

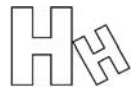


Module Ten

Preventing, Recognising, Reporting Abuse & Neglect

Policy, procedure, work instruction, trainers resource,
assessments of knowledge, certificate.

supporting service providers



Trainers Resources Abuse & Neglect

AIM: Prevention of Abuse in our facility / early recognition & Intervention

Care Staff / Support Workers may not be familiar with different terminology / different kinds of abuse and neglect. Giving names to actions & situations may help understanding.

Important concepts for trainers.

- Staff need to be very clear about **what is OK** and **what is NOT OK**.
- They need to be able to recognise abuse or neglect at work and in their own lives
- Vulnerable people are more likely to be abused & **may not speak out**.
- Recognising tell tale signs that something is not right.
- Once recognised, staff need to understand their **duty to report abuse / neglect**.
- Not to judge, as mistakes can be made / signs misread so it is best to report.
- Name a safe person in your organisation that they can report to.
- This person needs to either know how to manage such a report capably, or know where else to turn.
- Staff may not realise that reporting can be entirely anonymous [via social welfare]
- Condoning unkind behaviours witnessed by others is the same as participating
- Staff should be able to converse about abuse with a knowledge base.
- This is also a good opportunity to reinforce that staff are not to talk to the media.
- Staff need to realise that where they write in notes about "abusive" behaviour from residents or their family or visitors towards themselves, that they are setting themselves up as clinicians who are supposedly capable of making such a judgement call.

For example: "He was abusive so I" It is much better to write that he yelled at me and called me an "unhelpful black b_ _ ch". This is not abuse. This is someone who is frustrated and not finding help when needed. All too often health workers label someone that they are having a disagreement with abusive. Challenging behaviour should not be labelled abuse and it often is.

This training can be conducted in a round table discussion type environment.

Each concept should be introduced, then ask staff what they know or understand about it. More is remembered when staff are called to participate in this way.

For example: There are different kinds of abuse. How many can the group name?

Then, what different ways could someone physically abuse you? Ask for examples.



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WELL KNOWN DEFINITIONS OF ABUSE & NEGLECT:

<p>Physical</p>	<p>Hurting Injuring Bruising Breaking Scratching</p> <p>Example 1: Holding a wrist hard to hurt when annoyed</p> <p>Example 2: Admitted to hospital with a very bad untreated groin rash</p>
<p>Psychological/Emotional</p>	<p>Saying words that cause: stress fear upset alarm</p> <p>Real Example: I once heard an RN tell a very old and confused man [who had been in the war and a prisoner] that this was his last night and he would be shot in the morning. He was believed and the old man was distraught all night, despite what else was told to him.</p>
<p>Sexual</p> <p><i>Staff need to be empowered to manage unwanted advances in a mature fashion / To feel OK / be protected / be kind and understanding when the situation merits it.</i></p>	<p>Touching anywhere not welcome. Being too close</p> <p>Using threats and force for own gratification.</p> <p>Example 1: One confused old man following an old lady about and wanting the love from her that he now misses, while she is still married and her frail husband visits every week.</p> <p>Example 2: Terrible abuse that we see on TV</p>
<p>Material/Financial</p>	<p>Incorrect use of money or property</p> <p>Real Example [2007 – 2008]: Old lady lives in a cold house and her children manage her money in a Trust. They should put pink bats in the house, there is plenty of money in the Trust, but they don't because they are conserving their inheritance.</p>

Abuse of Freedom of Choice

Those in care may have their carer's ideas imposed upon them.

Choice is good. Choice is part of everyday life.

It is important not to rob those in our care of their choices because of limited abilities.

Common Example: Money is handled for the disabled person so that they have no money and no say in how it is spent.

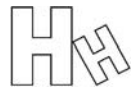
Neglect

Neglect is failing to provide the care that another needs and is relying on.

1. Active Neglect is conscious and intentional deprivation.

Real Example 1: Resident has bad teeth [they are sore but no one has documented this]. They should see a dentist but no one has suggested or organised it. Family see this as the job of the Rest Home. Home is leaving it up to the family.

Real Example 2: Resident in the Home needs summer sandals but needs help to purchase them because he is blind. The manager knows this because a visiting consultant pointed it out. The consultant comes again after the summer and the resident reports that he still does not have his sandals. He wore hot shoes all summer.



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2. Passive Neglect is the result of the carer's inadequate knowledge, infirmity or lack of trust in prescribed services.

Example 1: Husband in the community is looking after his frail elderly wife. He buys her pads for continence, but not enough. Most of their benefit is spent at the pub and the TAB rather than on nutritious food, although 50% should be for the wife. Neither sees this as neglect. It has been this way most of their lives.

Ask carers why they think the person being abused or neglected may not seek help:

Answers:

- ⇒ They are **not capable** of making a report [DON'T EVEN REALISE]
- ⇒ Out of **fear** of the abuser
- ⇒ They believe that **no one can really help** them
- ⇒ Because they feel **ashamed**
- ⇒ Fear of **what might happen** (perhaps to staff member or a family member)
- ⇒ Fear of being **blamed**

See if the group knows examples.

Note: Sometimes you need to wait patiently [leave a long silence before someone attempts an answer].

Some People are MORE at Risk:

- ⇒ Those depending on other people for all or part of their care

Ask which people in the Home staff view as most at risk.

- ⇒ With mental, physical or emotional disabilities

Why might this be? Is it because they are not taken as seriously? Cannot speak out, or do not realise what is happening.

- ⇒ Communication difficulties

How might people hint to you without telling you about abuse? What might they say?

- ⇒ Feelings of low self – esteem

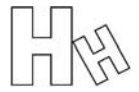
Thinking no one would care or do anything about it anyway, even if they were believed.

- ⇒ Those with limited social contacts and networks and isolation from ethnic support groups.

Only revealing bad things that are happening to those that are trusted.

People More at Risk of Abusing

1. Caring for a dependant person can be extremely stressful. Most people in a position of trust are very caring. However, abuse or neglect can begin



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where inadequate support, supervision or training leaves a care giver unable to cope with the large demands they feel.

Risk Factors for Carers

- ⇒ **Lack of training, support and supervision**
- ⇒ **Stress in other areas of their life such as finances or health**
- ⇒ **Previous family conflict and tension**
- ⇒ **Difficulty controlling feelings of anger and frustration**
- ⇒ **Background of mental health problems**
- ⇒ **Background of alcohol or drug related problems**
- ⇒ **Poor support and/or social networks**
- ⇒ **Feelings of low self-esteem.**

2. It is also possible for the person being cared for to [purposely] abuse the carer or to continually frustrate and stress them. This can be:

- a) Physical / emotional out of frustration with their own situation or
- b) Physical / emotional due to dementia, mental disability or head injury.

Conflict a red flag. Managers need to recognise this and provide additional monitoring and support where ANY KIND of conflict is reported.

RISK: Things can change overnight for good care givers. Then they fail to cope with the person they are caring for. For example life stressors like: husband walks out, huge money worries, sickness or death of whanau member.

The following signs might be a **“red flag”** to us that something is not quite right:

- ⇒ Resident shrinking away from another person, as though in fear
- ⇒ Acting worried or anxious when there is no good reason for it
- ⇒ Irritable or overly emotional
- ⇒ Presenting as helpless, hopeless and sad
- ⇒ Contradictory statements not resulting from mental confusion
- ⇒ Letting their carer do all the answering for them
- ⇒ Not making eye contact

Beware of Discrimination

Discrimination against someone: for **race**, intellectual or physical **disability** or **because everyone else finds them difficult**. Groups of staff can be guilty of talking about a resident and voicing opinions about them; sending them to their room; telling them what to do or telling them no. Staff may not realise they are abusing this person as they



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fail to realise their feelings. This is how they have learned to treat this person. Generally it will result in challenging behaviours from the 'bad' resident.

Well Known Signs of Abuse or Neglect:

Physical abuse	Neglect
Abrasions	Dehydration
Bleeding	Skin Rashes that are bad and not treated
Bruises	Bed sores
Burns	Dirty clothing
Cuts/lacerations	Crusty eyes
Grip marks	Injuries not covered / dressed
Dislocations	Over-sedation
Sprains	Not taken for medical care when it is
Welts	needed

It is important to consider injury carefully. Ambulance staff & hospital staff may question your Home where admissions carry the above signs.

Does the explanation fully explain the lack of care or harm from the injury?

For example: terminal people may develop pressure ulcers.

It is not our job to judge, just to report if we are concerned.

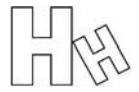
Some Indicators of Psychological Abuse	Indicators of Sexual Abuse
Resignation	Bruising or bleeding in genital area
Mental confusion	Venereal disease
Fear [Shrinking away]	Difficulty in walking or sitting
Marked passivity	Pain or itching in the genital area
Shame	Recoiling from being touched
Anger	Fear of bathing or toileting

REMEMBER: It is important not to jump to conclusions. Bruising or other injury might have been accidental. **Be more concerned where more than one indicator is present or where injury happens more than once.**

Indicators of Financial/Material Abuse

⇒ Disappearance of possessions

⇒ Someone managing another person's finances when they don't need to



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⇒ Where basic needs are not met, yet funding should be available.

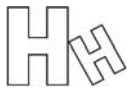
Important Exception

Where someone freely chooses to regularly give another money, this is not necessarily financial abuse, even though the person has a disability. The deciding factor is that this is the informed decision of the giver. Cultural considerations and the mana [pride] that financial contribution brings may be important considerations to the giver. Different cultures may view this differently.

Reporting / Intervention Guideline

1. **Remember, you have a duty to do something.**
2. Make sure the person you are concerned about is safe.
3. Report your concerns.
 - To a senior person or to the manager
 - In ones own life, it may be best to report concerns to komatua, older relatives or others with the person's best interests at heart.
 - Remember, where a person is afraid of what might happen if they report, suspected abuse can be reported to Social Welfare anonymously.
4. Complete an Incident/Accident Form

Trainers Notes: It is important for management to realise that in situations where abuse or neglect is disclosed, it is far more likely to be verbal and to a trusted source – therefore management need to be perceived as trustworthy [or listen to those someone trusted]. The reporter is often UNLIKELY to want to document that they have 'told on' another. To find out about suspected abuse / emotional bullying / disrespectful manner of fellow workers management will gain far more information by listening, than insisting upon form filling. Accurate documentation is essential – staff making report should use their own words. If staff do not want to document their concerns, then management may write up report received by them verbally [without revealing source]. Management then need to act accordingly – inclusive of accessing appropriate external help if needed. Not heeding report is equivalent to condoning.



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Role Play Learning Exercise [Four Staff]

STAFF 1 – Benny

Benny is an intellectually disabled old man living in a Rest Home.

- Benny goes on a van ride about once a fortnight. The van does not stop anywhere for Benny to get out and explore. He only gets to look because the other residents are too frail to get out.
- He goes to church once a week [he loves singing].
- Every Wednesday a volunteer comes to help residents make pom poms.
- No one comes to visit Benny any more since his mum died.
- Sometimes Benny will hit other residents or throw things at them.
- Other residents tell him he is “bad” or tell on him when he is “naughty”.
- Benny has his own TV in his room

STAFF 2 – Caregiver [Mavis]

STAFF 3 – Caregiver [Lena]

STAFF 4 – Manager [Basil]

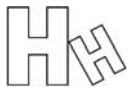
Learning Objectives:

1. Staff to realise how it feels to be Benny
2. Assist staff to internalise [be clear] about different kinds of abuse.
3. Recognise reasons for behaviour problems
4. Staff to think of ways to solve the problems / change the behaviour around to positive.

Equipment = Three chairs.

Cut out the role plays below. Each person has a part to play.

Identify the people in the role play from their descriptions, above.



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Role Play Learning Exercise

1. Benny. [intellectually disabled resident]:
Look for a seat to sit on. They are all taken. You start to cry. Staff will send you to your room.

You cry and go

2. Mavis [Care giver]:
You have worked hard all day. Its your chance to sit down and take a break and eat something. Benny starts hanging around and crying.

TELL him to go and watch TV in the lounge.

3. Lena [Caregiver]:
Benny starts getting into trouble. Staff tell him to watch TV in the lounge.

Tell him go watch TV in his bedroom

4. Basil [Manager]:
Observe your staff. Wait until they try to send Benny to his room.

Ask: What's Benny up to now? Send him to his room.

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Trainers Guide to Discussion Topics:

➡ **Understanding emotional / psychological abuse**

Discuss the concept that abusers don't respect the people that they abuse. They feel that it is OK to dominate and even hurt someone. One person can influence other people's way of treating someone.

➡ **Rights not observed where residents are 'sent' & 'told'**

Use the role play and have one staff as Benny. Tell Benny off and send Benny to his room. Allow staff to experience HOW this feels.

➡ **Behaviour problems arising out of feelings of worthlessness, sadness or grief**

Extend the role play to Benny's reactions. Let staff think what they might be? Yelling out? Hitting his walls or throwing things in frustration?

➡ **The effect of boredom**

Talk about people without anything meaningful in their lives. Discuss the negative effects of having nothing to do.

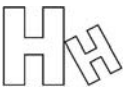
➡ **Not recognising loss & grief [feelings]**

People often behave out of incidences in their lives from the past. Example: Maybe Benny is really unhappy because he isn't special to anyone since the death of his mother?

➡ **Falling into the trap of following others lead.**

How would /should staff treat Benny?

Extend the role play: What would staff want if they were Benny?



Assessment of Knowledge Abuse & Neglect

What different kinds of abuse do you know of?

1. P_____
2. E_____
3. S_____
4. F_____
5. N_____

Think about abuse of **Freedom of Choice** as well. Can you think of an example of this?

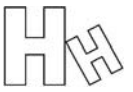
Who is more at risk of having their freedom of choice taken over?

- 1.
- 2.
- 3.
- 4.
- 5.

There are 2 kinds of neglect. What are they?

- 1.
- 2.

Can you think of an example of **“passive”** neglect?



Assessment of Knowledge Abuse & Neglect

We cannot always feel in a fabulous, happy, loving mood. What things might put you in a bad space? Think about home & work.

- 1.
- 2.
- 3.
- 4.
- 5.

What things make some clients HARD to look after?

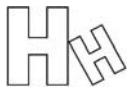
- 1.
- 2.
- 3.

Who should someone turn to if they are not feeling good about work because of things out of the last two questions?

You hear another staff member telling Mrs B that she is a dirty girl? Her tone is not unkind, but you see that Mrs B does not like it. What do you do?

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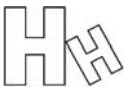
Sign..... [Trainer] Date.....



Knowledge Assessment for RN's & Team Leaders Abuse & Neglect

Please find examples for each of the different kinds of ABUSE & NEGLECT. One has been done for you.

<p>Physical</p> <p>Hurting Injuring Bruising Breaking Scratching</p>	<p>Example:</p>
<p>Psychological/Emotional</p> <p>Saying words that cause: stress fear upset alarm</p>	<p>Example:</p> <p>You sit up and eat all your breakfast right now or I will make sure that you don't get to go to church tonight.</p>
<p>Sexual</p> <p>Touching anywhere not welcome. Being too close / using force</p>	<p>Example :</p>
<p>Material/Financial</p> <p>Incorrect use of money or property</p>	<p>Example</p>
<p>Abuse of Freedom of Choice</p> <p>Example:</p>	
<p>Neglect</p> <p>Neglect is failing to provide the care that another needs and is relying on.</p> <ol style="list-style-type: none"> Active Neglect is conscious and intentional deprivation. <p>Example:</p> <ol style="list-style-type: none"> Passive Neglect is the result of the carer's inadequate knowledge, infirmity or lack of trust in prescribed services. <p>Example:</p>	



Knowledge Assessment for RN's & Team Leaders Abuse & Neglect

List as many of the well known Signs of Physical Abuse or Neglect that you can think of:

Physical Abuse	Neglect

Janey has had a stroke, so it is hard for her to talk. She tells you that the afternoon staff are rough with her and that they miss out cleaning her teeth at night. She likes you better because you make sure she is comfortable. She can't tell you who it was. You ask the afternoon staff and they say they look after her well but she wants them to stay with her all the time and is too fussy. What do you do?

Sign..... Designation..... Date.....

Sign..... [Trainer] Date.....

