

This is the fifth in a series of postings regarding preventing and reducing abuse, neglect and/or exploitation of individuals with intellectual disability. The information presented in the postings is part of DDS' involvement in the IMPACT/Ability Project, a program of Triangle funded through a grant from the Robert Wood Johnson Foundation.

This posting focuses on the challenges facing individuals who may have difficulty communicating and the importance for family members, supporters and advocates to be especially sensitive to signs of abuse, neglect or omission.

## **Communication is Crucial**

Many individuals who receive services are either not able to speak or have difficulty communicating their needs. These individuals may be especially vulnerable to abuse and/or neglect. They may not be able to effectively tell anyone if they have been the victim of abuse. Efforts to support peoples' access to communication options and to have their voices heard can be a powerful way to safeguard individuals and should be considered as an important component in preventing and responding to instances of abuse and/or neglect. When this is not possible, however, we must all be especially attentive and sensitive to the non-verbal signs and indicators of abuse and/or neglect. Below are signs of potential abuse and/or neglect that you should be aware of.

## **Signs of Potential Abuse and/or Neglect**

### **Signs of physical abuse**

- bruises, black eyes, welts, lacerations, and rope marks
- broken bones
- open wounds, cuts, punctures, untreated injuries in various stages of healing
- broken eyeglasses/frames, or any physical signs of being punished or restrained
- laboratory findings of either an overdose or under dose medications
- individual's report being hit, slapped, kicked, or mistreated
- vulnerable adult's sudden change in behavior
- the caregiver's refusal to allow visitors to see a vulnerable adult alone

### **Signs of sexual abuse**

- bruises around the breasts or genital area
- unexplained venereal disease or genital infections
- unexplained vaginal or anal bleeding
- torn, stained, or bloody underclothing

### **Signs of mental mistreatment/emotional abuse**

- being emotionally upset or agitated
- being extremely withdrawn and non- communicative or non- responsive
- unusual behavior usually attributed to dementia (e.g., sucking, biting, rocking)

- nervousness around certain people
- sudden avoidance of certain people or places, or unusual agitation before or after activities or meals

### **Signs of neglect**

- dehydration, malnutrition, untreated bed sores and poor personal hygiene
- unattended or untreated health problems
- hazardous or unsafe living condition (e.g., improper wiring, no heat or running water)
- unsanitary and unclean living conditions (e.g., dirt, fleas, lice on person, soiled bedding, fecal/urine smell, inadequate clothing)

### **Signs of exploitation**

- sudden changes in bank account or banking practice, including an unexplained withdrawal of large sums of money
- adding additional names on bank signature cards
- unauthorized withdrawal of funds using an ATM card
- abrupt changes in a will or other financial documents
- unexplained disappearance of funds or valuable possessions
- bills unpaid despite the money being available to pay them
- forging a signature on financial transactions or for the titles of possessions
- sudden appearance of previously uninvolved relatives claiming rights to a vulnerable adult's possessions
- unexplained sudden transfer of assets to a family member or someone outside the family
- providing services that are not necessary

### **Signs of abandonment**

- deserting a vulnerable adult in a public place
- deserting a vulnerable adult in his/her own home or living space

### **What to do with an injury of unknown origin**

If supporters notice an injury and cannot account for what has occurred, this is considered an injury of unknown origin and should be reported to the Disabled Persons Protection Commissioner (DPPC). You may notice that an individual has an injury such as a bruise, a cut, a burn, some swelling etc. The Individual may not have ability to tell you how the injury occurred. If this occurs, you should document, gather essential information and report.

- Document the injury in the individual's records.
- If your agency has nursing staff available, it would be appropriate to contact them to have the individual assessed. The outcome of this assessment should be documented. If the injury is more severe, an emergency room visit may be advisable
- Read the logs and records at the house to find out how the injury occurred.
- Speak with your supervisor and coworkers about the injury. Ask if anyone knows how it occurred

- It may be appropriate to check with the day program or family if the individual has recently visited.
- An injury of unknown origin should be called in to DPPC. They will investigate it and determine what occurred.

### **Personal Story**

The following story was shared by Nancy Alterio, Executive Director, Disabled Persons Protection Commission (DPPC) and demonstrates the importance of picking up non-verbal signs of abuse/neglect or omission.

A woman with a disability was living at home with her parents. The parents noticed changes in her. She woke up during the night crying. As she seemed hungry the parents began feeding her during the night. Also her seizure activity increased. The parents paid attention to the behavioral changes even though they weren't sure exactly what was happening. Due to the increase in seizures, waking during the night and increased appetite, the parents brought her to the doctor but the doctor couldn't find anything medically wrong but did notice she was losing weight. Especially given the parents were providing her with additional food during the night, everyone was surprised by the weight loss. They eventually called DPPC. DPPC investigated and the investigation led them to interviewing staff at her day program. From the investigation they learned that a staff person at her day program was throwing away her food because she took too long to eat. As a result of not being fed, she was being neglected and malnourished causing her weight loss and increase in seizure activity. Because the parents paid attention to the changes in their daughter's behavior, the neglect was remediated.