# SPECIALIZED FAMILY CARE Provider Training

Category	Pre-Service And Annual Training
Title	ABUSE, NEGLECT & EXPLOITATION Part II
Materials	Reducing Risk of Abuse, Neglect, & Exploitation, by WVDHHR, APS, KEPRO, Healthcare: Part II: Intellectual/Developmental Disabilities
	Factors
	Provider knows how to prevent abuse, neglect & exploitation of an
Goal	individual in care.
Credit Hours	.5 Hour
Date Developed	January 2017
Developed by	Carol Brewster, SFC Program

This skill-building instruction	has been approved	for Specialized Family	v Care Provider training h	٠,,
THIS SKIN-BUILDING HIST UCTION	nas been approved	TOT Specialized Faithing	y Care Provider training b	γ.

Specialized Family Care Program Manager

Output

Date

Out

#### Content Reviewed and Updated by: Carol Brewster, FBCS

Date

**Training Objectives:** 

- > Specialized Family Care Provider can identify disability-specific issues that increase the risk of abuse, neglect, and exploitation
- Specialized Family Care Provider can identify prevention methods to reduce risk due to disability specific issues
- > Specialized Family Care Provider can identify what not to do in cases of possible abuse

#### **Training Procedures:**

- Specialized Family Care Provider initiated self-study
- > Test completed by Specialized Family Care Provider
- Review of test responses by Family Based Care Specialist and Specialized Family Care Provider I certify that I have completed all the materials associated with this training module. I feel that I have a basic understanding of the material completed.

Specialized Family Care Provider	Start Time	End Time	Date	
Reviewed by:				
Family Based Care Specialist				

This Program is funded by the WV Department of Health & Human Resources, Bureau for Children & Families and administered by the Center for Excellence in Disabilities, West Virginia University.

WVDHHR/CED/SFC/ABUSE. NEGLECT.EXPLOITATION/January 2017

#### **COMMON RISK FACTORS**

### WHAT MAKES INDIVIDUALS WITH DISABILITIES MORE VULNERABLE?

- Restricted social environments/lack of meaningful relationships with others outside service provider personnel
- Feelings of powerlessness
- Dependence upon touch for personal care and inability to always control the nature of the care or touch
- Socialized to accept being touched by anyone and to do whatever authority figures tell them to do
- Inability to differentiate between appropriate and inappropriate actions
- Inability to understand the concept of strangers
- Inability to conceive that someone they know would harm them
- Lack of sex education and healthy relationships
- Communication barriers
- Dependence on others for decision-making
- Living and/or working in a situation where compliant behavior is required
- Disclosures of abuse are more likely to be ignored
- Primary and secondary Indicators of abuse may be attributed to the disability
- Belief by others that persons with disabilities are not as harmed by abuse
- High level of dependence upon caregivers
- Reluctance to report the abuse for fear of retribution
- Family members or guardians may have a false sense of security about the safety of their loved ones

### What Not to Do When Abuse is Suspected

- Do not agree to keep the information secret
- Do not conduct an investigation
- Do not bathe the victim of an alleged sexual assault or rape
- Do not wash the bed linens or clothing of an alleged victim of sexual assault or rape
- Do not clean the location an alleged sexual assault or rape
- Do not re-interview the individual
- Do not interpret or edit the information
- Do not interrogate the alleged abuser/suspect
- Do not involve other persons
- Do not interview other individuals or staff
- Do not go looking for evidence
- Do not touch physical evidence

#### **Risk Reduction and Prevention**

## **SOME WAYS TO REDUCE RISK AND PREVENT ABUSE INCLUDE:**

- Acknowledge that abuse **DOES** occur to children and adults with disabilities (Abuse and exploitation are constant dangers for individuals with developmental disabilities)
- Know who likely perpetrators might be
- Educate persons in your care
- When you suspect something is wrong, TAKE ACTION

# THE BEST WAY TO PREVENT ABUSE IS TO MAKE SURE THAT PEOPLE WITH DISABILITIES:

- Are involved in the community
- Have control over their lives and make their own decisions

- Can do as much on their own as possible
- Can get information about their rights (Individuals with developmental disabilities are at a greater risk for abuse than the general population)
- Have healthy relationships with others in the community

# ACTIONS THAT SERVICE PROVIDERS CAN TAKE TO HELP PREVENT THE ABUSE OF PEOPLE WITH DISABILITIES INCLUDE:

- Appreciating the impact and prevalence of abuse of people with disabilities
- Learning to recognize the signs of abuse
- Listening to, believing, and acting on reports of abuse by people with disabilities
- Recognizing and respecting the fact that many persons with disabilities are able to exercise independent decision-making
- · Knowing about, and networking with, victim serving resources
- Conducting unannounced visits
- Facilitating development of positive relationships with people who are not paid to serve them

#### **REFERENCES**

- Reid, G. (2008), Abuse of People with Disabilities for Service Providers,

  2 edition. The People's Law School.
- Baladerian, N., Coleman, T., Stream, J., (2013). Abuse of People with Disabilities Victims and Their Families Speak Out: A Report on the 2012 National Survey on Abuse of People with Disabilities.

  Retrieved on 3/23/2015 from <a href="http://www.disabilityandabuse.org/survey">http://www.disabilityandabuse.org/survey</a>
- Protection and Advocacy, Inc., USC University Affiliated Program, The Tarjan Center for Development Disabilities, (2003). *Abuse and Neglect of Adults with Developmental Disabilities*.