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ZERO TOLERANCE FOR ABUSE POLICY

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ABUSE PREVENTION TRAINING MANUAL

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STATEMENT OF PURPOSE

Our mission is to improve the lives of women, youth and children experiencing homelessness by providing sanctuary, support, education, tools and resources that empower them to improve the quality of their lives on every level, achieve greater self-sufficiency, and build safe, secure lives.

To support our mission, [redacted] is committed to creating a trauma-informed sanctuary in which every woman, youth and child will have the opportunity to heal, learn and grow, build the foundation for a brighter future, and blossom into who they are truly meant to be. Further to that end, [redacted] has adopted this Zero Tolerance Policy for Abuse Policy.

This Policy establishes minimum standards for our facilities and programs, including training and rules for staff to detect, report, and prevent sexual abuse, abuse, neglect, exploitation, and abandonment, as defined below and by law, of [redacted] program participants.

I. ZERO TOLERANCE FOR ABUSE POLICY

A. RELEVANT STATE STATUTES

Following is a collection of relevant state statutes that define and criminalize different aspects of abuse. It is not intended to be all-inclusive and other laws, rules and regulations pertinent to the conduct of services and trauma-informed sanctuary [redacted] may also apply.

Caregiver Abuse - Differences in Definition for Children and Adults

Florida law defines a "caregiver" in two different ways. One definition applies to caregivers of adults with developmental disabilities (who are referred to as "vulnerable adults" in Florida Statutes). The other definition of "caregiver" applies to those individuals who are responsible for caring for children.

Laws Regarding Types of Abuse

Not only does Florida law separate the types of abuse, but it further distinguishes between issues involving the abandonment, abuse, and neglect of children as well as the exploitation, abuse, and neglect of adults with developmental disabilities.

Child Abuse

From Florida Statutes section 39.01(2):

“Abuse” means any willful act or threatened act that results in any physical, mental, or sexual abuse, injury, or harm that causes or is likely to cause the child’s physical, mental, or emotional health to be significantly impaired[1]… Abuse of a child includes acts or omissions. Corporal discipline of a child by a parent or legal custodian for disciplinary purposes does not in itself constitute abuse when it does not result in harm to the child.

Child Neglect

From Florida Statutes section 39.01(50):

"Neglect" occurs when a child is deprived of, or is allowed to be deprived of, necessary food, clothing, shelter, or medical treatment or a child is permitted to live in an environment when such deprivation or environment causes the child's physical, mental, or emotional health to be significantly impaired or to be in danger of being significantly impaired. The foregoing circumstances shall not be considered neglect if caused primarily by financial inability unless actual services for relief have been offered to and rejected by such person. A parent or legal custodian legitimately practicing religious beliefs in accordance with a recognized church or religious organization who thereby does not provide specific medical treatment for a child may not, for that reason alone, be considered a negligent parent or legal custodian; however, such an exception does

[1] Additional Language from Florida Statute Section 39.01 (2) left out of the statute above, “Abuse of a child includes the birth of a new child into a family during the course of an open dependency case when the parent or caregiver has been determined to lack the protective capacity to safely care for the children in the home and has not substantially complied with the case plan towards successful reunification or met the conditions for return of the children into the home.”

not preclude a court from ordering the following services to be provided, when the health of the child so requires: (a) Medical services from a licensed physician, dentist, optometrist, podiatric physician, or other qualified healthcare provider; or (b) Treatment by a duly accredited practitioner who relies solely on spiritual means for healing in accordance with the tenets and practices of a well-recognized church or religious organization. Neglect of a child includes acts or omissions."

Child Abandonment

From Florida Statutes section 39.01(1):

"Abandoned" or "abandonment" means a situation in which the parent or legal custodian of a child or, in the absence of a parent or legal custodian, the caregiver, while being able, has made no significant contribution to the child's care and maintenance or has failed to establish or maintain a substantial and positive relationship with the child, or both. For purposes of this subsection, "establish or maintain a substantial and positive relationship" includes, but is not limited to, frequent and regular contact with the child through frequent and regular visitation or frequent and regular communication to or with the child, and the exercise of parental rights and responsibilities. Marginal efforts and incidental or token visits or communications are not sufficient to establish or maintain a substantial and positive relationship with a child[2]. The term does not include a surrendered newborn infant as described in s. 383.50, a "child in need of services" as defined in chapter 984, or a "family in need of services" as defined in chapter 984. The incarceration, repeated incarceration, or extended incarceration of a parent, legal custodian, or caregiver responsible for a child's welfare may support a finding of abandonment.

Abuse of an Elderly Person or Disabled Adult

From Florida Statutes section 825.102:

(1) "Abuse of an elderly person or disabled adult" means:
(a) Intentional infliction of physical or psychological injury upon an elderly person or disabled adult;
(b) An intentional act that could reasonably be expected to result in physical or psychological injury to an elderly person or disabled adult; or
(c) Active encouragement of any person to commit an act that results or could reasonably be expected to result in physical or psychological injury to an elderly person or disabled adult. A person who knowingly or willfully abuses an elderly person or disabled adult without causing great bodily harm, permanent disability, or permanent disfigurement to the elderly person or disabled adult commits a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.

Aggravated Abuse of an Elderly Person or Disabled Adult

From Florida Statutes section 825.102(2):

"Aggravated abuse of an elderly person or disabled adult" occurs when a person:
(a) Commits aggravated battery on an elderly person or disabled adult;

[2] Additional Language from Florida Statute Section 39.01 (1) left out of the statute above, "A man's acknowledgment of paternity of the child does not limit the period of time considered in determining whether the child was abandoned."

(b) Willfully tortures, maliciously punishes, or willfully and unlawfully cages, an elderly person or disabled adult; or
(c) Knowingly or willfully abuses an elderly person or disabled adult and in so doing causes great bodily harm, permanent disability, or permanent disfigurement to the elderly person or disabled adult.
A person who commits aggravated abuse of an elderly person or disabled adult commits a felony of the first degree, punishable as provided in Florida Statutes sections 775.082, 775.083, or. 775.084.

Neglect of an Elderly Person or Disabled Adult

From Florida Statutes section 825.102(3)(a):

"Neglect of an elderly person or disabled adult" means:
1. A caregiver's failure or omission to provide an elderly person or disabled adult with the care, supervision, and services necessary to maintain the elderly person's or disabled adult's physical and mental health, including, but not limited to, food, nutrition, clothing, shelter, supervision, medicine, and medical services that a prudent person would consider essential for the well-being of the elderly person or disabled adult; or
2. A caregiver's failure to make a reasonable effort to protect an elderly person or disabled adult from abuse, neglect, or exploitation by another person.
Neglect of an elderly person or disabled adult may be based on repeated conduct or on a single incident or omission that results in, or could reasonably be expected to result in, serious physical or psychological injury, or a substantial risk of death, to an elderly person or disabled adult.

(b) A person who willfully or by culpable negligence neglects an elderly person or disabled adult and in so doing causes great bodily harm, permanent disability, or permanent disfigurement to the elderly person or disabled adult commits a felony of the second degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.

(c) A person who willfully or by culpable negligence neglects an elderly person or disabled adult without causing great bodily harm, permanent disability, or permanent disfigurement to the elderly person or disabled adult commits a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.

Sexual Misconduct Law

Sexual activity between a ***direct service provider*** and a person with a developmental disability (to whom he or she is rendering services) is not only unethical but is also a crime, regardless of whether or not consent was first obtained from the victim.

From Florida Statutes Section 393.135:

(1) As used in this section, the term:

(a) "Covered person" includes any employee, paid staff member, volunteer, or intern of the agency; any person under contract with the agency; and any person providing care or support to a client on behalf of the agency or its providers.

(b) "Sexual activity" means:
1.Fondling the genital area, groin, inner thighs, buttocks, or breasts of a person.
2.The oral, anal, or vaginal penetration by or union with the sexual organ of another or the anal or vaginal penetration of another by any other object.
3.Intentionally touching in a lewd or lascivious manner the breasts, genitals, the genital area, or buttocks, or the clothing covering them, of a person, or forcing or enticing a person to touch the perpetrator.
4.Intentionally masturbating in the presence of another person.
5.Intentionally exposing the genitals in a lewd or lascivious manner in the presence of another person.
6.Intentionally committing any other sexual act that does not involve actual physical or sexual contact with the victim, including, but not limited to, sadomasochistic abuse, sexual bestiality, or the simulation of any act involving sexual activity in the presence of a victim.

(c) "Sexual misconduct" means any sexual activity between a covered person and a client to whom a covered person renders services, care, or support on behalf of the agency or its providers, or between a covered person and another client who lives in the same home as the client to whom a covered person is rendering the services, care, or support, regardless of the consent of the client. The term does not include an act done for a bona fide medical purpose or an internal search conducted in the lawful performance of duty by a covered person.

(2) A covered person who engages in sexual misconduct with an individual with a developmental disability who:
(a)Resides in a residential facility, including any comprehensive transitional education program, developmental disabilities center, foster care facility, group home facility, intermediate care facility for the developmentally disabled, or residential habilitation center; or
(b) Is eligible to receive services from the agency under this chapter, commits a felony of the second degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084. A covered person may be found guilty of violating this subsection without having committed the crime of sexual battery.

(3) The consent of the client to sexual activity is not a defense to prosecution under this section.

(4) This section does not apply to a covered person who is legally married to the client.

(5) A covered person who witnesses sexual misconduct, or who otherwise knows or has reasonable cause to suspect that a person has engaged in sexual misconduct, shall immediately report the incident to the central abuse hotline of the Department of Children and Family Services and to the appropriate local law enforcement agency. The covered person shall also prepare, date, and sign an independent report that specifically describes the nature of the sexual misconduct, the location and time of the incident, and the persons involved. The covered person shall deliver the report to the supervisor or program director, who is responsible for providing copies to the agency's local office and the agency's inspector general.

(6)(a) Any person who is required to make a report under this section and who

knowingly or willfully fails to do so, or who knowingly or willfully prevents another person from doing so, commits a misdemeanor of the first degree, punishable as provided in s. 775.082 or s. 775.083.

Treatment of Persons with Developmental Disabilities

From Florida Statutes Section 393.13(3)(a):

Persons with developmental disabilities shall have a right to dignity, privacy, and humane care, including the right to be free from abuse, including sexual abuse, neglect, and exploitation.

Exploitation of an Adult with a Developmental Disability

From Florida Statutes Section 415.102(8):

(a)"Exploitation" means a person who:
1. Stands in a position of trust and confidence with a vulnerable adult and knowingly, by deception or intimidation, obtains or uses, or endeavors to obtain or use, a vulnerable adult's funds, assets, or property with the intent to temporarily or permanently deprive a vulnerable adult of the use, benefit, or possession of the funds, assets, or property for the benefit of someone other than the vulnerable adult; or
2. Knows or should know that the vulnerable adult lacks the capacity to consent, and obtains or uses, or endeavors to obtain or use, the vulnerable adult's funds, assets, or property with the intent to temporarily or permanently deprive the vulnerable adult of the use, benefit, or possession of the funds, assets, or property for the benefit of someone other than the vulnerable adult.

(b)"Exploitation" may include, but is not limited to:
1. Breaches of fiduciary relationships, such as the misuse of a power of attorney or the abuse of guardianship duties, resulting in the unauthorized appropriation, sale, or transfer of property;
2. Unauthorized taking of personal assets;
3. Misappropriation, misuse, or transfer of moneys belonging to a vulnerable adult from a personal or joint account; or
4. Intentional or negligent failure to effectively use a vulnerable adult's income and assets for the necessities required for that person's support and maintenance.

Abuse of an Adult with a Developmental Disability

From Florida Statute Section 415.102(1):

"Abuse" means any willful act or threatened act by a relative, caregiver, or household member which causes or is likely to cause significant impairment to a vulnerable adult's physical, mental, or emotional health. Abuse includes acts and omissions.

Neglect of an Adult with a Developmental Disability

From Florida Statute Section 415.102(16):

"Neglect" means the failure or omission on the part of the caregiver or vulnerable adult to provide the care, supervision, and services necessary to maintain the physical and mental health of the vulnerable adult, including, but not limited to, food, clothing, medicine, shelter, supervision, and medical services, which a prudent person would consider essential for the well-being of a vulnerable adult. The term "neglect" also means the failure of a caregiver or vulnerable adult to make a reasonable effort to protect a vulnerable adult from abuse, neglect, or exploitation by others. "Neglect" is repeated conduct or a single incident of carelessness which produces or could reasonably be expected to result in serious physical or psychological injury or a substantial risk of death.

B. DEFINITIONS

Self-Neglect

Besides possibly being neglected by a caregiver, the potential exists for people to neglect themselves because of either their age or disability. The Abuse Hotline receives thousands of calls each year that deal with issues involving self-neglect. Anyone who knows or suspects that an adult with a developmental disability is the victim of self-neglect must report such information. Reporting cases of self-neglect allows the Department of Children and Families (“DCF”) to provide voluntary services or petition a court for involuntary non-emergency services and protective supervision when an investigation determines that an adult with a developmental disability is neglecting himself or herself.

Client on Client Abuse

Sexual assault or any type of injury-causing physical altercation (such as punching, stabbing, choking, or hitting someone with a heavy object resulting in injury) which takes place between two program participants with developmental disabilities should be reported immediately to the Abuse Hotline (“Abuse Hotline”).

In addition, service providers must also report the incident immediately to the Executive Director, Director and Clinical Directors

Capacity to Consent

It is not our role to determine whether or not someone with a developmental disability has the capacity to consent to sexual activity (either with another person with a disability or someone else).

DCF abuse investigators have a standard set of procedures they use for determining capacity to consent so it is important that you contact the abuse hotline whenever you become aware of sexual activity involving a person with a developmental disability and you suspect that sexual abuse has occurred.

C. MANDATORY REPORTING REQUIREMENTS

Following is a summary of relevant state laws, rules and regulations to better understand the reporting requirements applicable to abuse. It is not intended to be all-inclusive and other laws, rules and regulations pertinent to the conduct of services and trauma-informed sanctuary of [redacted] may also apply.

Below are the sections of Florida law pertaining to mandatory reporting requirements:

From Florida Statute Section 39.201(1)(a):
1. A person is required to report immediately to the central abuse hotline established in s. 39.101, in writing, through a call to the toll-free telephone number, or through electronic reporting, if he or she knows, or has reasonable cause to suspect, that any of the following has occurred:
a. Child abuse, abandonment, or neglect by a parent or caregiver, which includes, but is not limited to, when a child is abused, abandoned, or neglected by a parent, legal custodian, caregiver, or other person responsible for the child's welfare or when a child is in need of supervision and care and has no parent, legal custodian, or responsible adult relative immediately known and available to provide such supervision and care.
b. Child abuse by an adult other than a parent, legal custodian, caregiver, or other person responsible for the child's welfare.

From Florida Statute Section 415.1034(1)(a):
Any person who knows, or has reasonable cause to suspect, that a vulnerable adult has been or is being abused, neglected, or exploited shall immediately report such knowledge or suspicion to the central abuse hotline.

Failure to report known or suspected cases of abuse, neglect, or exploitation is a crime. Not reporting child abuse, neglect, or abandonment (or preventing someone else from reporting) is classified as a third-degree felony in Florida. Someone convicted of a third-degree felony can be required to serve up to five years in prison. Not reporting cases of abuse, neglect, or exploitation of adults with developmental disabilities (or preventing someone else from reporting) is classified as a second-degree misdemeanor (which can result in you serving up to 60 days in jail).

If you are a service provider, failure to report known or suspected abuse can also cause you to lose your job and/or face possible legal action. When in doubt, report it; it is always better to make a mistake on the side of caution. Reports should be made even if the incident happened a long time ago or took place in a school.

How to Report Abuse, Neglect, or Exploitation of a Child

If you know or suspect that a child is being abused, neglected, or abandoned by a relative, caregiver, or household member, then you should do the following immediately:

Call the Executive Director, Director, Deputy Directors, Clinical Directors , Assistant Directors and/or any available Counselor/Resource Coordinator, who will promptly call the Florida Abuse **Hotline, ("Abuse Hotline") which is a nationwide, toll-free**

telephone number, at 1-800-96-ABUSE (1-800-962-2873), or send a faxed statement to the Abuse Hotline's statewide toll-free fax number, 24 hours a day, 7 days a week, at 1-800-914-0004). ***Filing an online report may also be an efficacious way of reporting suspected abuse or neglect because of the more detailed nature of the questions and opportunity to provide information which may be helpful to the agency handling investigations, particularly in a more complex situation involving a youth or child.***

Note: If you know about a situation in which the life of a child is in immediate danger due to abuse, neglect, or abandonment, you should call 911 before calling anyone else.

How to Report Abuse, Neglect, or Exploitation of Vulnerable Adult

If you know or suspect that a person with a developmental disability is being abused, neglected, or exploited by a relative, caregiver, or household member then you should do the following immediately:

Call the Executive Director, Director, Deputy Directors, Clinical Directors (Families, Youth/Singles and Children's Services), Assistant Directors and/or any available Counselor/Resource Coordinator, one of whom will promptly call the Abuse Hotline, which is a nationwide, toll-free telephone number, at 1-800-96-ABUSE (1-800-962-2873), or send a faxed statement to the Abuse Hotline's statewide toll-free fax number, 24 hours a day, 7 days a week, at 1-800-914-0004), or e-mail [redacted] ***Filing an on-line report may also be an efficacious way of reporting suspected abuse or neglect because of the more detailed nature of the questions and opportunity to provide information which may be helpful to the agency handling investigations, particularly where a vulnerable adult or a more complex situation involving a youth is concerned.***

Note: If you know about a situation in which the life of a person with a developmental disability is in immediate danger due to abuse, neglect, or exploitation, you should call 911 before calling anyone else.

Information That May be Requested by the Abuse Hotline

Hotline operators may request the following information:

- Name, age, sex, physical description, and location of each victim alleged to have been abused, neglected, or exploited
- Names, addresses, and telephone numbers of each alleged perpetrator
- Name, address, and telephone number of the person reporting the alleged abuse, neglect, or exploitation
- Description of the physical or psychological injuries sustained
- Actions taken by the reporter, if any, such as notification of the police

NOTE: It is important that you do not delay calling the Hotline until you have all of the above information. Instead, call the Hotline with whatever information you may have in order to protect children from continued abuse, neglect or

abandonment or persons with developmental disabilities or vulnerable adults from continued abuse, neglect, or exploitation.

What Happens After a Hotline Call is Made?

When a call is received by the Abuse Hotline, hotline staff must first determine if the situation described is something that state law allows them to investigate (such as allegations involving the abuse, neglect, or exploitation of a child or vulnerable adult by a relative, caregiver, or household member).

Sometimes, a report cannot be taken by the Abuse Hotline because it does not involve an allegation of abuse, neglect, or exploitation of a child or a vulnerable adult by their caregiver. In those situations, Hotline staff can still assist callers by providing them with information and arranging referrals to other agencies (such as law enforcement) as necessary.

When a report is made to the Abuse Hotline, that information is used to assess the risk to the victim and determine findings. All information obtained during an investigation is confidential but can also be used as evidence in any court proceedings that may take place.

The Department of Children & Families (DCF) is required to conduct an investigation of all abuse reports received and accepted in order to determine if there is evidence that someone has been abused, neglected or exploited, and to see if assistance is necessary to protect the individual's health and safety.

Within 24 hours of receiving a report, a protective investigator makes face-to-face contact with the alleged victim. If access to the alleged victim is refused to the protective investigator, law enforcement may be called to assist.

Once access is gained, the investigator will interview those involved, evaluate the information obtained, and make a decision as to whether the reported allegations did or did not occur. If you are contacted by a DCF investigator for an interview pursuant to a DCF investigation, please make sure the Assistant Clinical Director, Clinical Director, the Foundation's Associate General Counsel, or the [redacted] Director is advised. Only Clinical Team members and their supervisors should speak to DCF investigators. No one should speak to DCF investigators without consulting a Clinical Director. If a victim is determined to be at risk and will not be safe remaining in his/her present environment, the investigator may place the victim in a more suitable living arrangement such as that of the home of a relative or friend or another licensed residential placement.

As long as victims are capable of making their own decisions, they must request or consent to placement before it can occur. If victims are not capable of making this decision, they may be removed by the investigator and placed in a safer environment, but the investigator must petition the court for a hearing within 24 hours of removal so the court may decide if continued placement is necessary. The people who have a right to be present at any hearing include the victim of a report, the victim's spouse, guardian, legal counsel, adult children and next of kin.

What happens if the hotline does not accept the call?

If you believe that your call should have been accepted and/or that the hotline operator did not handle the call properly, please call the hotline back and ask to speak to a supervisor to explain the situation.

Calls not accepted by the hotline (because the allegation does not involve abuse, neglect, or exploitation of a child or vulnerable adult by a caregiver) will automatically be transferred by hotline staff to the local police.

D. ABUSE PREVENTION GUIDELINES

Defining Appropriate and Inappropriate Affection Between Staff and Children/Vulnerable Adults

The following guidelines will help to define appropriate versus inappropriate displays of affection between staff and children, as well as between staff and vulnerable adults.

Appropriate Displays of Affection:

- Side hugs
- Shoulder to shoulder or “temple” hugs
- Pats on the shoulder or back
- Handshakes
- “High-fives”
- Verbal praise
- Pats on the head when culturally appropriate
- Touching hands, faces, shoulders, and arms
- Arms around shoulders
- Holding hands (with smaller children in escorting situations)

Inappropriate Displays of Affection:

- Kisses on the mouth of children or adults
- Touching bottoms, chests, or genital areas
- Showing affection in isolated areas of the building, such as closets, staff only areas, or other private rooms
- Staff sleeping in bed with a child or another adult
- Wrestling with children or adults
- Piggyback rides
- Tickling
- Any type of massage given by a child to staff
- Any type of massage given an adult to staff
- Any type of massage given by a staff member to a child or adult, unless performed by a licensed massage therapist as part of official programming
- Any form of affection that is unwanted by the child or adult

Operating Policies

Guests will be assigned a shared living space by the [redacted] staff; assignments may be changed only by the Executive Director, Director, Deputy Director, Deputy

Director of Compliance and Operations, Operations Director, Clinical Directors , Clinical Assistant Directors or Intake Director. Each guest must share their living space with and be respectful of and care for the other guests [redacted]. Guests are not allowed to have visitors in their living spaces, including other guests [redacted], for the safety and security of all concerned.

Guests are not permitted to have ANY visitors unless pre-approved by [redacted] staff (visits may be allowed with the permission of the Executive Director, Director, Deputy Director or Clinical Directors (Children's Services, Families or Youth/Singles) for social service, mental or medical care appointments, or other reason approved by these designated staff) and NO OVERNIGHT OR OTHER VISITORS of guests will be allowed at any time. Guests must remain on the grounds [redacted] and visits will be limited in time to the amount of time for a social service or other medical or mental health appointment that is required. The [redacted] staff reserves the right to determine appropriate visitors and terminate visitation at any time in its sole discretion.

The [redacted] is not a child care facility. Each guest is required to acknowledge that they are solely responsible for the care of their own child, via the following Consent and Release form which is required to be signed as a condition to their entry i[redacted]. Further, guests are advised not to leave their children in the care of other guests [redacted].

The CONSENT AND RELEASE form is in Appendix I.

E. ZERO TOLERANCE POLICY

[redacted] seeks to maintain a sanctuary conducive to healing of body, mind and spirit for all Guests and their children. To that end, [redacted] has established a "ZERO TOLERANCE" policy for abuse or violence of any kind, including both physical and verbal, and/or the use and/or possession of weapons of any kind. This zero tolerance for abuse and violence policy includes a prohibition against all kinds of abuse (both physical and emotional), harassment, gossip, exploitation, threats, and violence or threatened violence, physical or verbal, against adults, children, animals, and property. No hitting, pinching, spanking, pushing, shoving, or physical or verbal fighting of any kind is allowed. No disrespectful conduct or language, slurs or swearing is permitted. Mothers are responsible for supervising their children to ensure their children comply with these and all [redacted] rules. Everyone should be treated with respect and courtesy and addressed by their preferred name and pronoun ("she", "he" or "they"); kindly ask if you do not know. Violation of this rule may result in the immediate departure [redacted] of the guest involved. You will be held accountable for any violation of this rule by others who are acting or claim to act on your behalf, whether or not those persons live in the shelter. Staff are required to adhere to these policies in all respects. Mothers will be held accountable for any violation of the rules by their children.

Conflicts and differences between guests must be resolved peacefully with assistance from the [redacted] staff. Guests are advised to ask staff to intervene in the case of emergencies, and refer to the Consciousness Raising (Grievance) Policy for the way to resolve all other issues. Failure to participate in peaceful conflict resolution may result in immediate termination [redacted] for the guests involved.

F. GUEST LIVING SPACES

All [redacted] residents are informed and understand that the [redacted] staff and/or its consultants and contractors can enter their living space at any time without prior written notification.

Staff should knock loudly and announce their presence before entering a guests room.

After knocking and announcing their presence prior to entry, staff should, whenever reasonable and practical, enter guest's room in pairs, particularly when guests are present in their room, though it is acknowledged that circumstances may warrant entry into guest room to assist them with daily living activities, resolving conflicts, addressing exigent circumstances, moves in and out, and otherwise as needed to fulfill their duties.

Where reasonable and practical, counselors and resource coordinators should meet with guests in the counseling offices, clinic, community rooms, gardens and other common areas, rather than their rooms, though it is acknowledged that circumstances may warrant entry into guest apartments to assist them with daily living activities, resolving conflicts, addressing exigent circumstances, moves in and out, and otherwise as needed to fulfill their duties.

All visitors and contractors will be required to check in with staff immediately at the front desk upon entry onto the grounds [redacted]. No visitors or contractors should be allowed in guest rooms or otherwise on the grounds while guests are present in their rooms without continuous staff supervision, except in the case of interventions or investigations by governmental authorities, third party case managers (with prior approval by a counselor/resource coordinator), or otherwise as expressly approved by the Executive Director, Director, Deputy Director, or Clinical Directors or Assistant Directors . Staff will endeavor to continuously supervise visitors and contractors, where reasonable and practical, while they are on the property.

G. PROHIBITED PERSONAL RELATIONSHIPS WITH GUESTS

Staff shall not engage in any relationship with a guest [redacted], other than in a professional capacity, or otherwise act in any manner which is or may give the appearance of impropriety, breach of confidentiality, favoritism, undue influence or abuse of authority. Staff shall not "friend", follow, or engage with guests on any social media platforms (e.g., personal email, Facebook, Twitter, Instagram, Pinterest, chat programs, and the like) with guests. Staff shall not post any guests on their personal social media. Even with the guest's consent, employees are not allowed to post any guest on their personal social media. It is acknowledged that communications by phone and text messaging between staff and guests that are necessary or appropriate to fulfill their duties are acceptable so only as they are in accordance with appropriate standards of professionalism and do not give the appearance of impropriety.

Staff shall not solicit or accept any gift, gratuity, favor, compensation, service, discount or anything of value, in cash or in-kind, from any existing or prospective guest [redacted] except for a gift that is an unsolicited item of nominal value or as otherwise may be fully disclosed to and expressly approved by the Executive Director or Director.

H. GUEST FEEDBACK, EVALUATIONS, AND GRIEVANCE PROCEDURES

The Foundation will proactively solicit input, evaluations and feedback from the guests [redacted] through (i) a formal satisfaction survey in which guests are asked to complete evaluations of staff and operations, at least once annually; and (ii) establishment of "consciousness raising" (or grievance) procedures by the Executive Director or Director to allow guests to submit additional feedback, questions and complaints or concerns for consideration and resolution. Such procedures will be prepared and may be revised from time to time by the Executive Director, Director, Deputy Directors and Clinical Directors and posted at all times in a conspicuous location at the shelter. The results of the evaluations will be compiled, summarized and circulated for review by the Executive Director. Where deemed reasonable and feasible by the Executive Director, Deputy Director, Director, and Clinical Directors , the results of the evaluations and consciousness raising feedback/questions/concerns/complaints shall be incorporated into future operations, policies and procedures. Further, such evaluations will be given substantial weight in the hiring, management (including possible additional training) and retention of employees.

In addition to the formal procedures above, the Executive Director, Director, Deputy Director and Clinical Directors will endeavor in good faith to maintain an "open door" policy permitting regular opportunities for guest feedback, input and questions, as well as, in the case of the Executive Director and Director, the resolution of complaints and concerns, by appointment, and the Deputy Directors and Clinical Directors will endeavor in good faith to maintain an "open door" policy as well. Please see attached policy, procedure, and grievance procedure form.

I. GRIEVANCE PROCEDURE

Conflicts and differences between guests must be resolved peacefully with assistance from the [redacted] staff. Guests are advised to ask staff to intervene in the case of emergencies, and refer to the Consciousness Raising (Grievance) Policy for the way to resolve all other issues. Failure to participate in peaceful conflict resolution may result in immediate termination [redacted] for the guests involved.

In order to reduce conflict between guests of the shelter there is a grievance procedure to be followed that is developed within restorative justice guidelines. There are five grievance questions that allow the guest to process their concerns and how they were able to react. This provides the guest an opportunity to process the situation therapeutically prior to meeting with the Clinical Directors regarding the incident. Attached in Appendix II is the Grievance Procedure Form.

J. PREVENTION AND SAFETY PLANNING

While it is important to understand all of the issues surrounding abuse, neglect, and exploitation committed against persons with developmental disabilities, the ultimate goal of the Foundation's Zero Tolerance Initiative is to prevent such abuse, neglect, and exploitation before it has the chance to even occur.

Considerations In Hiring [redacted] Staff

Screening Potential Employees

Screen candidates carefully before making any employment offer, starting with a review of resumes and multiple face to face interviews.

Sample Interview Questions To Ask Potential Employees (Select the questions that are most important for the position)

- Tell me a little bit about yourself. Follow up with, "Tell me more about that."
- If I contacted your previous supervisor and asked them what were your strengths and weaknesses, what would your supervisor say?
- If interviewing an Agency/Vendor, ask who will actually be doing the work for that Agency/Vendor.
- What training related to the job duties have you had and when?
- What experience have you had in working with children and people with developmental disabilities and when? What did you learn from that?
- If you suspected an issue of abuse, neglect or exploitation of a participant, what would you do?
- When you have questions about caring for children and/or a person with a developmental disability, who do you call?
- How did you get interested in this field of work?
- What other jobs have you had? What did you like/dislike about the job(s)? Would you go back?
- Are you currently working; Part Time/Full Time? If not, why did you leave?
- Have you ever been fired from a job, if so, why?
- In your opinion, what is the most difficult part about working with children or people with developmental disabilities?
- How would you handle the following situations regarding the person you are providing services to?
    - Non-compliance with directions
    - Refusal to eat
    - Refusal to take medication
    - Refusal to get on transportation vehicles
    - Refusal to go to work
    - Anger, sadness, grief

- If a person is non-verbal, what are some indications of that person being in pain?
- What do you do if the person you are caring for has a seizure?
- What do you expect of a participant?
- What are some ways to demonstrate respect for a person's privacy?
- Why should I hire you over other qualified candidates?
- At times, you may encounter problems in performing your job. Give an example of problems you have experienced at work (or in your personal life) and how you overcame them.

- Attendance and punctuality are important for this position. Tell me how you will ensure that you will be at work, on time, each day.
- How do you handle stress? Give me examples of how you have handled stress.

Reference Checks

Unless the candidate is already well known [redacted] (e.g., a participant in the program), at least three references for each potential employee are required, which must be satisfactory to the Executive Director, Director, Deputy Directors and/or Clinical Directors , as applicable, in their sole and absolute discretion. At least two must be work references and current or prior supervisors.

Background Checks

Pursuant to section 1.4 of the Foundation's Employee Manual, a clear level two background check is required for each employment candidate via the VECHS process of the Florida Department of Law Enforcement, unless an exemption is obtained and approved by the Executive Director and/or Director. In addition, a check will be made of the Sexual Offender and Predator Database. Employment candidates and employees must not be listed on the Sexual Offender and Predator Database.

Section 1.4 of the Foundation's Employee Manual also prescribes the requirements in order to drive for Foundation purposes, if driving is a part of a prospective or current employee's duties. This includes, as described more fully in the Employee Manual, incorporated by reference herein, that the employee or prospective employee must possess and maintain at all times a driver's license in good standing in the state of Florida, insurable at standard rates that do not result in any increase in premium for the employer, unless waived or otherwise agreed to by the Foundation in its sole and absolute discretion. The Employee Manual also contained ongoing reporting requirements as to both motor vehicle, driving and criminal offenses.

Additionally, a clear Level Two background check is required for volunteers who will be volunteering at the Foundation with guests more than 10 hours per month, or in a *weekly* programming activity and for all volunteers for our "children's groups" regardless of the number of hours per month, via the Florida Department of Law Enforcement, unless an exemption is obtained from the applicable agency and approved by the Executive Director or Director. All volunteers for the Foundation must also read and sign the Foundation's Volunteer Agreement which addresses boundaries and other guidelines for conduct of their activities.

II. ABUSE PREVENTION TRAINING MANUAL

A. HELPFUL CONSIDERATIONS AND TRAINING FOR STAFF

These materials are taken from the Americans for Persons with Disabilities Cares Connecting to Community website (apd.myflorida.com/zero-tolerance). We convey our appreciation for their efforts to bring awareness to the special needs of children and vulnerable adults and teach us to become more compassionate and kind in our service delivery.

Understanding the Nature and Scope of the Problem

A Day in the Life…

Think about all the things that you did after you woke up today. First, you probably got out of bed shortly after waking up. You may have used the bathroom and fixed yourself some breakfast. Perhaps you took a shower before you got dressed. Maybe you took some prescription medication for acid reflux, blood pressure, or thyroid problems. After some personal grooming (like brushing your teeth, combing your hair, putting on make-up, etc.) most people got into their car to drive to work or school. Maybe you stopped at an ATM on the way to get some cash or perhaps went on the Internet after you got to work to pay some of your bills online.

I am Kristen and I have a cognitive disability. I am nonverbal and live in a group home. Since I am the resident who has lived there the longest, I do not have a roommate. One of the house rules is lights out by 10:00 p.m. Most of the other residents are asleep by 10:30 p.m. On occasion, one of the staff members comes into my room around 11:30 p.m. and forces me to touch him sexually and he touches me sexually. He tells me he chose me because I am the prettiest and nicest resident, and that I am special and it is an honor to have him come into my room. He tells me that he is helping me experience sexual pleasure that I would not experience without him. However, to not hurt the other residents' feelings, he tells me not to tell anyone. If I do, he says he will deny it all and come in the night and hurt me. What he says makes sense and I guess I should thank him, but I cannot figure out why I do not feel good about the situation. I wait in fear every night in the dark.

> *Courtesy of Disability Services ASAP (A Safety Awareness Program) of SafePlace, Austin, TX 2003*

I am Shelia and I have cerebral palsy. I have some movement in my arms and cannot speak. My mother helps me get dressed every day. However, when she helps me out of bed in the morning, she pulls me by my arms with extreme force. She bathes me in HOT water and washes my hair with her nails to the point that it brings tears to my eyes every day. She also lets shampoo run into my eyes. At mealtime, she helps me eat, but she feeds me the same cold apricot baby food for every meal. She never really pays attention and stuffs too much in my mouth before I have a chance to swallow the last few bites, sometimes causing me to cough and choke. My mom scares me and I do not know what to say or whom to tell because she is my mom.

> *Courtesy of Disability Services ASAP (A Safety Awareness Program) of SafePlace, Austin, TX 2003*

Now, imagine for one minute that you have a developmental disability. Because of a physical or cognitive limitation (such as autism, [intellectual disability], or cerebral palsy, for example), you must rely upon another person to do all or many of these things for you. Imagine that some of the most personal, intimate, and confidential parts of your life will now require the assistance and involvement of another person. Sometimes this other person will be a family member while other times it could be a complete stranger who is paid to help you do these things. If these people are not willing or able to meet your needs in a safe way, then you are at great risk of being abused, neglected or

exploited.

As we look at statistics and the factors surrounding abuse, neglect, and exploitation, it is important for us to always keep in mind that there are real people behind all the numbers and research studies…real people whose lives have been turned upside down by the crimes committed against them by the very people upon whom they rely to care for them. Above are two real-life stories which are based upon actual incidents. Imagining yourself in the place of these two individuals will hopefully instill within you a greater sense of urgency and understanding in regard to the problems many people with developmental disabilities are forced to deal with on a daily basis.

Incidence of Maltreatment

Many research studies document over and over that individuals with developmental disabilities have a significantly higher risk of becoming the victims of abuse, neglect, or exploitation as compared to the non-disabled population.
It is estimated that 90% of people with developmental disabilities will experience sexual violence at some point during their lives. Women with developmental disabilities are 10.7 times as likely to be sexually assaulted than other women. Other studies suggest that between 39 and 68 percent of girls and 16 to 30 percent of boys with developmental disabilities will be sexually abused before their eighteenth birthday. Estimates indicate that over 15,000 people with developmental disabilities are raped each year in the United States.
• Out of all the types of disability, children with behavior disorders and children with intellectual disability were both at increased risk for all three forms of abuse (neglect, physical abuse and sexual abuse) compared to those children with other types of disabilities (speech/language disorders, hearing impairments, learning disabilities, health impairments and Attention Deficit Disorder).
• People with intellectual disability and other developmental disabilities are at an even greater risk of sexual victimization. Between 25-85% of people with intellectual disability have been victims of sexual abuse. Victims who have some level of intellectual impairment are at the highest risk of abuse.

Common Characteristics

Research indicates that people with developmental disabilities are:

- Abused more frequently than others
- Abused more severely and for longer periods of time than people without disabilities
- Less able to escape the abuse, find justice or services
- More likely to remain in situations that increase their vulnerability and risk of repeated abuse (due to limited availability of accessible transportation and abuse shelter services)
- Caught up in a cycle of abuse that repeats itself

In addition, a number of similarities have been identified among the experiences of persons with developmental disabilities who have been maltreated. Here are some of the common case characteristics of abuse neglect, and exploitation involving persons

with developmental disabilities:

- Multiple forms of abuse, neglect, and exploitation
- Multiple perpetrators
- Inadequate or inappropriate healthcare
- Multiple contacts with health care providers and other professionals who fail to recognize or respond to abuse, neglect, or exploitation
- Inappropriate use or misuse of prescribed treatments and medications
- Use of the disability to explain away or minimize the person's condition
- A lack of concern from professionals and others because of empathy for caregivers' responsibilities
- Rejection of their reports of abuse, neglect, and exploitation by authority figures

Why are people with developmental disabilities so often abused, neglected, and exploited?

There are several likely attributes of individuals with developmental disabilities that make them particularly vulnerable or susceptible to abuse, neglect, and exploitation. For example, these individuals…

- May be physically unable to defend themselves or subsequently report abuse, neglect, or exploitation
- May not be considered credible when reporting their victimization
- Are not typically considered good witnesses during criminal trials (which may result in a reluctance by state attorneys to aggressively prosecute such cases)
- May not be able to differentiate between appropriate and inappropriate touching
- Are often taught to be compliant and passive
- May be more easily threatened or coerced by the withholding of needed care or equipment
- May be socially isolated
- May rely upon others for assistance with the most intimate of personal hygiene activities
- May be hesitant to leave abusive situations due to limited availability of accessible transportation and abuse shelters
- May have limited incomes and therefore believe they lack the financial means by which to leave abusive relationships

In addition, people with cognitive impairments (such as intellectual disability) may not even be aware that the maltreatment which is inflicted upon them by their caregivers (or authority figures) is abusive, unusual, or illegal. Consequently, they may never tell anyone about such incidents. Particularly in regard to sexual abuse, people with intellectual disability (who have been exposed to years of education and training intended to foster compliance with requests from authority figures) often think they have no right to refuse unwanted sexual advances and are not taught risk reduction skills (Reynolds, 2001).

Risk Factors

Research studies indicate that individuals with disabilities who become the victims of abuse, neglect, or exploitation often have certain characteristics in common. Those risk

factors include:

- Dependence on others for long-term care
- Lack of economic independence
- Receives services in segregated settings (which often cluster people with challenging behaviors such as physical and sexual aggression alongside people with more severe disabilities who function less independently, thereby posing a potential risk factor for abuse)
- Lack of participation in abuse awareness and personal safety programs
- Less education about sexuality and healthy intimate relationships
- Social isolation
- Overprotection
- Communication challenges
- Physical barriers to accessing supports and services (such as lack of transportation or inaccessible domestic violence/sexual assault shelters)
- Some people with disabilities (and/or their loved ones) believe that they only need to be wary around strangers in order to keep themselves safe. However, research clearly shows that the vast majority of individuals who abuse, neglect, or exploit persons with disabilities who are actually known by the victim are most often family members or care providers

Limited Public Awareness

"The degree to which people with disabilities are isolated and have few opportunities to mix with other people outside their own home contribute to the vulnerability (Cambridge, 1999; McCarthy & Thompson, 1996). Abuse also takes place in health care, rehabilitation, educational, vocational, and other settings where people receive services (Gilson, Cramer & DePoy, 2001; Sobsey, 1994)."

Despite years of research studies and the shocking prevalence statistics yielded by those studies, there is a marked lack of awareness (among both the general public and even some professionals in disability-related fields) of the national epidemic of abuse, neglect and exploitation. In fact, many people in our society simply refuse to believe that anyone would even consider abusing, neglecting, or exploiting a person with a developmental disability. As discussed below, this limited awareness presents a number of challenges for those individuals and agencies who are committed to preventing maltreatment of these individuals and securing appropriate services in the aftermath.

First, an "ostrich in the sand" viewpoint lessens the likelihood that someone who encounters the signs and symptoms of abuse, neglect, or exploitation will subsequently report such information to the Abuse Hotline or the police. Failure to report suspicions of abuse, neglect, or exploitation (due to the aforementioned disbelief) allows such acts to continue or even escalate in their intensity and frequency.

Secondly, when case workers, law enforcement officers, counselors and advocates in the fields of both sexual/domestic violence and developmental disabilities are either poorly informed about the problem, or have little experience working with individuals with developmental disabilities, the provision of timely and appropriate post-incident services is unlikely to occur. Law enforcement officers are often the first responders in the aftermath of crimes committed against persons with developmental disabilities and

the adequacy of their training (in regard to the needs and characteristics of this population) is essential in facilitating successful investigations and prosecutions. Staff of sexual/domestic violence agencies need specialized materials and information in order to render services to individuals with developmental disabilities who have been abused. Those working in disability-related fields also need information and training to most effectively deal with individuals with developmental disabilities who have been victimized.

Finally, lack of acknowledgment (of the pervasiveness of this societal problem) offers little incentive for families, teachers, service providers, advocates, and others to provide information and training to persons with developmental disabilities on self-protection/risk reduction skills. Extensive research in this area reveals a clear correlation between the provision of such consumer education and decreased vulnerability to abuse, neglect, and exploitation. However, many people are reluctant to initiate such sensitive and potentially awkward conversations with persons with developmental disabilities if they don't believe there is a compelling need to do so. As a result, many people with disabilities live most of their lives without ever receiving information and education about abuse, neglect, and exploitation as well as personal safety strategies. Instead, they are quite often taught to be compliant, obedient and passive to wishes of others and have never received education about boundaries or that they have a right to say "no" to painful, inappropriate, illegal or unwanted interactions with others.

B. COMMON SIGNS AND SYMPTOMS OF ABUSE, NEGLECT, AND EXPLOITATION

While each victim of abuse, neglect, or exploitation will respond differently, the available research data reveals that the presence of certain physical and behavioral indicators (described in greater detail below) are highly correlated with abusive situations and environments.

"The indicators or warning signs of abuse are clues that something is happening in the life of the person that should be looked into. Some indicators are obvious signs of abuse. Other indicators are subtle, requiring careful observation. In some situations abuse may not be occurring at all. It is important to think about the person and any health or behavioral issues they have. Some people may get injured more easily due to health reasons or aging. For example, some medications and some health problems like hemophilia (where the blood clots slowly) can cause easy bruising. Some people may engage in self-injurious behaviors that cause injuries that look like abuse. Even if you discover that a person has a health or behavioral issue that might be the cause of the injury, it is still important to investigate to rule out abuse as the cause. It is important to put aside any biases that you might have that care providers would not abuse a person with a disability that they support."

Perhaps the most difficult aspect of recognizing the signs and symptoms of abuse and neglect is that individuals with developmental disabilities may exhibit certain physical and/or behavioral traits due to the nature of their disability. Therefore, it is very important to recognize changes in behavior or health (particularly those not typically associated with the individual's disability) as potential abuse indicators. It is also important to note that there is no universal response to abuse or neglect. Be mindful

that any sudden change in the physical, behavioral, or financial status of someone with a developmental disability may be the result of past or ongoing incidents of abuse, neglect or exploitation.

As you interact with someone, you should pay close attention to any changes in how that person looks or acts. **A sudden or gradual change in appearance or behavior can be an indicator that abuse or neglect has occurred (or may still be happening.)**

The following are some other physical indicators of abuse or neglect. In each case, other indicators such as behavior and circumstances must be considered.

Physical Signs of Abuse

- Bruises (old and new, clustered on one part of body, or on both upper arms)
- Burns
- Cuts or scars
- Marks left by a gag (or some form of restraint)
- Imprint injuries (eg., marks shaped like fingers, thumbs, hands, belts or sticks)
- Missing teeth
- Spotty balding (from pulled hair)
- Eye injuries (black eyes or detached retinas)
- Broken bones
- Sprains
- Abrasions or scrapes
- Vaginal or rectal pain
- Bleeding from the ears, nose or mouth
- Frequent urinary tract infections or yeast infections
- Painful urination
- Abrasions, bleeding, or bruising in the genital area
- Incontinence in someone who was previously toilet-trained
- Frequent sore throats
- Sudden onset of psychosomatic complaints (males most frequently complain of stomach aches while females most frequently report headaches)
- Sudden difficulty walking or sitting

Questionable Bruises

Bruises are among the most common injuries found in children and adults with developmental disabilities who have been abused.
It is important to remember that occasional bruising is also common in people who are not abused, and that people with some disabilities may be prone to bruising for other reasons. Here are some of the more common bruises that may indicate signs of abuse:

- Facial
- Frequent, unexplained, or inadequately explained
- In unlikely places
- In various stages of healing
- On several different surface areas
- Patterned, reflecting shapes

- Bilateral: means bruises on the same places on both sides of the body. Bruises would appear on both upper arms, for example, may indicate where the abuser applied pressure while forcefully shaking the person. Bruises on both sides of the body rarely result from accidental causes.
- Regularly evident after an absence, home visit, or vacation

Questionable cuts and scrapes

Consider:

- Frequent, repetitive, unexplained, or inadequately explained scrapes
- Atypical locations such as mouth, lips, gums, eyes, external genitalia (e.g., places other than palms, knees, or other areas usually covered by clothing)
- Patterned scarring that may be due to inflicted injuries such as whipping

Burns or scalds

Consider:

- Patterned burns (e.g., shaped like a cigarette butt or electrical appliance)
- Burns in specific locations such as several burns on different parts of the body or on particularly sensitive locations, such as soles, palms, back, or buttocks
- Immersion burns, which appear sock-like, glove-like, or doughnut-shaped on buttocks, genitalia, or limbs

Bites

Consider:

- Human bite marks are easily distinguished from those of animals by their size and shape, and whether flesh is torn.
- If bites are explained as self-inflicted, the location and position of the bite must be consistent with the person's functional abilities.

Ligature marks and welts (which could have come from being tied up or gagged)

- Could be the result of whipping
- Welts often follow clearly defined stroke patterns, especially if the person was immobile during the whipping
- Chafing and bruising, sometimes accompanied by swelling, on the wrists, ankles, throat, or penis can be the result of being tied up or choked
- Even when choking is severe or fatal, bruising may be faint or entirely absent

Eye and ear injuries

- Sudden or unexplained hearing loss
- Cauliflower ears (i.e., thickened external ear structures)
- Bruising to the outer ears
- Blood behind the eardrum
- Retina hemorrhage or other intraocular bleeding

Dental and mouth injuries

- Lost or broken teeth, particularly if unrelated to dental disease, normal loss of children's teeth, or accidental causes
- Repeated, unexplained, or inadequately explained dental injuries
- Facial bone or jaw fractures
- Bruising of cheeks and gums at corners of mouth (from gags)
- Cuts or bruises on the tongue
- Discoloration of the teeth as a result of previous abuse

Dislocations of joints

- Repeated dislocations of joints in the absence of a known disease process may indicate shaking, twisting, or pulling
- Frequent or multiple dislocations in the absence of a clear explanation may indicate physical abuse

Fractures

- Repeated or multiple fractures in the absence of a known disease process or clear explanation may indicate abuse
- Old, untreated fractures can indicate chronic abuse
- Spiral fractures that result from twisting limbs may be related to abuse in non-ambulatory children and adults with developmental disabilities

Coma

- Shaking and other forms of abuse can result in coma of undetermined origin without external injuries. Comas not associated with known accidental causes or clearly identified disease processes should also be suspected

Physical Abuse in Care Giving

Sometimes abuse of persons with developmental disabilities takes the form of acts that could be thought of as well-intentioned but unsuccessful attempts by the caregiver to ensure the person's well-being.

In other cases, the abuse is deliberate, and is disguised as care giving. Here are a few examples of that type of abuse:

- Rough physical handling
- Sudden movements of bedding
- Pushing and pulling
- Over-medication
- Unnecessary or excessive use of restraints
- Ignoring dietary restrictions
- Toileting abuse (leaving someone on the toilet too long or not taking them to the bathroom when they need to use it)
- Bathing in water that is too hot or too cold

Physical Signs of Neglect (in both the person and their home)

- Dehydration
- Poor or improper hygiene
- Poor grooming (e.g., overgrown fingernails and toenails; uncut, matted, or unclean hair; unshaven facial hair, body crevices caked with dirt)
- Malnourishment/weight loss
- A smell of urine or feces on the person
- Clutter, filth, or bad smell in the home
- Improper sleeping, cooking, or bathing arrangements
- Infestations (e.g., fleas, lice, roaches, rodents)
- Poor skin condition or skin breakdown (such as rashes, bedsores, or open wounds)
- Lack of necessary adaptive aids such as glasses, hearing aids, leg braces walkers etc. or improper medication management
- Needed medical and dental care (including the administration of prescribed drugs) not provided
- Lack of adequate or appropriate supervision

Conditions of People with Developmental Disabilities That Can Sometimes Look Like Abuse or Neglect

There are a number of conditions that may lead you to incorrectly think that someone with a developmental disability has been abused or neglected. Here are some of the most common:

- Injuries due to falls
- Sensory impairments
- Skin breakdown from appliances or orthopedic equipment
- Self-injurious behavior (SIB)
- Poor growth and failure to thrive
- Fractures
- Sensory integration problems: Some people with different kinds of disabilities may be overly sensitive to touch, textures, taste, or temperature. These persons may resist hugs, face washing or other harmless/innocent types of touch. This can also look like failure to thrive or significant behavioral problems
- Mongolian spots: Mongolian spots which are bluish or bruised-appearing areas that are usually seen on the lower back or buttocks. These spots are harmless and occur more commonly in persons of color. They may remain for months or years

Distinguishing Abuse from Accidental Injury

Accidents happen with everyone, including people with developmental disabilities. The following is a guide to help you tell the difference between accidental and non-accidental injuries. When observing an injury that might be the result of abuse, consider these factors:

Location of the injury:

- Certain locations on the body are more likely to sustain accidental injury. These include the knees, elbows, shins, and forehead
- Protected body parts and soft tissue areas, such as the back, thighs, genital area, buttocks, back of legs, or face, are less likely to accidentally come into contact with objects that could cause injury

Number and frequency of injuries:

- The greater the number of injuries, the greater the cause for concern. Unless the person is involved in a serious automobile accident, he/she is not likely to sustain a number of different injuries accidentally. Multiple injuries in different stages of healing are also a strong indicator of chronic abuse

Size and shape of the injury:

- Many non-accidental injuries are inflicted with familiar objects: a stick, a board, a belt, a hair brush. The marks which result bear a strong resemblance to the objects used. Accidental marks resulting from bumps and falls usually have no defined shape

Description of how the injury occurred:

- If an injury is accidental, there should be a reasonable explanation of how it happened that is consistent with the appearance of the injury. When the description of how the injury occurred and the appearance of the injury are inconsistent, there is cause for concern. For example, it is not likely that a person's fall from a wheelchair onto a rug would produce bruises all over the body

Consistency of injury with the person's developmental capability:

- As children grow and gain new skills, their ability to engage in activities that can cause injury increases. A toddler trying to run is likely to suffer bruised knees and a bump on the head. Toddlers are less likely to suffer a broken arm than an eight-year-old who has discovered the joy of climbing trees

Behavioral Signs of Abuse

Behavioral signs can be extremely important in detecting abuse and neglect, especially in people who have communication challenges and are unable to tell anyone about what happened to them. In many cases, physical signs of abuse may not yet be present or noticed so behavioral signs are often the first indicators. Usually it is a combination of physical and behavioral changes that are seen in people that have been abused.
Here are some of the behavioral signs of possible abuse:

Behavioral Signs

- CHANGES in the way affection is shown, especially if unusual or inappropriate
- Suddenly fears being touched
- Sudden onset of nightmares
- CHANGES in sleep patterns; difficulty sleeping
- Sudden regression to childlike behaviors (i.e., bed-wetting, thumb-sucking)
- Sudden unusual interest in or knowledge of sexual matters (including excessive masturbation)
- Cruelty to animals
- Sudden fear of bathing or toileting
- Sudden fear of a person or place
- Depression, withdrawal, or mood swings
- ANY UNEXPLAINED CHANGE IN BEHAVIOR

Aggressive behavior

- Is widespread among victims of abuse
- May imitate the aggression committed against the abused person (e.g., the child who is whipped may whip smaller children)
- May generalize to other forms of aggression, such as yelling or hitting others
- May be exhibited through excessively violent drawings, stories, or play

Atypical attachment

Consider:

- Children who have been abused often appear insecure with strangers, and compulsively seek the presence and attention of their primary caregivers, yet may express little affection towards them
- A preschooler may cling to his mother and cry excessively both when she leaves him and when she returns
- The person who has been abused may be uncomfortable with physical contact with anyone

Disclosure

- Direct disclosures of abuse, neglect, or exploitation are powerful evidence, even when some details are incorrect
- Complaining of soreness or pain when unrelated to disability or illness
- All disclosures should be given attention and referred to the appropriate authorities for full evaluation

Fearfulness

Victims of abuse often appear fearful of others:

- Fear can be specific to the abuser, but may generalize to other people or places
- Fear may be age or gender-specific (e.g., the child who turns away and raises his or her arms as if to ward off a blow whenever an adult nearby makes a sudden move)

- The person may be afraid to go home, or afraid to leave home
- The child may be afraid to change clothes for gym activities (may be attempting to hide injuries, bruises), or may be afraid to take off a long-sleeved shirt even in the heat

Learning Disabilities

Difficulty learning can be a result of abuse for complex reasons. Much of the child's energy is directed toward surviving the abuse and coping with stress. This leaves little energy for learning or other typical
childhood activities.

Psychotherapy, or other appropriate treatments, can lead to improvement for those whose learning disabilities resulted from their psychological response to abuse.

Noncompliance

People who are abused often become noncompliant. Noncompliance:

- May be a generalized response to frustration, or an effort to gain personal control
- May be aimed at avoidance of the abuser or the abusive situation
- Can take the form of chronically running away (adolescents)

Regression

Often children who are abused behave like younger children. This form of regression:

- May reflect their inability to move through normal stages of development in the face of intense anxiety
- Could reflect a mechanism of escape
- Can be limited to affective and interpersonal behavior
- Can extend to developmental skills such as toileting (e.g., a child who was previously toilet trained may begin to have accidents after experiencing abuse)

Sleep Disturbance

- Having nightmares or trouble getting to sleep are characteristic of abused persons
- This can lead to further abuse due to caregiver frustration and loss of sleep

Withdrawal

- People who are abused often withdraw from others and spend much of their time alone
- Sometimes the withdrawal is related to depression
- Sometimes the person will alternate between withdrawal and aggression
- Aggression may be the person's way of discouraging interaction with others. For example, an abused child may keep to himself and avoid other children, but become aggressive when unable to avoid interaction

Signs and Symptoms of Exploitation

Taking advantage of individuals with a developmental disability or otherwise vulnerable can rob them of their independence and the ability to afford the basic necessities of life, such as food, rent payments and medicine. It's also a crime and should be reported right away to the Abuse Hotline.

In particular, financial exploitation often goes unreported or is reported long after the damage is done. When that happens, the suspect is far more likely to get away with the crime and move on to other victims. Here are a few signs to watch for:

- Sudden decrease in bank account balances
- Sudden change in banking practices (such as making several large withdrawals from a bank account or ATM over a period of several days instead of one small withdrawal each week)
- Sudden problems paying bills or buying food or other necessities
- Sudden changes in wills or other financial documents
- The person begins to act very secretively (Telephone con artists often try to isolate their victims to avoid detection by telling the victim not to let anybody know about their calls)
- Unexplained disappearance of money or valuable possessions
- Substandard care being provided or bills which are late or unpaid despite the availability of adequate financial resources
- Concerns expressed by a person with a developmental disability that he or she is being exploited
- Lack of money early in the month (when disability or other types of government benefits are paid)

If you notice any of these signs or suspect that a person with a developmental disability might be a victim of exploitation, please contact the Abuse Hotline immediately.

Types of Emotional Abuse and Neglect

Emotional abuse is the most difficult form of abuse to identify. Even though emotional abuse often happens along with other forms of abuse, it can also occur by itself.

Caregivers who have power and influence over others' lives can use that power to harm or exploit, rather than to support and nurture. This can be especially devastating for children in their developmental years, but it can be harmful for anyone.

Emotional abuse can take the form of threats, insults, harassment, and less noticeable forms that are difficult to detect. These can be perpetrated by individuals or by representatives of caregiving systems. Here are some of the most common types of emotional abuse and neglect:

- Exposure to domestic violence
- Insults and harassment
- Denial of conditions necessary for physical and emotional well-being
- Denial of communication
- Denial of right to family life

- Denial of social interaction and inclusion
- Denial of economic stability
- Denial of rights, necessities, privileges, and opportunities
- Denial of ordinary freedoms

Frightening Physical Actions

Using frightening physical actions that stop short of causing serious physical harm is another form of physical abuse that is too often used by abusive caregivers of people with developmental disabilities. Consider how these actions might affect a person with developmental disabilities:

- Grabbing persons with visual impairments from behind
- Jumping in front of persons with visual impairments, or trying to trip them
- Abruptly moving persons with mobility impairments
- Forcing persons with physical disabilities to move from one position to another when they are exhausted or in pain

The Problem with "Subtle" Abuse

"If they're (personal assistants are) feeling angry for some reason…at you or whatever, they might set you down in your chair a little harder than normal. Or…position you in a little rougher way. And you sit there thinking, 'Now did he mean to do that?' It's really hard to distinguish. It makes you question yourself a lot."

While some actions (such as punching) are easy to identify as abuse, other forms of mistreatment by caregivers are harder to spot (although they still represent acts of abuse).

Below are examples of what can be termed "subtle" abuse:

- Ignoring a person when they ask for help
- Making a person beg for help
- Providing help in a way that makes the person feel like a burden or feel guilty
- Intentionally making a person wait for help
- Refusing to recharge the battery of a person's wheelchair
- Providing physical care in a way that is unnecessarily rough or careless
- Refusing to provide help unless the person agrees to lend money
- Purposely unplugging or turning off adaptive equipment

Factors That Make it Hard to Recognize Abuse, Neglect, and Exploitation

A number of factors can make it difficult to identify abuse, neglect, and exploitation of persons with developmental disabilities.

The affected person does not recognize abuse, neglect, or exploitation. In order to let someone know they are being maltreated, victims of abuse must:

- Recognize the behavior as abusive

- Consider it significant enough to report
- Be able to communicate to someone about the abuse
- Be believed

"I wasn't able to say, "knock it off" to my family who was doing my personal care. I thought it was normal to be tossed around in my chair. To have a comb dragged through my hair so it comes out. To be left on a toilet for an hour. It took me about five years of hiring people, when I realized that I didn't have to accept those things."

Many people with developmental disabilities have grown accustomed to being treated without respect, and are used to routine treatment that most other people would not tolerate. People with developmental disabilities may view only the most severe acts against them to be worthy of attention and possible reporting. The victim may consider an incident "unimportant" unless it involves serious physical harm.

Greater personal assistance needs

Some people with physical disabilities require help with personal care routines such as dressing and bathing throughout their lives. Personal care routines require physical contact, and may result in occasional touching of sexual parts of the body, with the result that the person can't tell whether these touches are accidental, required, or abusive.

Fear of not having needs met

People with developmental disabilities who are dependent on others for their day-to-day care may be fearful that if they let anyone know they are being mistreated, they will no longer receive the care they need. They may also fear reprisals from their caregivers if they tell anyone.

Communication challenges

Some people with developmental disabilities are limited in their ability to communicate verbally about an abusive incident. Adaptations may be required to ensure adequate communications. Behavioral and circumstantial indicators become more important in identifying abuse, neglect, and exploitation in these cases.

Self-abusive behaviors

Some people with developmental disabilities resulting in behavioral or cognitive impairments engage in self-abusive behaviors, or are prone to accidental injury. This makes it more difficult to identify abuse, neglect, or exploitation when it occurs for these persons.

Signs of abuse may be interpreted as behavioral problems

The best rule of thumb for recognizing the behavioral signs of abuse, neglect, or exploitation is to know what is normal behavior for the particular person. When assessing the person's behavior, it is important to take the following steps:

- Examine the history of the behavior
- Obtain a behavioral baseline
- Determine whether there has been a clear behavior change that has taken place during the time frame in question
- Consider any changes in the intensity and duration of the behavioral episodes

Behaviors of Caregivers who may be Abusers

As you interact with caregivers, you should always be on the lookout for certain behaviors that *may* be indicators that this person is an abuser. Caregiver behaviors to look for include:

- Refusal to follow directions or complete necessary personal tasks
- Displaying controlling attitudes and behaviors
- Showing up late or not at all
- Working under the influence of alcohol or illegal drugs
- Abusing or harming pets or service animals
- Using threats or menacing looks/body language as a form of intimidation
- Impulsive
- Using vehicle, money or other resources without consent
- Socially isolating person with a disability (including limiting educational and/or employment opportunities)
- Devalues the person with developmental disabilities
- Frequently switches health care providers
- Speaks for the person with developmental disabilities
- Competes with the person with developmental disabilities
- Displays unwelcoming or uncooperative attitude during home visits
- Frequently makes attempts to be alone with a particular individual for no apparent legitimate purpose

Profiles of Abusive Caregivers

Caregivers who abuse, neglect, or exploit people with developmental disabilities are either UNABLE or UNWILLING to provide care to these individuals in an appropriate way. It is very important to understand what is going on with these types of caregivers because that will help us develop and implement prevention strategies (which we will talk about later on in this training).

Caregivers who are UNABLE to provide care appropriately may include individuals who are not properly trained or have the necessary experience to perform their caregiving duties. They may have mental retardation or mental illness themselves. Perhaps they are physically unable to provide care to a person with the developmental disability due to their own medical or health condition. Caregivers who are UNABLE to provide appropriate care may also be overly stressed or overly tired. They may also be working under the influence of drugs or alcohol which limits their abilities.

Caregivers who are UNWILLING to provide care appropriately are more likely to know what they are doing is wrong yet continue to act in that way. Research shows that these individuals will abuse, neglect, or exploit individuals with developmental

disabilities over and over again as long as they are given the opportunity to do so. Some of these caregivers may not view their victims as actual people (with feelings and emotions). In other cases, caregivers who are UNWILLING to provide appropriate care see people with developmental disabilities as the perfect victims, who may not be able to defend themselves or tell anyone what has happened.

Abusive caregivers may also have:

- Low self-esteem
- Need to control others
- Frustration with authority, which can lead to displaced aggression toward weaker persons
- History of being abused or neglected as a child
- Lack of attachment to the person with the developmental disability (which can lead to thoughts by the abuser that the person with the developmental disability is not fully human and therefore doesn't feel or hurt in response to their abusive actions)

C. SPOTTING THE RED FLAGS: A TRAINING ACTIVITY

Directions: For each scenario below, choose the best answer from the selections below. (Answers appear at the end of this activity)

- A- Physical Abuse
- B -Sexual Abuse
- C -Sexual Misconduct
- D- Neglect
- E - Exploitation
- F - None of the above

1. You are a waiver support coordinator who has a 27-year-old client named Lila, who lives in her own apartment. Lila has cerebral palsy and has a personal care assistant (PCA) come into her apartment every morning to help her get out of bed, bathe, and get dressed. She is able to transfer from her wheelchair to the toilet but requires some assistance from the PCA to ensure she doesn't fall. She recently hired a new PCA who she really likes. On a recent home visit, you noticed a large bruise on Lila's arm. When you asked Lila about it, she said that she was falling during a transfer and her PCA grabbed her arm to catch and steady her. When you asked the PCA about the bruise, she reported the same thing.

What might you suspect?

2. Carey is a 25-year-old man who lives in a group home. He has autism and mild intellectual disability. He is extremely sensitive to touch, and he occasionally scratches and hits himself when he gets frustrated with the way certain clothes or seats feel as they touch his skin. During a recent visit home, his father noticed bruises on both of his upper arms. He asked Carey about them and Carey said that it was a secret. Carey's dad asked him who else knew the secret, and Carey answered "Drew", one of the staff members at his Adult Day Training (ADT) program.

What might you suspect?

3. You work at a group home where Maria has been a resident for several years. Maria is an engaging young woman who is always smiling and enjoys social interaction with both the other residents of the home as well as the group home staff. Maria is non-verbal and will often indicate her needs and choices by pointing or shaking her head (in response to simple yes/no questions). Recently you have been noticing a sudden change in Maria's behavior when you try to help her with her shower. She appears terrified to go into the bathroom and cries and shakes her head whenever staff try to lead her in that direction. You also notice that she has been coming home from school with wet clothes in her backpack (when she previously had no problems using the bathroom)

What might you suspect?

4. You are a provider of Companion Services for Jacob, who is a 29-year-old man with moderate intellectual disability who lives in an apartment with one roommate. Jacob also receives In Home Support Services from a provider who comes in once a week to help him pay his bills and balance his checkbook. As Jacob's companion provider, you usually take him to the library and then stop for a soda on the way home. One afternoon, Jacob says he can't buy a soda because he doesn't have the money. Upon further questioning, you learn that he doesn't have the money because his in-home support services provider has been taking money from him (which the provider says he needs to pay for his bus fare to Jacob's apartment).

What might you suspect?

5. Your sister Jennifer is a 27-year-old legally competent woman who lives in a group home. Jennifer tells you that one of the newly-hired group home staff members is her boyfriend and that they sometimes kiss each other on the mouth. She is very happy and says that the two of them are in love.

What might you suspect?

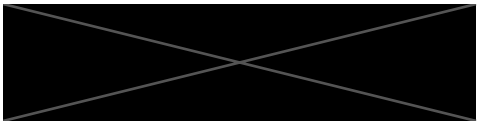
Answers:
1. F. None of the above. If you feel comfortable that Lila's explanation of the bruise was truthful (and that her statements were made while the PCA was not in the room), then it is not likely that she is being abused. However, you should monitor the situation to see if any additional information or evidence of abuse appears.

2. A. Physical Abuse. Bilateral bruises (appearing on both arms) may be an indicator of physical abuse.

3. B. Sexual Abuse. Sudden changes in behavior (such as the fear of a certain room in the home) and incontinence in persons who were previously toilet-trained may be indicators of sexual abuse.

4. E. Exploitation. A caregiver who borrows money from a person with a developmental disability without his or her knowledge, consent, or understanding may be guilty of exploitation.

5. C. Sexual Misconduct. Sexual activity between a group home staff member and a resident of that group home is a crime, regardless of whether or not the resident provided his or her consent.



CONSENT AND RELEASE

I understand that the care and supervision of my child(ren) is solely my responsibility at all times, and the Foundation does not provide child care services or supervision, even in emergencies.

In the event of any emergency or other circumstances in which I am not present on site to care for one or more of my children living with me at [redacted] (including without limitation hospitalization), or in which I am not available and cannot be reached or am incapacitated, I authorize [redacted] (Foundation) to contact the person(s) listed below on my behalf and to disclose information regarding me, my child(ren), the emergency and/or circumstances, including without limitation all protected health information under the Health Insurance Portability and Accountability Act (HIPAA).

I further authorize the Foundation to release my child(ren) into the custody and care of one or more of my emergency contact(s) listed below (if I am participating in the [redacted] program with my children), as well as my and their personal property.

In the event the Foundation is unable to reach my emergency contacts, and/or my emergency contacts fail to take custody of one or more of my children within three hour (or less or more time if the Foundation deems necessary, appropriate or desirable) of my being unable to care for one or more of my children, I authorize the Foundation to take such other actions as it deems necessary, appropriate or desirable to release my child(ren) into the custody and care of social services providers and/or governmental authorities, as well as my and their personal property.

I hereby incorporate, reaffirm and ratify the waivers of liability, releases, covenants not to sue and consents to disclosure which were signed by me as a condition to my admission and stay [redacted], all of which are incorporated herein and remain in full force and effect and shall be applicable to any circumstances pertaining to this Consent and Release.

I understand that it is solely my responsibility to ensure that my emergency contact information is up to date and I have advised my emergency contacts of their appointment in this Consent and Release.

This Consent and Release is effective as of the date signed below and will govern from this date forward.

The consents contained in this Consent and Release to the disclosure and use of information for the purposes contained herein expire in 10 years from the date of your signing. Any disclosure and use done prior to the expiration of such ten-year period is not affected by the expiration, and any actions taken in reliance on this Consent and Release are not affected by subsequent expiration.

I understand that the Foundation is required by law to protect my health information (and that of my dependent, minor children's). I understand that those persons who receive my health information pursuant to this Consent and Release may not be required by Federal privacy laws to protect it and may share my information with others without my permission, if permitted by laws governing them.

I understand that I may change and revoke (take back) the consents contained in this Consent and Release to the disclosure of information for the purposes contained herein at any time. I understand that I may not revoke the consents contained in this Consent and Release to the disclosure of information for the purposes contained herein to the extent the Foundation and [redacted] have already acted based on this Consent and Release.

To revoke the consents contained in this Consent and Release to the disclosure of information for the purposes contained herein, contact the Executive Director or Director [redacted] by letter or written correspondence [redacted] to tell [redacted] that the previously provided consents are revoked. Revoking such consents does not in any way affect the other consents, authorizations and releases given to the Foundation and the [redacted].

Please note that there is no requirement to provide emergency contacts for the purposes set forth in this Consent and Release, but if not provided, the Foundation will be limited in its ability to communicate regarding you and your children in the event of an emergency and make provisions for your personal property.

For more information about [redacted] privacy policies, please contact the Executive Director or Director [redacted]

My emergency contacts for purposes of this Consent and Release are as follows:

1) Name: _____Phone Number: _____
Relation, if any: _____

2) Name: _____Phone Number: _____
Relation, if any: _____

3) Name: _____Phone Number: _____
Relation, if any: _____

Guest Signature: _____
Name: _____
Date: _____

Witness Signature: _____
Name: _____

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