



**MANDATORY REPORTING**

**CHILD AND DEPENDENT ADULT ABUSE**

(Revised February 2008)

## CHILD AND DEPENDENT ADULT ABUSE CURRICULUM

### OVERVIEW:

- This course provides the healthcare personnel mandatory reporters with two hours of instruction at an introductory level. It covers the following content areas: the Iowa law, probable reasons, recognition, and the reporting process pertaining to child and dependent adult abuse.

### OUTLINE:

Section 1	I. Introduction II. Purpose of Iowa Code 235A and 235B III. Historical perspective IV. Incidence V. Definitions	5 minutes
Section 2	Child Abuse I. Traits of victim and abuser II. Recognizing abuse A. Physical abuse B. Mental injury C. Sexual abuse D. Denial of care E. Prostitution F. Presence of illegal drugs G. Manufacture/possession dangerous substance H. Bestiality I. Cohabiting with a registered sex offender III. Reluctance to report	45 minutes
Section 3	Dependent Adult Abuse I. Reasons for abuse A. Traits of victim B. Traits of abuser II. Typical victim III. Recognizing abuse A. Physical abuse B. Sexual abuse C. Sexual exploitation D. Financial exploitation E. Denial of critical care	45 minutes

- IV. Non-dependent adult abuse
- V. Reluctance to report

Section 4

Reporting

15 minutes

- I. Reporters
  - A. Mandatory reporters/permissive reporters
  - B. Educational requirements
  - C. Legal aspects
- II. Reporting process
  - A. Oral report
  - B. Written report
- III. Department of Human Services (DHS)
  - A. Functions
  - B. Central Registry
- IV. Department of Inspections and Appeals (DIA)
- V. Department of Elder Affairs
- VI. Assessment process
  - A. Intake
  - B. Case assignment
  - C. Evaluation of alleged abuse
  - D. Determination if abuse occurred
  - E. Assessment of family's functioning, strengths and needs
  - F. Preparation of reports/forms
  - G. After assessment
- VII. Intervention or prevention strategies

Section 5

Review - Quiz/Discussion questions

10 minutes

REQUIREMENTS:

Materials:

- Handouts for each student
- #1 Child and Dependent Adult Abuse (comparison)
- #2 Child Abuse
- #3 Dependent Adult Abuse
- #4 Suspected Child Abuse Reporting Form
- #5 Suspected Dependent Adult Abuse Reporting Form
- Quiz for each student
- Registration forms

Equipment:

- Overhead projector or computer with projector
- Slide projector
- Movie screen
- Video or DVD player and TV

Visual Aids:

- VHS/DVD on child abuse (additional videos as available at your facility)
- VHS/DVD on dependent adult abuse
- Slides of child abuse
- Slides of dependent adult abuse
- Overlay transparencies on child and dependent adult abuse

Instructor:

Instructor Preparation:

- Review and preview all references and visual aids related to this unit
- Select and prepare appropriate instructional aids, if needed
- Be familiar with all visual aids and equipment to be used during this unit
- Obtain current statistics from Iowa Department of Human Services, National Clearinghouse on Child Abuse and Neglect Information, National Center on Elder Abuse and Prevent Child Abuse Iowa

OBJECTIVE	CONTENT	METHOD
<p><b>SECTION I - OVERVIEW/INTRODUCTION</b></p> <p>Upon completion of this class the trainee should be able to:</p> <p>I. Identify the basic course objectives</p>	<p>I. Introduction</p> <p>A. Objectives</p> <p>B. Content</p>	<p>Slides #1-6</p>
<p>II. Identify the purposes of Iowa Code Chapter 232.67 - 90 and 235B</p>	<p>I. Iowa Code, Chapter 232.67-232.90-Child Abuse Iowa Code, Chapter 235B-Dependent Adult Abuse</p> <p>A. Provides greatest possible protection to children and dependent adults by encouraging reporting of suspected abuse</p> <p>B. Requires certain people to be mandatory reporters</p> <p>C. Charges the Department of Human Services to conduct child and dependent adult abuse programs</p> <p>D. Creates a central registry for child and dependent adult information</p>	<ul style="list-style-type: none"> <li>- Lecture/Discussion</li> <li>- Review Code of Iowa chapters 232.67-232.90, 235A.1-.21 and 235B</li> <li>- Use additional resources available at your facility, i.e., video tapes</li> <li>- Slide #7</li> </ul>
<p>III. State the history of the recognition and legal recourse of child and dependent adult abuse</p>	<p>III. Historical perspective</p> <p>A. Child abuse</p> <ol style="list-style-type: none"> <li>1. 1874 Mary Ellen case - Society for the Prevention of Cruelty to Animals</li> <li>2. 1960's - Battered Child Syndrome identified</li> <li>3. 1965 - 1st Iowa Law on child physical abuse</li> <li>4. 1975 - Mandatory reporting established</li> <li>5. 1978 - Sexual abuse, neglect added to law</li> <li>6. 1984 - Sexual exploitation added to law</li> <li>7. 1985 - Training requirements for mandatory reporters</li> <li>8. 1993 - Mental injury added to law</li> <li>9. 1993 - Presence of illegal drugs added to law</li> <li>10. 2001 - Manufacturing or possession of a dangerous substance and bestiality added</li> <li>11. 2005 - Cohabitation with a registered</li> </ol>	<p>Slides #8 &amp; 9</p>

OBJECTIVE	CONTENT	METHOD
	sex offender	
	<p>B. Dependent Adult Abuse</p> <ol style="list-style-type: none"> <li>1. Late 1970's surveys done, congressional investigation</li> <li>2. 1983 - Iowa Dependent Adult Abuse Law</li> <li>3. 1988 - Mandatory reporting</li> <li>4. 1988 - Training requirements for mandatory reporters</li> <li>5. 1993 - Assault of a dependent adult added to definition of dependent adult abuse</li> <li>6. 2001 – Sexual exploitation</li> </ol>	Slide #10
<p>IV. State the incidence of child and dependent adult abuse.</p>	<p>IV. Overview</p> <p>A. Incidence</p> <ol style="list-style-type: none"> <li>1. Child abuse               <ol style="list-style-type: none"> <li>a. Estimated 3 million/year reports in USA (2005)</li> <li>b. There has been a sharp increase in determined cases in Iowa since 2000</li> <li>c. 35,789 reports of suspected abuse in Iowa were accepted in 2006 – 13,027 determined to be victims of child abuse 1996 - 13 children died as result of child abuse</li> <li>d. 20.2 per 1000 Iowa children suffered abuse in 2006</li> <li>e. Nationally only 1/3 of maltreated children are reported</li> <li>f. Denial of critical care or neglect account for over 77% of abuse in Iowa</li> </ol> </li> <li>2. Dependent Adult Abuse               <ol style="list-style-type: none"> <li>a. Estimated 1.8 million victims a year (US); one of every 20 dependent adults</li> <li>b. 2003 – 565,700 nation-wide reported</li> </ol> </li> </ol>	<p>Obtain current statistics: Iowa Department of Human Services, National Clearinghouse on Child Abuse and Neglect Information, National Center on Elder Abuse, Prevent Child Abuse Iowa</p> <p>Slides #11 &amp; 12</p> <p>Slide #13</p>

OBJECTIVE	CONTENT	METHOD
	<ul style="list-style-type: none"> <li>c. Iowa high incidence of elderly abuse</li> <li>d. 1600 reports of dependent adult abuse yearly in Iowa.</li> <li>e. Approximately 4% increase in reported cases each year</li> <li>f. Nationally only 1 in 14 incidents of elder abuse reported</li> <li>g. Nationally 55% of elder abuse is self-inflicted</li> </ul>	
<p>V. Define the following terms: child, child abuse, dependent adult, dependent adult abuse, responsible caretaker.</p>	<p>V. Definitions</p> <ul style="list-style-type: none"> <li>A. Child               <ul style="list-style-type: none"> <li>1. Any person under 18 years of age</li> </ul> </li> <li>B. Child abuse               <ul style="list-style-type: none"> <li>1. Physical abuse: non-accidental physical injury or injury which is at variance with history given of it, as result of act or omission of caretaker</li> <li>2. Mental injury: mental injury to child's intellectual or psychological capacity as evidenced by observable and substantial impairment in child's ability to function</li> <li>3. Sexual abuse by act or omission of caretaker</li> <li>4. Denial of critical care: failure by caretakers to provide for adequate food,</li> </ul> </li> </ul>	<p>Review of Code of Iowa 232.68</p> <p>Handout #1</p> <p>Slides #14 &amp; 15</p>

OBJECTIVE	CONTENT	METHOD
	<p>shelter, clothing, supervision or medical care</p> <ol style="list-style-type: none"> <li>5. Child prostitution: acts or omission of caretaker which allow, permit, or encourage the child to engage in acts prohibited by law</li> <li>6. Presence of illegal drugs: an illegal drug present in child’s body as direct and foreseeable consequence of acts or omissions of caretaker</li> <li>7. Manufacturing or possession of a dangerous substance</li> <li>8. Bestiality in the presence of a minor</li> <li>9. Cohabiting with a registered sex offender – a caretaker who knowingly cohabits with a person who is a registered sex offender or with a person who is required to register commits child abuse (exceptions: sex offender is caretaker’s spouse, sex offender is parent of alleged victim child, sex offender is minor child of caretaker)</li> </ol>	
	<ol style="list-style-type: none"> <li>C. Dependent Adult               <ol style="list-style-type: none"> <li>1. Person 18 years of age or older</li> <li>2. Unable to protect his/her own interests or unable to adequately perform or obtain services necessary to meet essential human needs</li> <li>3. As a result requires assistance from another</li> <li>4. Includes mentally ill, mentally retarded and developmentally disabled - now called diminished physical or mental capacity</li> </ol> </li> <li>D. Dependent adult abuse               <ol style="list-style-type: none"> <li>1. Any willful non-accidental physical injury including unreasonable confinement or punishment and assault as a result of act or omission of caretaker</li> <li>2. Sexual abuse by act or omission of caretaker</li> <li>3. Sexual exploitation – dependent adult</li> </ol> </li> </ol>	<p>Review of Code of Iowa Chapter 235.B.2</p> <p>Slide #16</p> <p>Slide #17</p>

OBJECTIVE	CONTENT	METHOD
	<p>resident of a health care facility</p> <p>4. Financial exploitation – act or process of taking unfair advantage of dependent adult or the adult’s physical or financial resources for one’s own personal or pecuniary profit</p> <p>5. Denial of critical care – deprivation of minimum food, shelter, clothing, supervision, physical or mental health care</p> <p>a. By acts or omissions of caretaker</p> <p>b. By acts or omissions of dependent adult</p>	
	<p>E. Responsible caretaker</p> <p>1. Related or nonrelated person with responsibility for protection, care or custody as result of assuming responsibility voluntarily, by contract through employment, or by court order</p> <p>a. Parent, guardian, conservator, foster parent</p> <p>b. Relative or other person victim resides with and assumes care or supervision</p> <p>c. Employee of a public or private facility providing care for victim</p> <p>d. Person providing care for victim, but whom victim does not reside</p>	<p>Slide #18</p>
<p><b>SECTION 2 - CHILD ABUSE</b></p> <p>I. Describe why child abuse occurs</p> <p>A. List individual traits of victim</p>	<p>I. Probable reasons of abuse</p> <p>A. Individual traits of victim</p> <p>1. Essentially normal infants who are:</p> <p>a. Product of difficult pregnancy or delivery</p> <p>b. Unplanned pregnancy</p> <p>c. Wrong sex</p> <p>d. Too active/too passive</p> <p>e. Born during period of severe family stress or crisis</p> <p>f. Resembling an intensely</p>	<p>Slide #19 Lecture/Discussion</p> <p>Handout #2</p> <p>Slide #20</p>

OBJECTIVE	CONTENT	METHOD
<p>B. List individual traits of abuser</p>	<p>disliked parent (divorced spouse)</p> <ol style="list-style-type: none"> <li>2. Infants and children who are “abnormal” in some way                             <ol style="list-style-type: none"> <li>a. Significant prematurity</li> <li>b. Congenital deficiencies, or abnormalities</li> <li>c. Chronic problem (mental retardation, or physical handicap)</li> </ol> </li> <li>3. Children described as “difficult” or “different”                             <ol style="list-style-type: none"> <li>a. Hyperactive/fussy</li> <li>b. Abnormal sleep patterns or cry excessively</li> <li>c. Do not appear to respond to caretaker</li> <li>d. Difficult at certain stages of development</li> </ol> </li> </ol> <p>B. Individual traits of abuser</p> <ol style="list-style-type: none"> <li>1. Had poor role models when they were children                             <ol style="list-style-type: none"> <li>a. Often abused or neglected themselves</li> <li>b. Did not receive sufficient love and respect leading to immature behavior, low self worth and few skills to establish close trusting relationships with others</li> </ol> </li> </ol>	<p>Slide #21</p> <p>Slide #22</p>
	<ol style="list-style-type: none"> <li>2. Experiencing high levels of stress                             <ol style="list-style-type: none"> <li>a. Loss of job</li> <li>b. Marital separation/divorce</li> <li>c. Intense intra-family conflict</li> <li>d. Illness or death in family</li> </ol> </li> <li>3. Unrealistic expectation of child                             <ol style="list-style-type: none"> <li>a. Do not understand child’s developmental needs and stages of growth</li> </ol> </li> <li>4. Marries emotionally non-supporting spouse/spouse; passively supports the abuse</li> <li>5. Drug/alcohol abuse</li> </ol>	

OBJECTIVE	CONTENT	METHOD
<p>II. Describe how to recognize child abuse in each of the classifications</p> <p>A. Define physical abuse</p> <p>1. List indicators of physical abuse</p>	<p>6. Belief in strict, painful punishment</p> <p>II. Child abuse</p> <p>A. Physical abuse - any non-accidental physical injury or injury at variance with history given, suffered by child as a result of acts or omissions of person responsible for care of child (Iowa Code 232.68.2a)</p> <p>1. Physical indicators of abuse</p> <p>a. Unexplained bruises or welts</p> <ol style="list-style-type: none"> <li>1) Face, lips, mouth</li> <li>2) Various stages of healing</li> <li>3) Large areas of torso, back, buttocks thighs</li> <li>4) In clusters, regular patterns reflective of article used to inflict them</li> <li>5) On several different surface areas</li> </ol>	<p>Lecture/Discussion</p> <p>Slides #23</p> <p>Slides showing child abuse - Slides #407-420 from Trauma Slides, Morton Publishing Co. 925 W. Kenyon Ave., Unit #4, Englewood, Col. 80110 303-761-4805</p> <p>Optional – Videotape/DVD (local resources)</p> <p>Handout #2</p> <p>Slides #24-26</p>
	<p>b. Unexplained burns</p> <ol style="list-style-type: none"> <li>1) Emersion or wet burns - glove or sock -like burns</li> <li>2) Donut-shaped burns on buttocks or genitals</li> <li>3) Cigar or cigarette burns - soles of feet, palms of hands, back or buttocks</li> <li>4) Patterned or “dry burns” which show clearly defined mark of instrument used to inflict them</li> <li>5) Rope burns to arms, legs, neck or torso</li> </ol> <p>c. Unexplained fractures</p> <ol style="list-style-type: none"> <li>1) To skull, nose, face, ribs</li> <li>2) In various stages of healing</li> </ol>	<p>Slides #27-29</p> <p>Slide #30</p>

OBJECTIVE	CONTENT	METHOD
	<ul style="list-style-type: none"> <li>3) Multiple or spiral fractures</li> <li>4) Swollen or tender limbs</li> <li>5) Any fracture in child under 2 years of age</li> <li>d. Head injuries                             <ul style="list-style-type: none"> <li>1) Subdural hematomas - violent shaking</li> <li>2) Skull fractures</li> <li>3) Scalp swelling, bruising</li> <li>4) Retinal hemorrhages</li> <li>5) Longbone fractures</li> </ul> </li> <li>e. Unexplained lacerations or abrasions                             <ul style="list-style-type: none"> <li>1) To mouth, lips, gums, or eyes</li> <li>2) To external genitalia</li> <li>3) On backs of arms, legs, or torso</li> </ul> </li> </ul>	<p>Slide #31</p>
<p>2. List behavioral indicators by child of physical abuse</p>	<ul style="list-style-type: none"> <li>f. Hyperemia                             <ul style="list-style-type: none"> <li>1) Reddening of surface tissue</li> <li>2) Lasting 24 hours or more</li> </ul> </li> <li>g. Unexplained abdominal injuries                             <ul style="list-style-type: none"> <li>1) Swelling of abdomen</li> <li>2) Localized tenderness</li> <li>3) Constant vomiting</li> </ul> </li> <li>h. Human bite marks - especially adult size</li> <li>2. Behavioral indicators of abuse by the child                             <ul style="list-style-type: none"> <li>a. Wary of physical contact with adults</li> <li>b. Apprehension when other children cry</li> <li>c. Demonstrates behavioral extremes - aggression/ withdrawal</li> <li>d. Frightened of parents</li> <li>e. Afraid to go home or cries when it is time to leave</li> <li>f. Reports injury by parent</li> </ul> </li> </ul>	<p>Slide #32</p> <p>Slide #33</p>

OBJECTIVE	CONTENT	METHOD
<p>3. List of behavioral indicators of abuser</p> <p>B. Define mental injury.</p>	<p>g. Overly compliant, passive, apathetic</p> <p>3. Behavioral indicators of abuser</p> <p>a. Reluctance to seek appropriate medical attention</p> <p>b. Detachment/over-concern</p> <p>c. Emphasis of irrelevant events, contradictory, inconsistent stories</p> <p>B. Mental injury - Any mental injury to a child's intellectual or psychological capacity as evidenced by an observable and substantial impairment in the child's ability to function within the child's normal range of performance and behaviors as the result of acts or omissions of caretaker. (Impairment must be diagnosed and confirmed by licensed physician or qualified mental health professional.) Iowa Code: 232.68.2b</p>	<p>Slide #34</p> <p>Slide #35</p>
<p>1. List the indicators of an emotionally maltreated child</p>	<p>1. Indicators of an emotionally maltreated child</p> <p>a. Wetting or soiling of clothing beyond appropriate age</p> <p>b. Conduct disorders (withdrawal, antisocial behavior)</p> <p>c. Behavior extremes (overly compliant, extremely passive or aggressive, very demanding)</p> <p>d. Pseudomature behavior - parenting other children</p> <p>e. Emotional or intellectual immaturity</p> <p>f. Drug or alcohol addiction</p> <p>g. Running away from home</p> <p>h. Attempted suicide</p> <p>i. Developmental and/or language delays</p> <p>j. Fear of person or intense dislike of being left with someone</p> <p>k. Lack of emotional control, chronic depression, hysteria, fantasy or infantile behavior</p>	<p>Slide #36</p>

OBJECTIVE	CONTENT	METHOD
	<p>2. Examples of mental injury</p> <ul style="list-style-type: none"> <li>a. Ignoring the child, failing to provide necessary stimulation, responsiveness of the child's worth and validation</li> <li>b. Rejecting the child's value, needs, and request for adult validation and nurturance</li> <li>c. Isolating the child, denying normal human contact</li> <li>d. Terrorizing the child with verbal assaults, creating climate of fear, hostility and anxiety thus preventing the child from gaining feelings of safety and security</li> </ul>	<p>Slide #37</p>
	<ul style="list-style-type: none"> <li>e. Corrupting the child by encouraging and reinforcing destructive, antisocial behavior thus impairing the socioemotional development</li> <li>f. Verbally assaulting the child with constant, excessive name-calling, harsh threats and sarcastic put downs, thus lowering the child's self esteem</li> <li>g. Overpressuring the child with subtle but consistent pressure to grow up fast and achieve too early.</li> </ul>	
<p>C. Define sexual abuse</p> <p>1. List physical indicators of child from sexual abuse</p>	<p>C. Sexual abuse is the commission of any sexual offense as a result of acts or omissions of person responsible for care of child. (Iowa Code: 232.68.2c)</p> <p>1. Physical indicators of sexual abuse</p> <ul style="list-style-type: none"> <li>a. Bruises - genital or anal</li> <li>b. Bleeding - vaginal or anal</li> <li>c. Swelling, redness of cervix, vulva, or perineum</li> <li>d. Semen</li> <li>e. Difficulty in walking or sitting</li> </ul>	<p>Slide #38</p> <p>Slide #39 &amp; 40</p>

OBJECTIVE	CONTENT	METHOD
<p>2. List behavioral indicators of child due to sexual abuse</p>	<p>2. Behavioral indicators of child due to sexual abuse</p> <ul style="list-style-type: none"> <li>f. Torn, stained, bloody underclothing</li> <li>g. Pain or itching in genital area</li> <li>h. Pregnancy</li> <li>i. Venereal disease/frequent urinary or yeast infections</li> <li>a. Regression - enuresis, encopresis</li> <li>b. Withdrawn, daydream excessively</li> <li>c. Delinquency, deterioration of academic performance</li> <li>d. Avoidance of physical activity</li> <li>e. Substance abuse – alcohol or drugs</li> <li>f. Poor peer relationships</li> <li>g. Poor self-esteem, self-destructive behavior</li> <li>h. Pseudo mature development, role reversal behavior</li> <li>l. Engage in highly sexual play, excessive seductiveness or promiscuity, use of sexual language</li> <li>j. Phobias, especially of adults</li> <li>k. Experience distortion of body image</li> </ul>	<p>Slide #41</p>
<p>3. List behavioral indicators of abuser and/or caretaker</p>	<p>3. Behavioral indicators of abuser and/or caretaker</p> <ul style="list-style-type: none"> <li>l. Repressed anger, hostility, aggressive</li> <li>m. Indirect allusion to problems at home</li> <li>n. Running away</li> <li>o. Suicide attempt</li> <li>a. Parent - adult male               <ul style="list-style-type: none"> <li>1) Rigid disciplinarian</li> <li>2) Passive out of home</li> <li>3) Little social mingling</li> <li>4) Jealous and protective of child</li> </ul> </li> </ul>	

OBJECTIVE	CONTENT	METHOD
<p>4. List the classifications of sexual abuse as found in the Code of Iowa</p>	<p>b. Parent - mother</p> <ol style="list-style-type: none"> <li>1) Knows of situation</li> <li>2) Denial/fear</li> <li>3) Prefers it to husband running around</li> <li>4) Relief from wifely sexual responsibility</li> <li>5) Guilt and jealousy toward child</li> </ol> <p>4. Classification of sexual abuse (Iowa Code: 709.1-16)</p> <ol style="list-style-type: none"> <li>a. Sex act - 1st, 2nd, and 3rd degree depends on force used, weapon displayed, age of victim, relationship between victim and perpetrator.</li> <li>b. Lascivious acts with child</li> <li>c. Indecent exposure</li> <li>d. Assault with intent to commit sexual act</li> <li>e. Indecent contact with child</li> <li>f. Detention in a brothel</li> <li>g. Lascivious conduct with a child</li> <li>h. Incest</li> <li>i. Sexual exploitation by a counselor or therapist</li> <li>j. Sexual exploitation of a minor</li> <li>k. Sexual misconduct with offenders and juveniles</li> </ol>	<p>Slides #42 &amp; 43</p>
<p>D. Define "denial of critical care"</p> <p>1. List the components of critical care</p>	<p>D. Denial of critical care - failure on part of caretaker to provide for adequate food, shelter, clothing or other care necessary for child's health and welfare, when financially able or when offered financial or other reasonable means to do so <u>and</u> the child's basic needs are denied or ignored to such an extent that imminent or potential danger of the child suffering injury or death (this includes mental and emotional care). (Iowa Code 232.68.2d)</p> <p>1. Components of denial of critical care</p> <ol style="list-style-type: none"> <li>a. Lack of adequate food and nutrition             <ol style="list-style-type: none"> <li>1) Failure to provide</li> </ol> </li> </ol>	<p>Slide #44</p> <p>Slide #45</p>

OBJECTIVE	CONTENT	METHOD
	<p>medically prescribed special diets</p> <p>2) Lack of adequate food in home - repetitive pattern</p> <p>3) Lack of appropriately prepared and stored food</p> <p>4) Deliberately withholding food from child (lack of weight gain or weight loss)</p> <p>b. Lack of adequate clothing</p> <p>1) Clothing inappropriate for climate to minimally protect child</p> <p>2) Unclean clothing that endangers health and personal dignity of child</p> <p>c. Lack of adequate shelter</p> <p>1) Shelter does not meet minimum housing code standards</p> <p>2) "Dirty House" concept is clear and presents health hazard</p>	

OBJECTIVE	CONTENT	METHOD
	<ul style="list-style-type: none"> <li>3) Conditions in house and immediate surroundings which are hazardous to physical safety of child</li> <li>4) No home</li> <li>d. Lack of health care                             <ul style="list-style-type: none"> <li>1) Failure to seek medical and dental care for acute, chronic or routine conditions</li> <li>2) Failure to follow through with necessary treatment</li> </ul> </li> <li>e. Failure to provide mental health care necessary to treat child's serious social maladjustment</li> <li>f. Gross failure to meet child's emotional needs necessary for normal development                             <ul style="list-style-type: none"> <li>1) Failure to thrive syndrome</li> <li>2) Inability to meet developmental milestones</li> <li>3) Emotional maltreatment - blaming, belittling, rejecting child</li> </ul> </li> <li>g. Denial or failure to provide proper supervision which a reasonable and prudent person would exercise under similar facts and circumstances, or cruelly or unduly confining a child (includes dangerous operation of motor vehicle when responsible caretaker is driving recklessly or driving while intoxicated with the child in the vehicle).                             <ul style="list-style-type: none"> <li>1) Abandoning child</li> </ul> </li> </ul>	
	<ul style="list-style-type: none"> <li>2) Selecting caregiver</li> </ul>	

OBJECTIVE	CONTENT	METHOD
	<p>incapable of insuring safety of child (includes illegal drug usage by caretaker)</p> <p>3) Locking child in attic, closet, basement; tying or chaining child</p> <p>4) Failure to supervise child, allowing child to wander off</p> <p>5) Overmedicating child</p> <p>6) Child at home alone</p> <p>i. Does child have any physical disabilities?</p> <p>ii. Could child get out of house in an emergency?</p> <p>iii. Does child have phone and know how to use?</p> <p>iv. Does child know how to reach caretaker?</p> <p>v. How long is child left home alone?</p> <p>vi. Is child afraid to be home alone?</p> <p>vii. Does child know how to respond if fire or injury?</p> <p>h. Failure to respond to infant's threatening conditions</p> <p>life</p> <p>1) Withholding medically indicated treatment</p>	

OBJECTIVE	CONTENT	METHOD
<p>2. List the behavioral indicators of denial of critical care</p> <p>E. Define "sexual abuse as prostitution"</p> <p>1. List the classifications of prostitution</p> <p>2. List the indicators of prostitution</p>	<p>2) Withholding appropriate nutrition, hydration and medication</p> <p>3) Failure to thrive</p> <p>4) Unless the infant is chronically/irreversibly comatose, treatment would merely prolong dying, and treatment virtually futile and inhumane</p> <p>2. Behavioral indicators of denial of critical care</p> <p>a. Begging, stealing food</p> <p>b. Constantly falling asleep, fatigue, listlessness in class</p> <p>c. Erratic school attendance</p> <p>d. Addiction to alcohol or drugs</p> <p>e. Engaging in delinquent acts</p> <p>f. Poor personal hygiene</p> <p>g. Clothing inappropriate for weather</p> <p>h. Stating "no one to care for or look after me"</p> <p>i. Shunned by peers</p> <p>j. Lags in growth or development</p> <p>E. Child prostitution - the acts or omissions of a person responsible for the care of a child which allow, permit, or encourage the child to engage in acts prohibited pursuant to Iowa Code Section 725.1 (Code 232.68.2c)</p> <p>1. Act or omission with or to a person under age of 18 years</p> <p>2. Classification of abuse</p> <p>a. Detention in a brothel</p> <p>b. Sexual exploitation of a child</p> <p>c. Prostitution – person who sells or offers for sale his/her services as a partner in a sex act or who purchases such services</p> <p>3. Indicators the same as sexual abuse</p>	<p>Slide #46 &amp; 47</p> <p>Slide #48</p> <p>Slide #49</p> <p>Slide #50</p>
<p>F. Define presence of illegal</p>	<p>F. Presence of illegal drugs - an illegal drug is</p>	<p>Slide #51</p>

OBJECTIVE	CONTENT	METHOD
<p>drugs</p> <p>G. Define manufacturing or possession of a dangerous substance</p>	<p>present in a child’s body as a direct and foreseeable consequence of the acts or omissions of the caretaker (prenatal or postnatal), Iowa Code 232.68.2f</p> <ol style="list-style-type: none"> <li>1. Illegal drugs are defined as cocaine, heroine, amphetamines, methamphetamines</li> <li>2. Other illegal drugs including marijuana</li> <li>3. Combinations or derivatives of illegal drugs which were not prescribed by a health practitioner</li> <li>4. If health practitioner discovers effects of exposure to illegal drugs during child physical or during natural mother’s physical (child exposed in utero), relevant medical testing may be performed; positive results must be reported</li> </ol> <p>G. Manufacturing or possession of a dangerous substance – caretaker of child has manufactured dangerous substance in presence of child, knowingly allows manufacture of a dangerous substance by another person in the presence of a child, or possesses a product containing ephedrine with the intent to use the product as a precursor or intermediary to a dangerous substance in the presence of the child, Iowa Code 232.68.2G.</p> <ol style="list-style-type: none"> <li>1. “In the presence of a child” means in the physical presence of a child, in a child’s home or motor vehicle on the premises, or under circumstances that reasonably prudent person would know that the manufacture or possession may be seen, smelled or heard by child</li> </ol>	<p>Slide #52</p> <p>Slide #53</p> <p>Slide #54</p> <p>Slide #55</p>
	<ol style="list-style-type: none"> <li>2. Dangerous substance               <ol style="list-style-type: none"> <li>a. Amphetamine, its salts, isomers, salts of isomers</li> <li>b. Methamphetamines, its salts, isomers, salts of isomers</li> <li>c. Chemical or combination of</li> </ol> </li> </ol>	

OBJECTIVE	CONTENT	METHOD
	<p style="text-align: center;">chemicals that pose reasonable risk of causing an explosion, fire or other danger to life during the manufacture of an illegal or controlled substance</p> <p>3. DHS must report to law enforcement (criminal act)</p> <p>H. Bestiality in the presence of a minor, Iowa Code 232.68H – commission of a sex act with an animal in the presence of a minor by a person who resides in a home with a child, as result of the acts or omissions of a person responsible for the care of child. DHS must report to law enforcement (criminal act)</p> <p>I. Cohabitation with sex offender</p> <p>1. A caretaker knowingly cohabits with person who is registered sex offender or with person who is required to register, commits child abuse</p> <p>2. Exceptions:</p> <p>a. Sex offender is caretaker's spouse</p> <p>b. Sex offender is parent of alleged victim child</p> <p>c. Sex offender is a minor child of caretaker</p> <p>3. DHS must report to law enforcement (criminal act under child endangerment)</p>	<p>Slide #56</p> <p>Slide #57</p> <p>Slide #58</p>
<p>III. Describe why there may be a reluctance or failure to report abuse</p>	<p>III. Reluctance or failure to report</p> <p>A. Child has conflicting feelings</p> <p>1. Feels ties of affection to those abusing him/her</p> <p>2. Conditioned to believe he/she deserves abuse or neglect</p> <p>3. May feel sexual abuse is a privilege</p> <p>4. Fear of abuser</p> <p>5. Fear of destroying 'family'</p> <p>6. Protect younger siblings</p> <p>B. Adults</p> <p>1. Strong social taboo - thus denial</p> <p>2. Occurs within the home</p> <p>3. Denial or ignore existence</p>	<p>Slide #59</p> <p>Slide #60</p>



OBJECTIVE	CONTENT	METHOD
<p>D. List traits shared by victim and abuser</p>	<ol style="list-style-type: none"> <li>3. May or may not realize inability to provide care adequately - constant fatigue</li> <li>4. Rise in anger/drop in self esteem</li> <li>5. Resents new parental role</li> <li>6. Resents intrusion/lack of privacy</li> <li>7. Rising financial burden/inability to meet expenses; caregiver financially dependent on victim</li> <li>8. Little leisure time for friends or activities</li> </ol> <p>D. Common traits to both victim and abuser</p> <ol style="list-style-type: none"> <li>1. History of physical or mental illness</li> <li>2. Low tolerance/easily frustrated</li> <li>3. Strikes out verbally or physically to deal with stress or anger</li> <li>4. Feelings of shame, guilt, hopelessness, helplessness</li> <li>5. Rejection of help from others</li> <li>6. Difficult and uncooperative personalities</li> </ol>	<p>Slide #69</p>
<p>II. Describe a typical dependent adult who is abused in Iowa</p>	<p>II. Typical victim in Iowa</p> <ol style="list-style-type: none"> <li>A. Female 70 years of age or older</li> <li>B. In poor health with limited economic resources</li> <li>C. Physically small stature with strong ongoing emotional needs</li> <li>D. In close proximity with regard to living arrangements</li> <li>E. Has sensory impairment - hearing, vision</li> <li>F. Confusion</li> <li>G. Incontinence</li> </ol>	<p>Slides #70 &amp; 71</p>
<p>III. Describe how to recognize dependent adult abuse</p> <p>A. List the indicators of physical abuse</p>	<p>III. Identify abuse - physical abuse, sexual abuse, financial exploitation, denial of critical care</p> <p>A. Indicators of physical abuse of dependent adult</p> <ol style="list-style-type: none"> <li>1. Definition of physical abuse - physical injury or injury at variance with history given, unreasonable confinement or punishment, assault of dependent adult as result of willful or negligent acts or omissions of caretaker. Iowa Code, Chapter 235B.2 (5) (a) (1) (a)</li> </ol>	<p>Slides #72-74 Lecture/Discussion Slide #75</p> <p>Optional - Use additional resources available at your facility</p> <p>Slides showing adult abuse</p>
	<ol style="list-style-type: none"> <li>2. Multiple fractures in various stages of healing</li> </ol>	<p>Slides #76 &amp; 77</p>

OBJECTIVE	CONTENT	METHOD
	<ol style="list-style-type: none"> <li>3. Cuts, lacerations, puncture wounds - those injuries particularly that are not properly cared for (untreated pressure sores)</li> <li>4. Bruises, welts, discoloration                             <ol style="list-style-type: none"> <li>a. Bilaterally on upper arms (from shaking)</li> <li>b. Clustered on trunk or other parts of body</li> <li>c. Morphologically similar to an object - imprint injuries</li> <li>d. Presence of old and new bruises at the same time</li> </ol> </li> <li>5. Burns                             <ol style="list-style-type: none"> <li>a. Cigarettes, caustics, acid</li> <li>b. From confinement (friction burns)</li> <li>c. Friction from ropes or chains</li> <li>d. From contact with other objects</li> </ol> </li> <li>6. Head injuries                             <ol style="list-style-type: none"> <li>a. Hemorrhage below scalp</li> <li>b. Absence or patchy hair loss of hair on head</li> <li>c. Whiplash injuries</li> </ol> </li> <li>7. Soiled clothing or bedding, body odor</li> <li>8. Untreated pressure sores, urine burns</li> <li>9. Dehydration and/or malnourished                             <ol style="list-style-type: none"> <li>a. Loss of weight</li> <li>b. Pallor</li> <li>c. Sunken eyes, cheeks</li> <li>d. Poor skin hygiene</li> </ol> </li> <li>10. Signs of confinement (no use of limbs, lack of mobility)</li> <li>11. Lack of medical care - swollen ankles, decay of teeth or no teeth, fleas/lice, sores, broken glasses, tremors</li> <li>12. Drunk or overly medicated, listlessness</li> </ol>	
<p>List the behavioral indicators of the victim (response to physical abuse)</p>	<p>Behavioral indicators (response to physical abuse)</p> <ol style="list-style-type: none"> <li>1. Fearful of abuser - anxious to please, eyes ask "Will you help me?"</li> <li>2. Reluctant, hesitation to talk freely</li> <li>3. Depressed, withdrawn, helplessness, reclusive</li> </ol>	<p>Slides #78 &amp; 79</p>

OBJECTIVE	CONTENT	METHOD
	<ol style="list-style-type: none"> <li>4. Resignation, appears humiliated or defeated</li> <li>5. Ambivalence/contradictory statements (not due to mental dysfunction)</li> <li>6. Non-responsive</li> <li>7. Anger, denial, agitation, anxiety (threatens or attacks others physically or verbally)</li> <li>8. Erratic eating or sleeping patterns</li> <li>9. Confusion/disorientation (time), hallucinations, delusions</li> <li>10. Does not follow medical directions, refuses medical attention or services offered by others</li> <li>11. Refusal to open door, in total darkness</li> <li>12. Procrastination, forgetfulness, losing things, not shutting stove off</li> <li>13. Vague health complaints</li> <li>14. Longing for death/suicidal statements</li> <li>15. Denial of any wrong doing</li> </ol>	
<p>List the behavioral indicators of the family/ caretaker</p>	<p>Indicators from family/caretaker (response to physical abuse)</p> <ol style="list-style-type: none"> <li>1. Illogical account of injury's cause or conflicting accounts by various members family</li> <li>2. Speaks for the victim, will not leave victim alone</li> <li>3. Treats victim like a child</li> <li>4. Defensiveness, blames victim for causing problems (incontinence is deliberate)</li> <li>5. Makes unrealistic demands of victim</li> <li>6. Aggressive behavior (threats, insults, harassment, anger, rough handling)</li> <li>7. Social isolation of family, or isolation or restriction of activity of older adult with family unit</li> <li>8. Lack of feeling, indifference, assistance to dependent person, withholding security and affection</li> <li>9. Alcohol and/or drug problem</li> <li>10. Fatigued, unable to make simple decisions, frustration</li> </ol>	<p>Slides #80 &amp; 81</p>



OBJECTIVE	CONTENT	METHOD
	<ul style="list-style-type: none"> <li>2. bank account</li> <li>3. Withdrawals from automated banking machine when person can't walk or get to bank</li> <li>4. Signatures on checks that do not resemble person's signature</li> <li>5. Recent will when person incapable of making a will</li> <li>6. Power of attorney granted when person unable to comprehend and give it validly</li> <li>7. Unusual interest by caretaker of money spent for care of dependent adult</li> <li>8. No income and unpaid bills or failure of conservator to pay bills; lack of adequate food and medications</li> <li>9. Recent changes of titles to home</li> <li>10. Personal belongings missing</li> <li>11. Caretaker isolating victim from old friends and family; tells victim no one wants to see him/her</li> <li>12. Older person isolated/totally reliant on caretaker/no means of transportation</li> <li>13. No TV, radio, telephone, newspapers or magazines</li> <li>14. Out of money by second week of month</li> <li>15. Lives on street</li> </ul>	
<p>D. List the indicators of denial of critical care.</p>	<p>D. Definition of denial of critical care - deprivation of the minimum food, shelter, clothing, supervision, physical or mental health care, or other care necessary to maintain a dependent adult's life or health, as a result of the willful or negligent acts or omissions of a caretaker or the dependent adult. (Iowa Code 235B.2) (5) (a) (2) and 255B.2 (5) (a) (2)</p> <ul style="list-style-type: none"> <li>1. Types of Denial of Critical Care               <ul style="list-style-type: none"> <li>a. Denial of or failure to provide adequate food</li> <li>b. Denial of or failure to provide adequate shelter</li> <li>c. Denial of or failure to provide adequate clothing</li> <li>d. Denial of or failure to provide</li> </ul> </li> </ul>	<p>Slides # 90-93</p> <p>Slides # 94 &amp; 95</p>

OBJECTIVE	CONTENT	METHOD
	<ul style="list-style-type: none"> <li>e. adequate medical care</li> <li>f. Denial of or failure to provide adequate mental health care</li> <li>g. Denial or failure to meet emotional needs necessary for normal functioning</li> <li>h. Denial or failure to provide proper supervision</li> <li>h. Denial or failure to provide adequate physical care</li> </ul>	
	<ul style="list-style-type: none"> <li>2. Indicators of denial of critical care                             <ul style="list-style-type: none"> <li>a. Contaminated/spoiled food</li> <li>b. Lack of adequate food/lack of proper food storage</li> <li>c. Special dietary foods not available</li> <li>d. Inadequate cooking facilities or equipment</li> <li>e. Inappropriate/inadequate clothing for weather</li> <li>f. Wearing all clothes at once</li> <li>g. Dirty, uncared for clothing</li> <li>h. Lack of heat, unvented gas heaters (utilities cut off)</li> <li>i. Lack of supervision</li> <li>j. Dilapidated structure</li> <li>k. Fallen steps, rotted porch, leaking roof</li> <li>l. Cardboard windows/doors</li> <li>m. Lack of water/contaminated water</li> <li>n. Gross accumulation of garbage</li> <li>o. Large number of pets with no apparent means of care</li> <li>p. Failure to ensure physical and mental health care (lack of access to community resources)</li> <li>q. Failure to ensure against health hazards (dirt, filth, safety, sanitation)</li> <li>r. Failure to provide necessary appliances (walkers, canes,</li> </ul> </li> </ul>	<p>Slides # 96 &amp; 97</p>

OBJECTIVE	CONTENT	METHOD
E. Define what sexual exploitation is	bedside commodes) E. Sexual exploitation – resident of a healthcare facility by caretaker providing services to or employed by the healthcare facility, whether within the healthcare facility or at a location outside of the facility. (Iowa Code 235B.2 (5) (a) (3)	Slide #98
	1. Any consensual or nonconsensual conduct with a dependent adult for the purposes of arousing or satisfying sexual desire of the caretaker or dependent adult (Iowa Code 235B.2 (5) (a) (3) 2. Includes but not limited to: kissing; touching clothed or unclothed inner thigh, breast, groin, buttock, anus, pubes or genitals; sexual act 3. Does <u>not</u> include touching necessary for examination, treatment or care by caretaker acting within scope of practice or employment; exchange of brief touch or hug between dependent adult and caretaker for purpose of reassurance, comfort or casual friendship; touching between spouses.	Slide #99
IV. List incidences which are not abuse	IV. Incidences which are <u>not</u> dependent adult abuse A. Domestic abuse where the victim is not dependent B. Refusing medical treatment if dependent adult objects based on religious beliefs C. Withholding or withdrawing of health care from dependent adult who is terminally ill at request of dependent adult, next of kin, or guardian D. Prison incarceration E. Lack of means or access to means for providing care	Slide #100  (Iowa Code, 235.2B (5) (b) (1-3)
V. Describe the reluctance to report abuse	V. Reluctance to report abuse A. Victim 1. Fear of retaliation or abandonment (placement in institution) 2. Prefer turmoil over unknown 3. Want to avoid shame or	Slide #101

OBJECTIVE	CONTENT	METHOD
	<p style="text-align: right;">embarrassment</p> <p style="text-align: right;">4. Protect child from law</p> <p>B. Caretaker or public</p> <p style="text-align: right;">1. Uncomfortable “meddling” in private affairs</p> <p style="text-align: right;">2. Dependent adult abuse not as bad as child abuse</p> <p style="text-align: right;">3. Failure or refusal to ask for help</p> <p style="text-align: right;">4. Ashamed, embarrassed, frustrated</p>	
<p><b>SECTION 4 - REPORTING</b></p> <p>I. Describe reporters of Child and Dependent Adult Abuse</p> <p>A. List who they are</p> <p style="padding-left: 20px;">1. List mandatory reporters</p>	<p>I. Reporters</p> <p>A. Who they are - reporters “who reasonably believe” a child or dependent adult has suffered abuse shall report</p> <p style="padding-left: 20px;">1. Mandatory reporters (must make report of suspected abuse)</p> <p style="padding-left: 40px;">a. Every health practitioner who in the scope of professional practice or employment responsibilities examines, counsels, attends or treats a child or dependent adult (licensed physician, surgeon, osteopath, dentist, chiropractors, optometrist, podiatrist, licensed dental hygienist, resident or intern, PA RN, LPN, basic or advanced emergency care personnel)</p> <p style="padding-left: 40px;">b. All social workers (private or public as defined in section 135.C.1), certified psychologists, mental health professionals, counselors (Note: Mandatory reporters of dependent adult abuse only when they examine, attend, counsel, or treat dependent adult in course of employment)</p> <p style="padding-left: 40px;">c. Employee or operator of licensed child care centers, registered child care homes, Head Start programs, Family Development and Self-</p>	<p>Lecture/Discussion</p> <p>Handout #1</p> <p>Review Iowa Code 232.69 &amp; 235B.3</p> <p>Slides #102 &amp; 103</p>

OBJECTIVE	CONTENT	METHOD
	<p>sufficiency grant program under Iowa Code section 217.12 or Healthy Opportunities for Parents to Experience Success-Healthy Families Iowa program under Iowa Code Section 135.106</p>	
	<p>d. Staff of hospitals, all health care facilities, mental health centers, licensed day care centers, registered group day care, supervised apartment arrangements, sheltered work shop or work activity center (Note: Mandatory reporters in these facilities must report immediately to appropriate department as well as notify the person in charge if suspect abuse)</p> <p>e. Licensed school employees, certified paraeducators or holder of a coaching authorization issued under Iowa Code section 272.31</p> <p>f. Peace officers</p> <p>g. Any outreach person with regular contact with dependent adults or children (in-home homemaker, health aides, etc.)</p> <p>h. Employee or operator of a substance abuse program, juvenile shelter or detention facility, licensed foster care facility.</p> <p>i. Employees of institutions operated by DHS.</p>	

OBJECTIVE	CONTENT	METHOD
<p>2. List permissive reporters</p>	<ul style="list-style-type: none"> <li>j. Clergy not mandatory reporters unless functioning as social workers, counselors or other role described as mandatory reporter. If member of clergy provides counseling services to child or dependent adult, and he/she discloses abuse allegation, then clergy mandated to report.</li> <li>k. DHS income maintenance worker in course of employment.</li> <li>l. Certified adoption investigator.</li> <li>m. Persons who perform inspections of elder group homes, care review committee members assigned to an elder group home.</li> <li>n. Members of staff or employees of elder group home, assisted living or adult day care.</li> <li>o. Providers of Medicaid home aid community based waiver services</li> </ul> <p>*Note - if victim in health care facility, may report through "designated agent"</p> <p>2. Permissive reporters - not legally obligated to report abuse, but they may.</p> <ul style="list-style-type: none"> <li>a. Any other person who believes child or dependent adult abuse has occurred</li> <li>b. Mandatory reporter, as defined by law, who believes a dependent adult or child has suffered abuse <u>but</u> became aware of the information other than through the course of employment.</li> </ul>	<p>Slide #104</p>

OBJECTIVE	CONTENT	METHOD
<p>B. State educational requirements for mandatory reporters</p>	<p>c. May include employees of financial institutions</p> <p>B. Educational requirements for mandatory reporters</p> <ol style="list-style-type: none"> <li>1. If a person is required to complete both child and dependent adult mandatory reporter training, obtain a statement of abuse reporting requirements within one month of initial employment, obtain 2 hours of training relating to the identification and reporting of child and dependent adult abuse within six months of initial employment or self employment</li> <li>2. Complete at least two hours of additional child and dependent adult abuse training every five years thereafter</li> <li>3. A person required to report cases of child abuse only or dependent adult abuse only, shall complete 2 hours of training in child abuse or 2 hours in dependent adult abuse (depending on work setting) relating to identification and reporting of abuse within 6 months of initial employment or self-employment</li> <li>4. Complete initial or additional training requirements through:               <ol style="list-style-type: none"> <li>a. Continuing education program approved by licensing or examining board</li> <li>b. Training program using curriculum approved by abuse education review panel</li> <li>c. Training program using approved curriculum offered by DHS, Department of Elder Affairs, DIA, Iowa Law Enforcement Academy</li> </ol> </li> </ol>	<p>Review Iowa Code, 232.69 &amp; 235B.16 Slide #105</p>
<p>C. Explain legal considerations</p>	<p>C. Legal aspects</p>	<p>Handout #1</p>

OBJECTIVE	CONTENT	METHOD
<p>of reporters</p>	<ol style="list-style-type: none"> <li>1. Failure to report suspected case of child or dependent adult abuse               <ol style="list-style-type: none"> <li>a. Guilty of simple misdemeanor (30 days in jail and \$100 fine)</li> <li>b. Liable for civil damages caused by such a failure or interference</li> </ol> </li> <li>2. Immunity from liability - Iowa Code Section 232.73 provides immunity from any civil or criminal liability if person participates in "good faith"               <ol style="list-style-type: none"> <li>a. Making a report, photographs, x-rays</li> <li>b. Performing a medically relevant test</li> <li>c. Assisting in assessment of an abuse report</li> </ol> </li> <li>3. Immunity in any judicial proceeding resulting from report or relating to subject matter of report</li> <li>4. Reporting false information               <ol style="list-style-type: none"> <li>a. Act of reporting false information or causing report of false information is classified as simple misdemeanor</li> <li>b. If DHS receives 4<sup>th</sup> report that identifies same victim, same alleged abuser, and DHS determined 3 previous reports false:                   <ol style="list-style-type: none"> <li>i. Determine that report is again false and without merit</li> <li>ii. Terminate its assessment of report</li> <li>iii. Provide information about reports to county attorney for possible criminal charges</li> </ol> </li> </ol> </li> </ol>	<p>Slides #106 &amp; 107 Review Iowa Code 232.75, 235B.3</p>
<p>D. List reasons mandatory reporters may give to justify not reporting suspected cases of abuse</p>	<p>D. Reasons for not reporting</p> <ol style="list-style-type: none"> <li>1. Fear of lawsuits - if report made in "good faith" reporter has immunity from prosecution for civil or criminal liability</li> <li>2. Reluctance to release privileged information -</li> </ol>	<p>Slide #108</p>

OBJECTIVE	CONTENT	METHOD
	<p>does not apply in abuse case (immunity if report in "good faith")</p> <ol style="list-style-type: none"> <li>3. Supervisor says not to report - unlawful for employer to discharge, suspend or otherwise discipline a person required or voluntarily reporting suspected abuse (employer guilty of simple misdemeanor)</li> <li>4. Talking to family instead - no evidence this personal effort reduces rate, may actually put victim at high risk for future permanent injury death</li> <li>5. I'll have to go to court - very few cases actually end up in court (in juvenile cases about 2 in 100 cases end up going to criminal court)</li> <li>6. Not sure if it is really abuse - reasonable suspicion should be reported - appropriate agency will investigate and determine if in fact occurred.</li> </ol> <p>or</p> <p>abuse</p>	
<p>II. Describe the steps of reporting suspected abuse</p>	<p>II. Reporting process</p> <ol style="list-style-type: none"> <li>A. Oral report             <ol style="list-style-type: none"> <li>1. Make within 24 hours to Department of Human Services (make oral report to appropriate law enforcement agency if immediate protection of victim is advisable)</li> <li>2. Hotline available 24 hours a day, 7 days a week at 1-800-362-2178</li> <li>3. Local D.H.S. office Location - Number -</li> <li>4. Information to report                 <ol style="list-style-type: none"> <li>a. Name and home address of child or dependent adult, parents and/or caretaker</li> <li>b. Victim's present whereabouts</li> <li>c. Age of victim (if adult, reason why he/she believed to be dependent)</li> <li>d. Nature and extent of victim's injuries - including evidence of</li> </ol> </li> </ol> </li> </ol>	<p>Lecture/Discussion</p> <p>Review of Iowa Code 232.70 &amp; 235B</p> <p>Slides #109 &amp; 110</p>

OBJECTIVE	CONTENT	METHOD
	<ul style="list-style-type: none"> <li>e. previous injuries Name, injuries, age, condition of other children or dependent adults if applicable in same setting</li> <li>f. Any other information that is relevant</li> <li>g. Identity of the person(s) responsible for the injury</li> <li>h. Name and address of person making report</li> </ul>	
	<ul style="list-style-type: none"> <li>B. Written report - submit within 48 hours after oral report to D.H.S. (Local, district, or state)               <ul style="list-style-type: none"> <li>1. Forms                   <ul style="list-style-type: none"> <li>a. Suspected Child Abuse form #470-0665</li> <li>b. Suspected Dependent Adult Abuse form #470-2441</li> </ul> </li> <li>2. Parts                   <ul style="list-style-type: none"> <li>a. Family Information</li> <li>b. Information about suspected abuse</li> <li>c. Reporter information</li> </ul> </li> </ul> </li> <li>C. Confidentiality               <ul style="list-style-type: none"> <li>1. Rules about confidentiality and privileged communication are waived during abuse assessment process</li> <li>2. DHS may request information from any person believed to have knowledge of child abuse case</li> <li>3. Physician privilege is waived in cases of suspected abuse</li> <li>4. May be good idea to let client(s) know your status as mandatory reporter</li> <li>5. Unlawful for any person or employer to discharge, suspend or discipline person required to report or voluntarily reports an instance of suspected child or dependent adult abuse, cooperating with or assisting DHS, or participating in judicial proceedings</li> </ul> </li> </ul>	<p>Handouts #4 and 5</p> <p>Slide #111</p>

OBJECTIVE	CONTENT	METHOD
<p>III. Discuss the role of the DHS</p> <p>A. State the main purpose of DHS</p> <p>B. State the main functions of the DHS</p> <p>C. List the purpose of the Central Registry</p>	<p>III. D.H.S. (Department of Human Services)</p> <p>A. Main purpose - to protect children and dependent adults who cannot protect themselves by operating a program that emphasizes reporting, assessment, and provision of services in cases of abuse and assists in the least restrictive way possible.</p> <p>B. Main functions</p> <ol style="list-style-type: none"> <li>1. Receive and accept all reports of suspected abuse</li> <li>2. Maintain a central registry</li> <li>3. Make an evaluation - can do nothing to perpetrator except refer for legal action for services; concern for victim is first priority</li> <li>4. Make referrals, assist in any necessary court proceedings, and offer services to victims and perpetrators.</li> </ol> <p>C. Central Registry - single source for statewide collection, maintenance, and dissemination of child and dependent adult abuse information.</p> <ol style="list-style-type: none"> <li>1. Gather data on the incidence and nature of child and dependent adult abuse in Iowa.</li> <li>2. Resource for identifying repeated cases of abuse.</li> <li>3. Facilitate research on child and dependent adult abuse</li> <li>4. Quality assurance function for reviewing reports whose content is contested by a subject of a report.</li> <li>5. Approves dissemination of child or dependent adult information to persons authorized to receive the information.</li> <li>6. Provide maximum safeguards against unwarranted invasions of privacy.</li> <li>7. Name of sexual predator under 14 will not be placed on registry.</li> </ol>	<p>Slide #112</p> <p>Slide #113</p> <p>Review Iowa Code 232.72 or 235B.4 Slide #114</p>
<p>IV. State the purpose of DIA</p>	<p>IV. DIA - Department of Inspection and Appeals - conducts evaluation and disposition of cases in health care facilities. Phone number: 515-281-4077</p>	<p>Slide #115</p>
<p>V. State the purpose of Department of</p>	<p>V. Department of Elder Affairs – public information and</p>	

OBJECTIVE	CONTENT	METHOD
Elder Affairs	education, training of health care providers for dependent adult abuse	
VI. Discuss the evaluation process conducted by the DHS	VI. What happens after report made – evaluation/assessment process by DHS A. Assessment process 1. Intake – obtain information a. Initiate safeguards for victim b. Take specific information c. Decision to accept/reject report i. Child/dependent adult suffered “high-risk” injury or immediate threat to child/ dependent adult, report accepted within 1 hour of receipt ii. Report does not meet criteria, but child/ dependent adult at high risk, DHS addresses child’s/dependent adult’s safety and rejects report within 1 hour of receipt iii. If indication of abuse has occurred, but not high risk or immediate threat to child/ dependent adult, report accepted within 12 hours of receipt iv. If criteria not met and child/ dependent adult not at “high-risk” report rejected within 12 hours of receipt	Review Iowa Code 232.71 and 235B.3 implemented July 1, 1998  Review Code of Iowa Slide #116
	d. Accepted intakes – meets criteria for assessment – notify mandatory reporter within 24 hours of receipt of report i. Victim is child/	



OBJECTIVE	CONTENT	METHOD
	<p style="text-align: right;">because of abuse, contact proper authorities-law enforcement, juvenile court, physician and communicate these concerns</p> <p style="text-align: right;">iii. Victim abused-not high risk injury or immediate threat to victim case assigned within 12 hours</p> <p style="text-align: right;">b. DHS involves contact with family</p> <p>3. Evaluation of alleged abuse</p> <p style="text-align: right;">a. Observation of alleged victim</p> <p style="text-align: right;">i. 1 hour if immediate life threat or high risk</p> <p style="text-align: right;">ii. 24 hours if no immediate life threat or high risk but alleged perpetrator has access to victim</p> <p style="text-align: right;">iii. 96 hours if no immediate life threat or high risk or alleged perpetrator has no access to child</p>	
	<p style="text-align: right;">b. Interviews with subjects of the report and other sources</p> <p style="text-align: right;">i. Alleged victim</p> <p style="text-align: right;">ii. Other siblings, etc.</p> <p style="text-align: right;">iii. Parents</p> <p style="text-align: right;">vi. Alleged perpetrator</p> <p style="text-align: right;">vii. Others such as collateral sources</p> <p style="text-align: right;">c. Gathering documentation</p> <p style="text-align: right;">i. Interview</p> <p style="text-align: right;">ii. Photographs</p> <p style="text-align: right;">iii. Criminal history check of alleged perpetrator</p> <p style="text-align: right;">iv. Medical records</p> <p style="text-align: right;">v. Audiotapes,</p>	

OBJECTIVE	CONTENT	METHOD
	<ul style="list-style-type: none"> <li>vi. videotapes, etc.</li> <li>vi. Law enforcement records</li> <li>vii. Legal records</li> <li>viii. Financial records</li> </ul>	
	<p>abused</p> <ul style="list-style-type: none"> <li>d. Evaluation of safety of and risk to victim               <ul style="list-style-type: none"> <li>i. Child will not be in current living arrangement</li> <li>ii. Child not safe                   <ul style="list-style-type: none"> <li>a) Provision preservation services</li> <li>b) Provision centered services</li> <li>c) Removal of child from home</li> <li>d) Placement of child with relatives</li> <li>e) Removal of alleged perpetrator from home</li> </ul> </li> <li>iii. Risk of abuse to victim                   <ul style="list-style-type: none"> <li>a) Severity of incident/ condition</li> <li>b) Chronicity of incident/ condition</li> <li>c) Victim's age, medical condition, mental/ physical maturity, functioning</li> <li>d) Attitude of abuser</li> </ul> </li> </ul> </li> </ul>	

OBJECTIVE	CONTENT	METHOD
	<p>e) Current resources, services, supports available to family</p> <p>f) Special events, situations, circumstances creating current status</p> <p>g) Access of abuser to victim</p> <p>h) Willingness of caretaker (not abuser) to protect victim from further abuse</p> <p>4. Determination if abuse occurred – preponderance of evidence (more than 50%)</p> <p>a. Child abuse</p> <p>i. Not confirmed – preponderance of available credible evidence shows abuse did not occur</p> <p>ii. Confirmed (but not placed on Child Abuse Registry) preponderance of available evidence confirms abuse occurred, but abuse will not be placed on registry (physical injury that is minor, isolated, unlikely to reoccur denial of critical care such as lack of proper supervision or</p>	

OBJECTIVE	CONTENT	METHOD
	<p>lack of adequate clothing)</p>	
	<ul style="list-style-type: none"> <li>iii. Founded – preponderance of available evidence (more than 50%) confirms abuse and is the type to place on registry (on central registry for 10 years)</li> <li>b. Dependent adult abuse                             <ul style="list-style-type: none"> <li>i. Founded – preponderance of evidence (more than 50%) that abuse occurred. Information maintained Central Registry for 10 years and then sealed. Exception: When dependent adult responsible for self-denial of critical care – DHS keeps report (called assessment ) in county office (not on Central Registry).</li> <li>ii. Unfounded – preponderance of evidence (more than 50%) that abuse has not occurred. Information on unfounded reports destroyed after one year – kept in local DHS office. Multi-disciplinary teams have access to unfounded information.</li> </ul> </li> </ul>	

OBJECTIVE	CONTENT	METHOD
	<p style="margin-left: 40px;">III. Confirmed, not registered preponderance of evidence abuse occurred, but physical abuse or denial of critical care is minor, isolated and unlikely to reoccur. Report maintained in local office 5 years then destroyed unless a subsequent report is founded</p> <p style="margin-left: 20px;">5. Determination of child abuse</p> <p style="margin-left: 40px;">a. Meets definition of child or dependent adult</p> <p style="margin-left: 40px;">b. Meets definition of child abuse (physical abuse – if injury not minor, isolated and likely to reoccur; mental injury; presence of illegal drugs; child prostitution; sexual abuse; denial of critical care; manufacturing or possession of dangerous substance; bestiality in presence of minor)</p> <p style="margin-left: 40px;">c. Meets definition of dependent adult abuse (physical abuse, sexual abuse, denial of critical care, financial exploitation, sexual exploitation)</p> <p style="margin-left: 40px;">d. Case referred for juvenile or criminal court action</p> <p style="margin-left: 40px;">e. Within 12 months court action initiated that resulted in adjudication or criminal conviction</p> <p style="margin-left: 40px;">f. Same confirmed perpetrator of abuse in last 18 months</p> <p style="margin-left: 40px;">g. Perpetrator continues to pose danger to child or another victim</p>	

OBJECTIVE	CONTENT	METHOD
	<ul style="list-style-type: none"> <li>h. Abuse took place in a licensed, registered, unregistered or regulated facility or service</li> <li>i. Child/dependent adult's name, parents' name, and perpetrator of abuse entered into registry</li> <li>6. Assessment of family's strengths and needs               <ul style="list-style-type: none"> <li>a. Evaluation of family's functioning, strengths and needs                   <ul style="list-style-type: none"> <li>i. Analysis of child/dependent adult's functioning</li> <li>ii. Home environment (problems/ strengths)</li> <li>iii. Caretaker (problems/strengths)</li> <li>iv. Domestic violence/substance abuse</li> <li>v. Social environment (problems/ strengths)</li> </ul> </li> <li>b. Family participation essential</li> <li>c. Identify strengths, possible rehabilitation needs of child/dependent adult and family, develop plan of action</li> </ul> </li> </ul>	<p>Slide #117</p>

OBJECTIVE	CONTENT	METHOD
	<p>7. Preparation of reports/forms (child within 10 days from date of intake; dependent adult 20 working days)</p> <p>(within</p> <ul style="list-style-type: none"> <li>a. Notice of Intake Decision</li> <li>5 days)</li> <li>b. Parental/caretaker notification (within 5 days)</li> <li>c. Assessment summary (within 20 days from receipt of report)               <ul style="list-style-type: none"> <li>i. Abuse reported</li> <li>ii. Assessment of safety</li> <li>iii. Summary of contracts</li> </ul> </li> <li>d. Determination as to whether abuse occurred</li> <li>e. Rational for placement/non-placement on the Registry</li> <li>f. Recommendation for district court actions</li> <li>g. Recommendation for criminal court actions</li> </ul> <p>8. Notice of abuse assessment</p> <ul style="list-style-type: none"> <li>a. Subjects of report</li> <li>b. Mandatory reporter (may request information)</li> <li>c. Other child protection workers</li> </ul> <p>B. After assessment</p> <ul style="list-style-type: none"> <li>1. Protective services to abused/neglected children and dependent adults and their families</li> <li>2. Rehabilitation services for prevention/treatment of children/dependent adults and families               <ul style="list-style-type: none"> <li>a. Homemaker services (other community services)</li> <li>b. Parenting classes/caretaker classes</li> <li>c. Respite child care, adult day care</li> <li>d. Foster care</li> <li>e. Financial assistance, transportation</li> </ul> </li> </ul>	<p>Slide #118</p>



OBJECTIVE	CONTENT	METHOD
	<p style="text-align: right;">(protect property of dependent adult)</p> <p>iv. Guardianship – provide for legal sanction of moving or protecting the adult (concern for dependent adult’s life)</p> <p>Note: Appointment of either conservatorship or guardianship does not constitute the dependent adult is of unsound mind.</p> <p>f. Petitions to District Court (dependent adult)</p> <p>i. Authorize provision of protective services to dependent adult in need of services, but lacks capacity to consent to services</p> <p>ii. Enjoin caretaker from interfering with provision of services to dependent adult who consents to receipt of services</p> <p>iii. Order provision of services to victim of dependent adult abuse, who is in immediate life threat and who lacks capacity to consent to services</p> <p style="margin-left: 20px;">a) Removal of victim to safe environment</p> <p style="margin-left: 20px;">b) Provision of medical services</p> <p style="margin-left: 20px;">c) Provision of other services</p> <p>iv. Restrain a caretaker from abusing victim</p>	<p>Slide #121</p>

OBJECTIVE	CONTENT	METHOD
	<ul style="list-style-type: none"> <li>4. All mandatory reporters have authorized access to abuse information, upon approval by the Registry                             <ul style="list-style-type: none"> <li>a. Written notification of findings when assessment complete</li> <li>b. A copy of assessment summary Part A upon request if report is founded</li> <li>c. Within 24 hours oral notification that report is accepted or rejected</li> <li>d. Within 5 working days receive written "Notice Of Intake Decision"</li> </ul> </li> <li>5. DHS may make protective disclosure that individual is listed on Central Registry or required to register for sexual offender registry for protection of child (House File 558)</li> </ul>	
<p>VI. List the roles of the county attorney</p>	<p>VI. County Attorney - makes appropriate lawful action</p> <ul style="list-style-type: none"> <li>A. May initiate action through district court to allow DHS to enter residence</li> <li>B. Assists DHS to prepare to initiate court action</li> <li>C. Represents DHS in court</li> <li>D. Convene child protection assistance team</li> </ul>	
<p>VII. Discuss agencies and resources that provide services to child and dependent adult victims and their families who have experienced abuse</p>	<p>VII. Agencies/resources</p> <ul style="list-style-type: none"> <li>A. Child Protective Services</li> <li>B. Dependent Adult Protective Services</li> <li>C. Family Preservation Services</li> <li>D. Reunification Services</li> <li>E. Safe and Stable Families</li> <li>F. Office for Victims of Crime Resource Center</li> <li>G. Prevent Child Abuse Iowa</li> <li>H. Sexual Assault Nurse Examiners</li> </ul>	<p>Slide #122</p>
<p>VIII. Discuss strategies to prevent child and dependent adult abuse</p>	<p>VIII. Strategies</p> <ul style="list-style-type: none"> <li>A. Protective custody                             <ul style="list-style-type: none"> <li>1. Juvenile court hearing</li> <li>2. Exparte court order</li> <li>3. Child in need of assistance</li> <li>4. Court appointed protective services of dependent adult</li> <li>5. Guardianship</li> <li>6. Conservatorship</li> </ul> </li> </ul>	

OBJECTIVE	CONTENT	METHOD
	<ul style="list-style-type: none"> <li>B. Commitment/criminal actions                             <ul style="list-style-type: none"> <li>1. Substance abuse facility</li> <li>2. Mental health facility</li> <li>3. Removal of offender/abuser</li> <li>4. Criminal charges</li> </ul> </li> <li>C. Services                             <ul style="list-style-type: none"> <li>1. Counseling/therapy</li> <li>2. Financial assistance</li> <li>3. Community services</li> </ul> </li> <li>D. Education/community programs                             <ul style="list-style-type: none"> <li>1. Inform public of laws governing child and dependent adult abuse and reporting requirements</li> <li>2. Parenting classes</li> <li>3. Dependent adult caretaker classes</li> <li>4. Home visitations</li> <li>5. Hospital-based outreach programs</li> <li>6. Child and dependent adult day care</li> <li>7. Child and dependent adult respite care</li> </ul> </li> </ul>	<p>Slide #123</p>

## CHILD AND DEPENDENT ADULT ABUSE

### REFERENCES

Code of Iowa (2007) Supplement, Chapter 232.67-232.90.

Code of Iowa (2007) Supplement, Chapter 235A.1-21

Code of Iowa (2007) Supplement, Chapter 235B.1-235B.20.

Iowa Administrative Code 441 - Chapter 175

Iowa Administrative Code 441 - Chapter 176

Iowa Department of Human Services (2007). Employee's Manual, forms 470-2441, 470-0665, 470-0612.

## CHILD AND DEPENDENT ADULT ABUSE BIBLIOGRAPHY

Abel, C., Randell, A., & Smith, B. (1987). Protecting Iowa's children. Iowa City, IA: The University of Iowa.

Commer Paris, B. E., Meier, D. E., Goldstein, T., Weiss, M., & Fein, E. D. (1995, April). Elder abuse and neglect: How to recognize warning signs and intervene. Geriatrics, *50*(4), 47-53.

Conlin, M. M. (1995, November). Silent suffering: A case study of elder abuse and neglect. JAGS, *43*(11), 1303-1308.

Costa, A. J. (1993, June). Elder abuse. Primary Care, *20*(2), 375-389.

Fulmer, T., Guadagno, L., Bitondo Dyer, C., Connolly, M.T. (2004). Progress in elder abuse screening and assessment instruments. Journal of American Geriatric Society, *52*, 297-304.

Giardino, A.P. & Giardino, E.R. Recognition of child abuse for the mandated reporter. (3<sup>rd</sup> ed.). (2002). St. Louis: G. W. Medical Publishing, Inc.

Gray-Vickrey, P. (2004, October). Combating elder abuse. Nursing 2004, *34*(10), 47-51.

Iowa Department of Elder Affairs. (2006, February 9). Elder abuse initiative (EAI) outcomes. results Iowa – Accountability for Iowa. Retrieved from Iowa Department of Elder Affairs Web site: <http://www.state.ia.us/elderaffairs/about/commission.html>

Iowa Department of Human Services. (2007). Child abuse - A guide for mandatory reporters. (Comm. 164).

Iowa Department of Human Services. (2007). Dependent adult abuse - A guide for mandatory reporters.

Jones, J. S. (1994, April). Elder abuse and neglect: Responding to a national program. Annals of Emergency Medicine, 23(4), 845-848.

Lacks, M. S. & Pillemer, K. (1995, February). The New England Journal of Medicine, 332(7), 437-442.

Lacks, M. S. & Pillemer, K. (2004, October 2). Elder Abuse, 364.

Lay, T. (1994, November). The flourishing problem of elder abuse in our society. AACN - Clinical Issues, 5(4), 507-515.

Matzen, S. S. (1988, June) Dependent adult abuse identification and reporting for mandatory reporters. Des Moines, IA: Iowa Department of Human Services.

Mulryan, K. (2004). How to recognize and respond to child abuse. Nursing 2004, 34(10), 52-55.

Nachman, S. (1991). Elder abuse and neglect substantiations: What they tell us about the problem. Journal of Elder Abuse and Neglect, 3(3), 19-43.

Neno, R. and Neno, M. (2005). Identifying abuse in older people. Nursing Standard, 20(3), 43-47.

Prevent Child Abuse Iowa. (2005, Summer/Fall). Together for prevention. [Electronic version]. Retrieved from Prevent Child Abuse Iowa Web site: <http://www.pcaiowa.org/>

Ramsey-Klawnsnile, H. (1993). Recognizing and responding to elder maltreatment. Pride Institute Journal of Long Term Home Health Care, 12(3), 12-20.

Ramsey-Klawnsnile, H. (1995). Investigating suspected elder maltreatment. Journal of Elder Abuse and Neglect, 7(1), 41-67.

Tatur, T. & Kuzmaskus, L. (1999, March). 15 questions and answers about elder abuse and Types of elder abuse in domestic settings. Retrieved from National Center on Elder Abuse Web site: