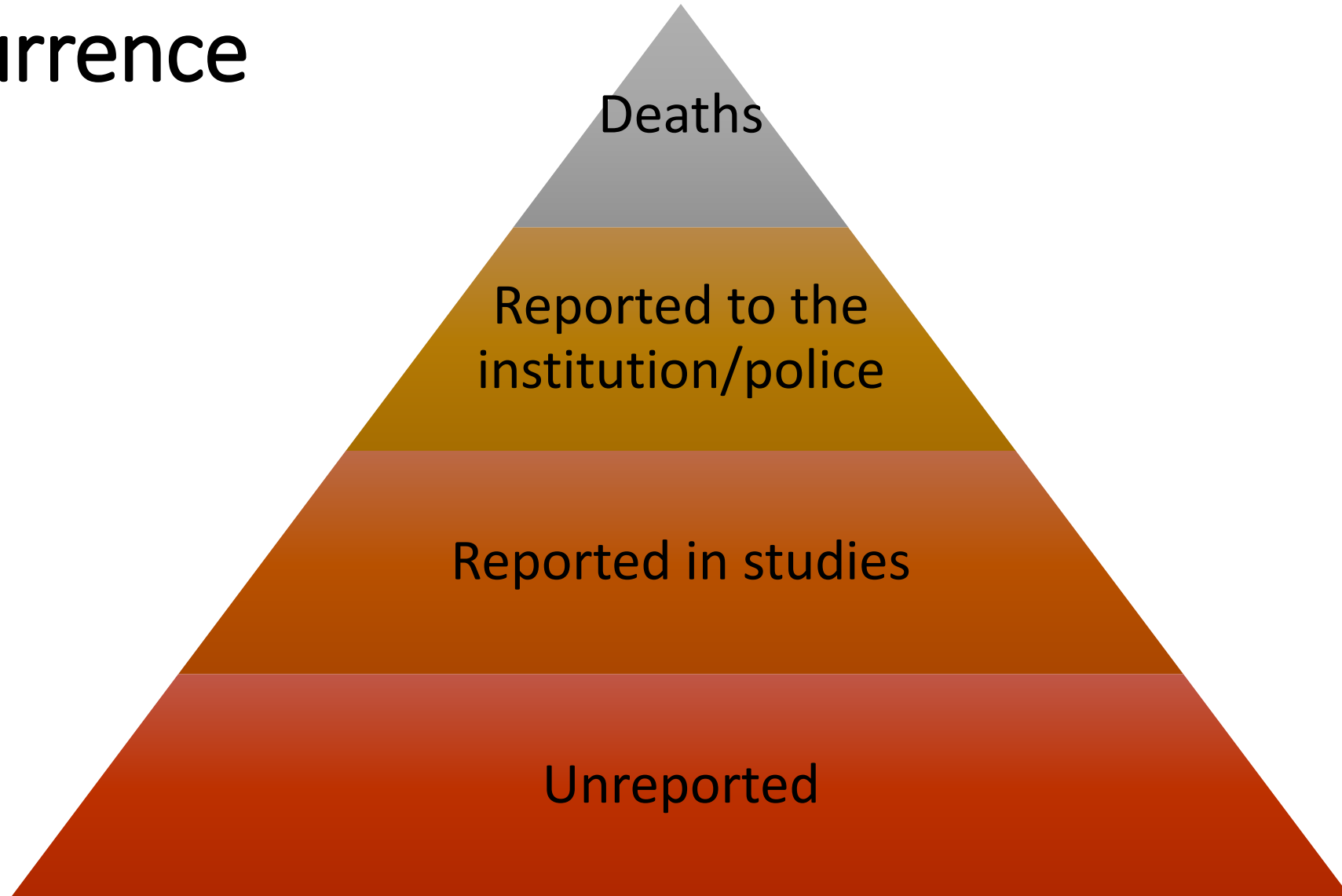
What is disability?



Occurrence

1. The prevalence of mistreatment, abuse and neglect is high.
2. Data is often lacking, there are methodological challenges – also based on definitions, form of abuse, data collection, etc.. However abuse, neglect and mistreatment is major public health problem:
 1. Elderly (from 3 to up to 25%)
 2. Woman (up to 30%)
 3. LGBTIQ+ (up to 65%, for transsexual even higher)
 4. Children and young adults (physical violence 12%, bullying at school 25%)
 5. People with disability
 6. ...

Occurrence



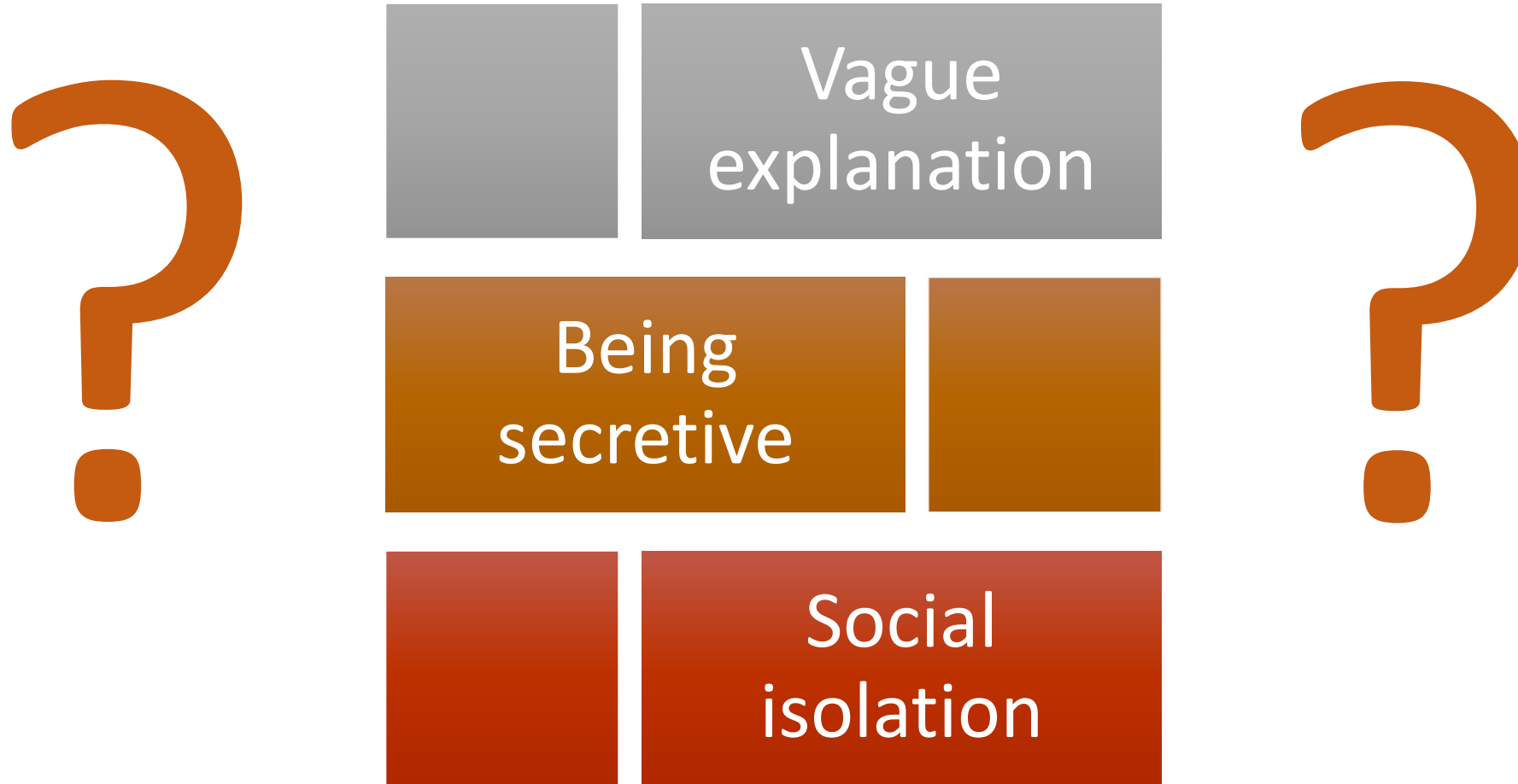
Reasons and contribution factors

1. There are many reasons why certain population tends to experience abuse, neglect and mistreatment:
 1. Perpetrators (behaviour, aggression, frustration, mental health, substance abuse, need for control, dependance ...)
 2. Victim (being less able to protect themselves, being excluded, socially isolated, being ill/having condition, relationship with perpetrator...)
 3. Society (ageism, fobia, sexism, inequality, patriarchy, institutional/system power ...)
 4. ...

Task 2 – How to recognize signs of abuse?

1. Based on your previous reflections on forms of abuse/neglect consider/discuss potential signs of abuse.
2. Is there a consistency between behavioral indicators and physical signs?

Signs by form of abuse – one or different?



Physical abuse

“The intentional use of physical force that results in acute or chronic illness, bodily injury, physical pain, functional impairment, distress, or death.

Physical abuse may include but is not limited to such acts of violence as striking (with or without an object or weapon), hitting, beating, scratching, biting, choking, suffocation, pushing, shoving, shaking, slapping, kicking, stomping, pinching, and burning.

In addition, inappropriate use of medications and physical restraints, pinning in place, arm twisting, hair pulling, force-feeding, and physical punishment of any kind also are examples of physical abuse.”

Physical abuse

1. Inconsistent, vague, bizarre explanation for injury
2. Broken bones, sprains, dislocations, bruises, burns, scratches, cuts, pain
3. Avoiding and being afraid of particular people, staff or being over compliant with a particular staff member
4. Appearing worried, anxious, depressed or withdrawn
5. Avoiding physical contact
6. Frequent service users or delays in seeking care
7. “accident prone” person
8.

Sexual abuse

“Forced and/or unwanted sexual interaction (touching and non-touching acts) of any kind with an older adult.

This may include but is not limited to forced and/or unwanted completed or attempted contact between the penis and the vulva or the penis and the anus involving penetration, however slight; forced and/or unwanted contact between the mouth and the penis, vulva, or anus; forced and/or unwanted penetration of the anal or genital opening of another person by a hand, finger, or other object; forced and/or unwanted intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or buttocks; unwarranted, intrusive, and/or painful procedures in caring for genitals or rectal area; or forced and/or unwanted non-contact acts of a sexual nature such as forcing a victim to view pornographic materials, photographing an elder for sexual gratification, voyeurism and verbal or behavioral sexual harassment.”

Sexual abuse

1. Disclosing sexual abuse or hinting to be abused
2. Physical signs such as pain, bruising, bleeding (genitals, anus, breasts)
3. Difficulty walking or sitting without a logical explanation
4. Torn clothes
5. STD
6. Pregnancy
7. Sleep disturbances
8. Changes in behavior (depression, anxiety attacks, seeking security, agitation, crying,...)
9. Refusing showering, other procedures related to persons intima
10.

Psychological/emotional

“Verbal or nonverbal behavior that results in the infliction of anguish, mental pain, fear, or distress, that is perpetrated by a caregiver or other person who stands in a trust relationship to the elder.

Such behaviors may have immediate effects or delayed effects that are short or long-term in nature that may or may not be readily apparent to or acknowledged by the victim.”

Psychological/emotional

1. Unusual behavior such as aggression, submissiveness or withdrawal, crying, bullying
2. Constant apologies and excessive compliance
3. Destructive behavior (low-self esteem, self-abuse, self-destructive behavior)
4. Decreased ability to cope with familiar situations
5. High levels of anxiety, especially when asked to go to a certain place or accompany a certain person
6. Lack of attachment to others
7. Speech disorder
8. ...

Domestic abuse

“This is typically an incident or pattern of incidents of controlling, coercive or threatening behavior, violence or abuse by someone who is, or has been, an intimate partner or family member.”

<https://www.nhs.uk/conditions/social-care-and-support-guide/help-from-social-services-and-charities/abuse-and-neglect-vulnerable-adults/>

Domestic abuse

1. Signs depend on the form of abuse
2. Depression, withdrawal, crying
3. Constantly checking decisions with their partner
4. Lack of independency incl. limited communication with others
5. Absent from work and social occasions
6. Lack of money
7. Feelings of worthlessness
8. ...

Neglect

“Neglect means the failure of a caregiver to provide food, shelter, clothing, medical services, or health care for the person unable to care for self; or the failure of person to provide these needs for self as result of mental or physical inability.”

Hamp LF. Analysis of Elder Abuse and Neglect Definitions Under State Law. In: National Research Council (US) Panel to Review Risk and Prevalence of Elder Abuse and Neglect; Bonnie RJ, Wallace RB, editors. Elder Mistreatment: Abuse, Neglect, and Exploitation in an Aging America. Washington (DC): National Academies Press (US); 2003. APPENDIX B. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK98799/>

Neglect

1. Disclosing neglect or giving hints
2. Poor personal hygiene
3. Inappropriate clothing for the weather
4. Unattended medical or dental needs
5. Underweight or overweight, dehydration
6. Requesting, begging, scavenging
7. Unhappy with care but feeling unable to change the situation
8. Unexplained frequent hospitalizations
9. Unclean living conditions
10. Social isolation
11. Limited communication...

Financial abuse

“The illegal, unauthorized, or improper use of an older individual’s resources by a caregiver or other person in a trusting relationship, for the benefit of someone other than the older individual.

This includes, but is not limited to, depriving an older individual of rightful access to, information about, or use of personal benefits, resources, belongings, or assets.”

Financial abuse

1. Unawareness about their finances
2. Unusual activity in bank accounts, balances
3. Changes in banking practices (including unexplained withdrawals)
4. Unpaid bills
5. Disappearance of money and other valuables (thefts)
6. Changes in wills, transfer of assets, bank accounts (joint accounts), etc
7. Lacking money to meet end-meet
8. Borrowing or stealing money
9. Using persons car, other assets
10. Fraud
11. ...

Improper use of restraints

“Improper use of restraint relates to inappropriate use of chemical, physical, or mechanical restraints for convenience or discipline. It is not authorized and it constitutes abuse.

Chemical restraint means the administration of any drug to manage a vulnerable adult’s behavior in a way that reduces the safety risk to the vulnerable adult or others, has the temporary effect of restricting the vulnerable adult’s freedom of movement, and is not standard treatment for the vulnerable adult’s medical or psychiatric condition.”

<https://www.dshs.wa.gov/node/29145>

Improper use of restraints

1. Unauthorized physical restraint
2. Locks outside of bedroom doors
3. Locks at other furniture including refrigerator
4. Overdose of medication
5. Using medication with objective of control (psychotropic medication)
6. Taking away walker
7. Putting furniture to restrain persons mobility
8. ...

Institutional abuse

1. Preventing visits or the involvement of relatives
2. Rigid regimes which does not suit individual needs and wishes
3. Lack of staff resulting in poor quality care
4. Inappropriate use of restraints (physical, medication)
5. Lack of respect for dignity and privacy (using showers, toilets, changing clothes, exposing people privacy,...)
6. Not providing adequate food and drink, or assistance with eating
7. Not taking account or discriminating people based on individuals' culture, religion, sexual orientation or ethnic origin
8. Failure to respond to abuse appropriately...

Strategies to respond to abuse

1. Strategies how to respond to neglect, abuse and mistreatment:
2. Strategies how respond to concerns related that neglect, abuse or mistreatment may be occurring:
 - Assessment,
 - Ensuring early help and safety,
 - Sharing information,
 - Reporting/referring to local authorities,
 - Supporting victim.

Assessment

1. Abuse & neglect disclosure
 - Take time
 - Listen, acknowledge, validate
 - Use open questions if needed to assess the situation/ do not investigate
 - e.g./ could you please tell me more about that. Don't ask leading questions, assess based on the facts and not interpretation.
 - Once you have general understanding of situation provide support
 - Interventions of early help and safeguarding

Assessment

2. Abuse & neglect which is observed/manifested with clear signs, or was witnessed
 - Provide support and reassure the victim
 - Listen, acknowledge, validate and take time
 - Do not ask questions in a way that victim would go over through events again
 - Interventions of early help and safeguarding

Assessment

3. Responding to concerns related that neglect, abuse or mistreatment may be occurring
 - Determine the level and urgency of concerns (incl. assessing the risks)
 - Record what you observed, hear (details are important, facts not interpretations)
 - Do not ask questions
 - Inform/ share information with a line manager/supervisor

Early help and safeguarding

1. Early help and safety with objective to provide support as soon as a problem emerges
 - determine the level and urgency of concerns (incl. assessing the risks)
2. Practical support with:
 - informing and asking consent for further action/support
 - organizing safe environment
 - sharing contact details of local services – GP, Social care services, NGO, legal help
 - advocating in seeking help
 - emotional support incl. listening
3. Safeguarding:
 - secure the safety (incl. yourself)
 - contact the police (based on the level and urgency) and if needed ambulance (in case of injury)
 - contact your line manager/supervisor
4. Protect evidence (special care in case of a sexual assault, names of witnesses, do not clean environment, etc).

Informing/supporting – examples of statements in reassuring

- Domestic violence is frequent, (he/she, they) does not deserve it and that (he/she, they) is not to blame for it
- The perpetrator is responsible for it and not (he/she/they)
- We (as provider) care about (he/she/they) safety
- The violence often gets worse over time and more often
- The violence harms (he/she/they) health
- Various forms of assistance are available
- Violence is a criminal offense and can be reported

Sharing information

Effective sharing of information between professionals is essential for effective identification, assessment and service provision.

1. Share information with line manager or co-worker involved in direct care
2. Record observations and provided care (details are important) – documentation might be used in further legal process

Reporting

- Seek help and support from your line manager
- Inform
 - Victim about reporting, ask consent (if needed), provide support
 - Social care services
 - Health care services (GP, Community nurse, OB&GYN, Pediatrician,...)
 - Police (immediate danger, sexual offence, physical assault)
- Awareness that abuse/neglect/mistreatment is criminal offence – legal duty of reporting
- In some cases adults with full capacity (ability to make informed decision) might not take formal actions or give their consent

Supporting victim

1. Maintain confidence, trustful relationship
2. Inform
3. Reassure
4. Be compassionate
5. Respond/React
6. Seek help/support from others

Task 3: Barriers in reporting neglect, abuse, or mistreatment

1. Consider/discuss and map pathway/s of reporting hypothetical abuse, neglect or mistreatment in your local community.
2. Identify challenges and barriers in those hypothetical pathways or hypothetical pathways.
3. Compare identified barriers with another group.
4. Consider how to overcome those barriers in your local community – how and where to seek support.
5. What is your role in recognizing and reporting?

Barriers in reporting neglect, abuse, or mistreatment

Some common grounds identified in literature:

1. Fears
2. Unclear guidelines
3. Reporting culture
4. Whistleblowing

Strategies to prevent/reduce neglect, abuse, or mistreatment

SOME EXAMPLES BUT NOT LIMITED TO:

Policy, strategy, legislation – such as:

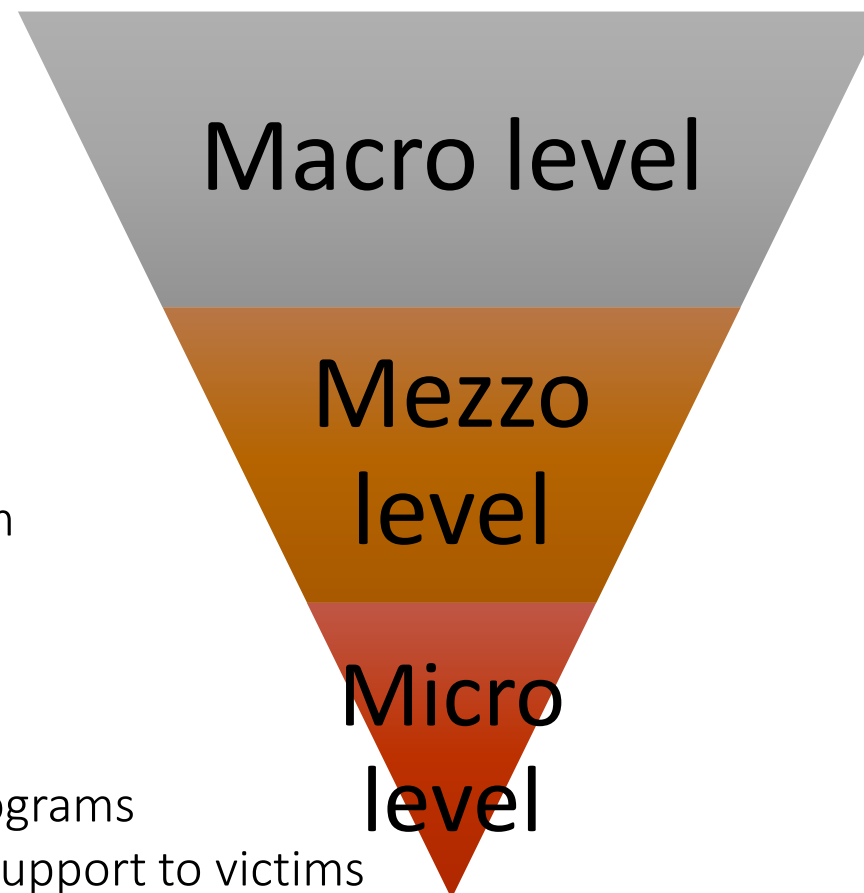
- a) economic development and support
- b) public engagement and social norms
- c) general education

Working with communities – such as:

- a) informing (leaflets, videos, radio, etc)
- b) supporting NGO
- c) developing programs to prevent harm
- d) helplines

Working with individual – such as:

- a) recognizing people at risk
- b) education of caregivers + support programs
- c) legal, psychological and educational support to victims



Task 4: Prevention strategies of neglect, abuse, or mistreatment

1. Discuss your experiences related to public engagement into the strategies to prevent abuse.
2. Reflect if you have been exposed to information related to abuse, neglect, mistreatment in the community or in public space in the last 6 months.
3. Are you aware of any NGO which deals with prevention of abuse, neglect or mistreatment and victim protection?
4. In group present some examples of strategies which you are aware of.



GIVINGCARE
Empowering Caregivers

Thank you!

Teachers's name

Teachers e-mail

Date of the session

