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Elder Abuse and Child Abuse: Know the Signs and Your Role

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Presenter: Kathleen Weissberg, OTD, OTR/L, CMDCP, CDP
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- [Fawn] Our course today is Elder Abuse and Child Abuse, Know the Signs and Your Role as a Clinician. Our presenter today is Dr. Kathleen Weissberg. In her 25 years of practice she has worked in adult rehabilitation, primarily in long-term care as a clinician, manager, researcher, and most recently as Education Director with Select Rehabilitation where she oversees continued competency and education for close to 12,000 therapists. In her role she conducts audits and provides denials management and quality improvement planning training for more than 700 long-term care sites nationwide. She also conducts compliance, ethics, and jurisprudence training to therapists. She's authored several publications that focus on patient wellness, fall prevention, dementia management, therapy documentation, and coding and billing compliance. Welcome back, Kathleen. So glad to have you.

- [Kathleen] Thank you so much, Fawn, for the introduction. And thank you for all who are listening in today. I appreciate you being here. So, yeah, today we're gonna talk about elder abuse and child abuse, and sadly these are more common than you might think, and our goal for today is just really to learn to spot those warning signs and then to know what your responsibilities are or could possibly be with regard to reporting. So let's start with our outcomes or our objectives. The objectives for today's session are to describe the possible clinical, behavioral, and physical indicators of suspected elder and child abuse and neglect, list possible risk factors related to elder and or child abuse and neglect, describe the reporting procedures for abuse and neglect, and then finally to list resources that can be utilized for state-specific procedures.

So let's get started by talking a little bit about elder abuse. And I thought we'd start by just going over not really some statistics but maybe some stories if you will. According to a study by the United States Government Accountability Office, the GAO, elder abuse is really a widespread and a growing problem. Now the problem is that data

reporting in this area is a challenge, but despite that, recent studies indicate that elder abuse incident rates are far higher than we probably thought. So this slide shows a few different stories that have come up in the public sector. So a collaborative public private report on elder abuse in New York State for example found an incident rate of elder abuse nearly 24 times greater than the number of cases referred to social service, law enforcement, or legal authorities who have the capacity and the responsibility to assist adult older victims. And as a nation our response is disjointed, and the minimal federal investment is only about 12 million dollars, give or take, is spread sparsely across eight agencies and two departments with very little coordination.

Now I'm just gonna digress for a second and just say that recently the Office of Inspector General came out with a report related to elder abuse, and I'm not gonna go through a lot of the details, but basically what they found was that a lot of individuals were coming into the emergency room and had diagnosis codes or had situations that were probably indicative of abuse that was never reported to state authorities. So I think we're gonna see probably a little more oversight in the near future on this topic and probably some additional training as well from some of those government agencies because I think they're starting now to recognize that it is a little disjointed. And some other stories or statistics, an Investors Protection Trust Survey found that one in five Americans older than the age of 65 had been defrauded, and this is something that we're hearing quite a bit about in the news. And the conservative estimates of the personal cost to victims of financial abuse easily three billion dollars annually, and again those reported cases only hint at the extent of the problem. We're not hearing a lot of the other stories that are probably out there. And in a New York Times article, they talked about financial exploitation of adult children that a lot of them are unaware that their mother or father had even received solitation, solicitations, excuse me, for money. Even attentive children, as involved as you can be with your parents, sometimes miss the warning signs. And in that particular article they highlighted a story of Dr. Robert Parker. He's the chief of community geriatrics at the

University of Texas Health Medical Center in San Antonio, and he himself failed to notice that his own mother was a victim of financial abuse. So no matter how involved you are, sometimes you still miss some of these things.

Now before we get into some of the definitions, I was reading this story and I had to share it. It was a widely publicized case in Michigan. An elderly female nursing home resident began coughing one night. And her caretakers were busy, she continued to just cough throughout the night. And although a couple staff observed, quote unquote, "white things" in her sputum and near her trache collar, it wasn't until the next morning that somebody actually checked into her mouth and they found maggots. The maggots had created a partial airway obstruction causing her to suffer abnormal blood oxygen levels, labored breathing. And the emergency medical services staff said that they couldn't even suction because of the very active maggots in the airway. And so that is, it's just a terrible example, and there's no evidence in this particular example that that staff was actually disciplined for clearly neglecting this woman so severely. So obviously this is an issue that we need to take care of.

So let's start talking about some of the definition. What is elder abuse? What is elder abuse and neglect? This is considered acts of omission or commission by a person who stands in a trust relationship that result in harm or threatened harm to the health or the welfare of an older adult. So we're gonna look at the definition in just a little bit more detail. When we look at abuse and we try to define it, I think the biggest piece here is that it is willful infliction, willful infliction of injury or mental anguish or emotional anguish, all of those different things, but it's willful. It can also include things like unreasonable confinement or involuntary seclusion, and that could happen in the home environment, that could happen in an institution. So it might be where we're separating an individual from other individuals or from their room or from another area where they would want to go to against their will or even against the will of that person's legal representative. It also could include intimidation or punishment even with resulting

physical harm, with pain, or mental anguish. It could include things like deprivation by an individual, including a caretaker, of goods or services that are necessary to attain physical, mental, or psychosocial well-being. So all the things that that person needs to be well we actually withhold them from them. It can include things like corporal punishment, physical or chemical restraints that are not really required to treat that individual's symptoms or their issues. Instances of abuse too, irrespective of any mental or physical condition, that causes physical harm, pain, or mental anguish. So again it's anything that would cause pain or an issue, and it can also include things, and I think I'd listed on the last bullet here, things that are enabled through the use of technology. So again it's willful. The individual acts deliberately, not that the individual must have intended to inflict injury or harm necessarily, but the actions that they took probably did cause harm, but again that they were willful actions against that individual. So I think that's the biggest piece. I keep talking about willful but that's the biggest piece of it. It's not something that is unintentional.

Now elder abuse includes, as we just said, physical, emotional, sexual harm potentially inflicted upon an older adult. It can also include financial exploitation, we'll talk about that in a minute, neglect of their welfare, but it's done by somebody who is directly responsible for their care. And in the United States alone more than half a million reports of elder abuse reach authorities every year, and again millions, many more, go unreported. Now as older adults become more physically frail, they're less able to take care of themselves. They can't stand up to bullying and they can't fight back a lot of times if they are attacked in some way. So that mental or physical ailment that they have can make them more trying companions for those who live with them. They may not see well, they may not hear well, or think as clearly as they used to, and this leaves them open unfortunately for unscrupulous people to take advantage of them, and we definitely see that. The other thing to keep in mind is that elder abuse tends to take place where that individual lives, and of course we'll hear stories of elder abuse that occurs somewhere out in the community, but it's typically where that senior lives

where their abusers, again unfortunately, are often adult children, other family members like grandchildren who are taking advantage of them, a spouse, a partner, a very good friend. And the sad reality is that elder abuse can also occur in institutional settings especially long-term care facilities, that's where we hear about it most frequently in the institutional setting.

So what are the different forms? Again abuse of elders takes a lot of different forms, some involving intimidation or threats against the elderly, some involving neglect, others financial trickery if you will, but the most common types, and we're gonna define each one of these, are listed on this slide, verbal, physical, sexual, mental or emotional, neglect, abandonment, financial exploitation, and then finally self-neglect. So we'll go through each one of these in a little more detail and look at some of the warning signs. So let's start with verbal abuse, and it's pretty easy, it's pretty basic, it's oral, written, or gestured language that includes disparaging and derogatory terms to the individual or to their families to describe that person within their hearing distance, regardless of their age, regardless of their ability to comprehend, or their disability. And I guess that it is almost like bullying. It's talking about that person in such a negative way so that they overhear it, and that person feels, based upon this, blame or diminished self-worth or diminished ego, et cetera, and obviously not something that we would want to do. Physical abuse, again, pretty straightforward. This is the non-accidental use of force against an elderly person that results in physical pain, injury, or an impairment. And it doesn't just include the physical assault such as hitting or shoving, but it can also include things like inappropriate use of drugs or medications, restraints, or even confinement again that we could see in an institutional setting, we could see in a home setting or elsewhere. Some of the more common types of physical abuse that we see are things like hitting, slapping, pinching, scratching, spitting, even just holding that person roughly or holding them in their chair or forcing them into their wheelchair. It also includes controlling behavior through corporal punishment, and it is something that we unfortunately continue to see in some of our settings where we are just a little

too rough or we do have some of that, that corporal punishment type of influence. Next is sexual abuse. And again you hear these stories on the news, and you hear the very outrageous stories, and it just makes you scratch your head and say, wow, how did that happen? But when you look at sexual abuse of an elderly individual, this includes but is not limited to things like humiliation, harassment, coercion, or even sexual assault. It is non-consensual sexual contact of any type with an individual. So it's that contact with that elderly person without their consent. Now it can involve things, physical sexual acts, but it can also involve other things like showing an elderly person pornographic materials and making them watch it, or forcing the person to watch other sex acts or something else occurring in the environment, or forcing the elder to undress in front of you. So forcing, so not as part of like an ADL or using the restroom or something like that where you might be a therapist assisting that person, but forcing them to undress, that would be considered sexual elder abuse as well.

Then we look at emotional and mental abuse, and this is the treatment of an older adult in ways that causes emotional or psychological pain or distress. So it's intimidation through yelling or threats. Humiliation or ridicule, habitual blaming, or scapegoating, ignoring that elderly person or ignoring their requests if they should make them, isolating an elder from their friends or their activities, terrorizing or menacing the elderly person. It includes but again is not limited to things like harassment, threats, punishment, deprivation. And some things to consider, and you may not think that these things are necessarily emotional elder abuse, but they could be under the right set of circumstances. So for example taking photographs. If those photographs are unauthorized, that person doesn't want to be photographed, that could constitute mental, physical, or some sort of abuse. Again we shouldn't be doing that in any of our settings, or taking anything that might be considered humiliating toward an individual. During the delivery of care, depending on what we're doing with that individual, we need to make sure that if we're undressing or we're disrobing to provide a modality or to do an ADL, whatever it happens to be, that we remove that individual from public

view, provide clothing, do the draping, et cetera, to make sure that we prevent any unnecessary exposure of body parts. And again that sounds really, that's what we do all the time, right? But if we didn't, it could be potentially considered emotional or mental abuse.

And I'll tell a story. My aunt, who has since passed away, was in a nursing home many years ago. And she had dementia but she still knew enough to say I need to use the restroom when she truly needed to go. And she actually had I believe a urinary tract infection at the time, and so she was going much more frequently. So where am I going with this? I remember her sitting there saying, "I have to use the bathroom," and she didn't want me to take her and that was fine, and she called for a nurse who came in and said, "Don't you realize you just went about an hour ago? "You couldn't possibly need to go again. "If you need to go, "you're just going to have to go in your," and she called it a diaper. And I sat there and I said, "That's not physical abuse, "that's emotional abuse. "That's humiliating to say to a person," and this is a premier community that my aunt lived in, but that was humiliating to hear her say, "Well, if you have to go, "you're just gonna have to go in a diaper." So this person just didn't give much thought to saying it. So those are the things that we need to look out for and watch out for because, again, they can certainly lead to emotional types of abuse. And again whether that mental abuse has occurred or not is really determined by a reasonable person's standard and doesn't require a specific response from the individual. And what I mean by that is, so that story I just told you about my aunt, you're probably thinking, holy cow, they said that to her? Yeah, they said that to her. As a reasonable person we sit here and say, oh, that's just completely unacceptable. It doesn't necessarily have to have a response from the individual because consider the fact that the individual may have dementia or something else going on that they can't respond in appropriate manner. So we always use that reasonable person standard as our litmus test again whether or not something would be considered emotional or mental abuse.

Okay so let's continue on with a few other definitions. The next one is medication diversion. And this is an interesting one. This is knowingly or intentionally interrupting, obstructing, or altering the delivery or the administration of a prescription drug. And this is one that we're hearing more and more about I think particularly in a home environment by a companion, a volunteer type of caregiver or not a paid caregiver necessarily who might be looking to obtain, steal, what have you, those medications perhaps for their own personal or financial gain. So we're seeing a little bit more of this out in the community. The next one is elder neglect, and this is quite simply the failure to fulfill a care-taking obligation. And unfortunately this constitutes more than half of all reported cases of elder abuse. And it can be intentional or unintentional based on factors such as ignorance or denial that an elderly charge needs as much care as they do. And again it's really just that failure to provide goods and services that are necessary for that person to avoid physical harm, their mental anguish or their mental illness, and we'll talk more about that in just a little bit.

Financial exploitation. Again another one that we're hearing a lot about now in the news. And this is the unauthorized use of an elderly person's funds or property either by a caregiver or by some outside person, a scam artist. It is deliberate misplacement, exploitation, wrongful temporary or permanent use of an individual's belongings or money without their consent, and that's the important piece, it's without their consent. So an unscrupulous caregiver might do things like misuse a person's personal checks, their credit cards or their accounts, steal cash, income checks, or household goods, get access to their accounts to help them to pay their bills but in the meantime they're skimming out of their accounts without that elder even knowing. Forging the elder's signature, engaging in identity theft, very, very common. And then there's those scams that target the elderly, and again you're hearing about these so frequently, announcement of a prize that the elderly person has won but they have to pay money to claim, those phony charities, the investment frauds and the like, and these go

around all the time. You hear somebody showing up on somebody's doorstep, claiming they're from the utility company, you need to pay your bill and there it goes. And somebody, without checking or knowing, has that trust relationship with that person and they do give over those funds.

So the next type is healthcare fraud and abuse. And you may not think of this as elder abuse but it really is. This is carried out by unethical individuals, doctors, nurses, hospital personnel, other professional providers, could be therapists as well. And this includes not providing healthcare but charging for it, overcharging or double billing from medical care or services, getting kickbacks for referrals to other providers or for prescribing certain drugs, over-medicating or under-medicating, recommending fraudulent remedies for illnesses or other medical conditions or Medicaid fraud as well. So again doing something that's going to benefit them, not necessarily the individual. And then finally something called elder self-neglect. We already talked about neglect, this is self-neglect. And this is again one of those really common forms of elder abuse that we see in healthcare. Physical or mental impairment or diminished capacity can mean that an older individual is no longer able to perform essential self-care, and we see that very commonly with cognitive decline, with dementia, et cetera. So they may lack basic personal hygiene, they could appear dehydrated, malnourished, underweight, what have you. And when we look at self-neglect, this can really be a sign of depression, grief, dementia, some other medical problem, and in many cases that older person refuses to seek assistance. They oftentimes are in denial. They feel ashamed about needing help. They feel worried about losing their independence. So a lot of times when you see this self-neglect, it is really indicative of some other larger systemic issue going on with the elder.

So signs of elder abuse can unfortunately be very difficult to recognize or mistaken for symptoms of dementia, the elder person's frailty, or again the caregivers may explain them to you in that way and just pass them off. In fact many of the signs and

symptoms of elder abuse do overlap with symptoms of mental deterioration, but that doesn't mean that we want to dismiss them on the caregiver's say-so. So if you suspect abuse but you're not sure, look for the warning signs. So we're gonna go through these kinda quickly as it relates to each of the types of abuse.

So physical abuse, the warning signs. Unexplained signs of injury, so bruises, welts, scars especially if they appear symmetrically on both sides of the body, things like broken bones, sprains, or dislocations, or fractures that are unexplained, a report of a drug overdose in an apparent failure to take, or, excuse me, an apparent failure to take their medication. So they have a prescription but when you go in to do your visit, you see that there's a lot more of that prescription remaining than should actually be remaining. Broken eyeglasses, broken frames, signs of being restrained, so rope marks on their wrists, or things maybe that came from a zip tie, the caregiver's refusal to allow you to see the elder alone, burns, internal injuries, abrasions, bruising. Again injuries that are unexplained or somebody is giving you an explanation and that explanation is just really not plausible. When we look at emotional abuse warning signs, these are things like threatening, belittling, or controlling caregiver behavior. So you're observing that caregiver and you're seeing some things that just don't ring true with what we call your Spidey sense I guess. Behavior from the elder that mimics dementia such as rocking, sucking, or mumbling to themselves. Depression, sleep and appetite disturbances, decreased social contact, loss of interest in their own self, apathy, suicidal ideation, evasiveness, anxiety, hostility, any of those changes. This person who has always wanted to go to activities, has always been very involved suddenly doesn't want to be involved. There might be something else going on there that we need to look at.

So let's now look at sexual abuse warning signs. So these are things, again you might be working with an individual doing a modality and you're doing draping or you're taking someone to the restroom or you're doing an ADL, and these are things that you

absolutely could see, things like bruising or even just tenderness, it doesn't even have to be a bruise around the breast or the genitals or even the inner thighs. Unexplained vaginal or anal bleeding, torn, stained, bloody underclothing, fear of being touched, or an inappropriate modesty when you're delivering a treatment or an evaluation. Again you've draped that person appropriately but they still just don't want you to see them. That could be a sign of sexual abuse.

Next is neglect. So elder neglect or even self-neglect, some of the warning signs here include things like unusual weight loss without a weight loss program, malnutrition, dehydration, untreated physical problems like bedsores or something else that should be treated, unsanitary living conditions, so dirt or bed bugs or soiled bedding or clothing or just unkept type of situation in their home, being left dirty or unbathed, having unsuitable clothing or covering for the weather, it's cold outside but yet the person has no coat, unsafe living conditions, so there's no heat or running water, there's faulty electrical wiring, other fire hazards, maybe they've been deserted, the person, at a public place. They, and we already said, inadequate, dirty, or inappropriate clothing. Maybe they have odor or poor hygiene from that clothing.

The misuse or the absence of medication. So they should be using a medication or an assistive device or following a specific medical regime, a home program, or something that they're just flat out not following. But you can also see things like eccentric or idiosyncratic behavior, self-imposed isolation, marked indifference to anything that's going on around them. All of those can be signs of neglect. When we look at financial abuse or financial exploitation, some of the warning signs here, significant withdrawals from that person's account, a sudden change in their financial condition, items or cash missing from their household. Maybe there have been changes in the will, in the power of attorney, and titles, or policies, they've been signed over to someone that just makes you kinda scratch your head. Maybe addition of names to a signature card for the bank or other accounts. Maybe there's financial activity that the person could not

have possibly undertaken, for example an ATM withdrawal when the account holder is bedridden, or paying an account online when the person doesn't even have a computer, something like that. Unnecessary services, goods, or subscriptions. Fear, vague answers, anxiety when asked about their personal finances. Or you may see a disparity between their assets and their appearance and their general condition. So they have no assets whatsoever but they look very well-kept or vice versa. Maybe it's a failure to purchase medications or assistive devices that they need or to seek medical care or follow their medical advice.

Some of the warning signs for healthcare fraud and abuse, again, easy, not easy necessarily, but it's I think pretty straightforward. Duplicate billings for the same medical service or device, evidence of overmedication or under-medication, evidence of inadequate care when the bills are truly paid in full, so all of their medical bills are paid but they don't look like they're cared for. And this could also happen in an institution where there's problems with the care facility. So they're poorly trained, they're poorly paid, there's insufficient staff, there's crowding, there's inadequate responses to questions about care, all of those could be warning signs. Now it's difficult really, if you think about it, to take care of a senior who has a lot of different care needs. And it's difficult to be elderly when age brings with it infirmities, dependence, and other things. Both the demands of caregiving and the needs of that elder can create situations in which abuse is more likely to occur. Many nonprofessional caregivers, spouses, adult children, other relatives, and friends, a care partner find taking care of an elder to be really satisfying and enriching, but the responsibilities and demands of caregiving which escalate as that person's condition deteriorates can also cause a lot of stress. The stress of elder care can lead to mental and physical health problems that leave that caregiver burned out, impatient, and more susceptible to neglecting or lashing out at the elder in their care. And even caregivers in institutional settings can experience that stress that can lead to elder abuse. And nursing home staff particularly may be prone to elder abuse if they lack training, if they

have too many responsibilities, they're unsuited to caregiving, or they work under poor conditions.

So in addition to that caregiver's inability to manage stress, some other significant risk factors for elder abuse include depression in the caregiver him or herself, lack of support from other caregivers. So with a family situation and another adult child isn't stepping up and they feel that lack of support. The caregiver's perception that taking care of the elder is burdensome without any sort of emotional reward. Substance abuse by the caregiver, the intensity of the elderly person's illness or their dementia, social isolation, meaning that the elder and the caregiver are alone most of the time together, the elder's role maybe at an earlier time as an abusive parent or a spouse, the history of domestic violence in the home, and the elder's own tendency toward verbal or physical aggression.

So now what can you do? Well, there's federal reporting requirements first of all. So let's talk about that. And these come from the Elder Justice Act. The purpose of that act is to detect, prevent, and prosecute elder abuse, neglect, and exploitation. The Elder Justice Act is designed to address crimes committed against older persons, raise national awareness Of elder justice issues, and then apply resources to the efforts of those confronting elder abuse and neglect on the front lines in our healthcare settings. The Elder Justice Act as well adds new elder justice provisions and very specific provider requirements particularly in long-term care by amending various sections of several titles of the Social Security Act. So Section 1150B of the Social Security Act, as established by the Patient Protection and Affordable Care Act, requires that very specific individuals in applicable long-term care facilities report any reasonable suspicion of crimes committed against an individual of that facility. Now this is required of any facility that receives, excuse me, at least \$10,000 in federal funds under the Act in the preceding year. And they are required, so that community is required to notify every covered individual of their obligation to report to the Secretary of Health

and Human Services, known as the Secretary, and at least one local law enforcement entity, any reasonable suspicion of a crime. So a covered individual in this case is an owner, an operator, an employee, a manager, an agent, a contractor, so it includes pretty much everybody. Additionally communities are required to post in a very conspicuous place a notice for employees specifying their rights, including the right to file a complaint, and the notice also has to have a statement in it that an employee can file a complaint with the Secretary and they cannot be retaliated against. So you can file a complaint and they have to investigate it obviously and you cannot be retaliated against. You do have a duty to report any suspected acts involving individual mistreatment, neglect, abuse, crimes, misappropriation of resident property, injuries of unknown source, et cetera. And we're gonna talk about healthcare facilities again that are receiving federal aid, these facilities need to report any reasonable suspicion of a crime against an individual or a patient, number one, to the Secretary of the United States Department of Health and Human Services, and then also to the law enforcement authorities in the political subdivision where that facility is located.

Now there's two specific federal reporting requirements, and again most of these really go to the long-term care segment of the industry, and again that's where most of our elders I think would reside. There's two time limits for reporting reasonable suspicions of a crime depending on the seriousness of the event that leads to that suspicion. The first is whether or not there are serious bodily injury. Now under the Elder Justice Act, serious bodily injury is one involving extreme physical pain, substantial risk of death, or an injury involving protracted loss or impairment of the function of a bodily member, organ, or mental faculty, an injury requiring medical intervention such as surgery, hospitalization, or physical rehabilitation. So if there is serious bodily injury, there is a two-hour time limit. If the events that cause a reasonable suspicion of harm or abuse and there's serious bodily injury, they are required to report immediately but no later than two hours after forming a suspicion, and again that's local law enforcement and also Secretary of Health and Human Services. All others need to be reported within 24

hours. So no later than 24 hours after forming the suspicion. So that's the federal guidance. And this is where it kinda gets tricky because every state is different. Each state may have specific reporting requirements related to the abuse. And for you it's important that you familiarize yourself with the requirements for the state where you work, where you provide the services. If you feel or have a reason to believe that somebody is being abused, you need to report this. Again every state is different and you need to report as required by your state law. Individual, the elderly individuals must not be subjected anywhere ever to abuse by anyone, so facility staff, other individuals, consultants, volunteers, family members and the like. Now I did put in here for you, because I can't obviously go through every state statute, a couple of resources. One is the state adult protection statutes, and the second link here is for state mandatory reporting statutes. So the second one specifically will tell you where to report, how to report, who is required to report, and what those timeframes are for your specific state. So hopefully you can take the time to look those up as well. So again you're gonna have federal requirements, you're gonna have state requirements, and I think the biggest think is if you see anything, speak up, that's the important piece.

Okay, so we're gonna switch gears now a little bit and talk about child abuse. And let's start with the federal definition of child abuse. According to the United States Department of Health and Human Services, the federal legislation provides guidance to states by identifying a minimum set of acts or behaviors that define child abuse and neglect. So the Federal Child Abuse Prevention and Treatment Act or CAPTA, as amended by a Reauthorization Act in 2010, defines child abuse and neglect at a minimum to any recent act or failure to action on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation, and an act or failure to which presents an immediate or an imminent risk of serious harm. So under these definitions, this definition refers very specifically to parents and other caregivers. A child under this definition generally means a person who is younger than the age of 18 or who is not an emancipated minor. And while

CAPTA provides definitions for sexual abuse and the special cases of neglect related to withholding or failing to provide medically indicated treatment, what it doesn't do, the federal guidelines do not provide specific definitions for other types of maltreatment, things like physical abuse, neglect, or emotional abuse. And again while federal legislation sets those minimum standards for states that accept CAPTA funding, each state is gonna go out on its own and provide its own definitions of maltreatment within civil and criminal statutes. Again while federal legislation sets those minimum standards for those that accept the funding, each state is responsible for defining maltreatment in their state laws. So what we're saying there is that the federal definition is it's out there, sure, but that state has to be accepting CAPTA funding for that federal definition to apply, and more often than not what we're gonna find is each state is going to have its own set of statutes related to child abuse, and we'll talk about this on another slide, but that's again where it's up to you to figure out what are the requirements in your specific state, are you a mandatory reporter, what are your training requirements, et cetera, and we gave you some resources to do that and we'll talk about that in a minute.

So as I said we did talk about the states, the definitions of child abuse are gonna be located in typically two places within each state's statutory code. The first statutory code will be the civil statutes, and these will provide those definitions of what is child maltreatment. It also will help to guide the mandatory reporters and other individuals obviously as well to identify and report suspected child abuse and determine the grounds for intervention by the state child protection agencies and the civil courts. So this is kind of that overarching what is abuse, who reports, how do you report, what do we do when you report. The criminal statutes on the other hand will define those forms of child maltreatment that can subject an offender to arrest and prosecution in criminal courts. So most of them will list out very specifically the types of things that are absolutely positively against the law and what would warrant an arrest, prosecution, jail time, community service, whatever it would happen to be, it outlines all of that. And

many of the states recognize four major types of maltreatment in their definitions and these include, and they're very similar to what we just talked about with regard to elder abuse, neglect, physical abuse, sexual abuse, and emotional abuse or neglect.

So let's look at these in a little more detail. And I think before we even start to talk about this, I think the first step in really helping an abused or neglected child is learning those warning signs, the recognition, the signs of child abuse, of neglect. The presence of a single sign doesn't prove that child abuse is occurring but it could be. But when you look at the situation a little bit more closely, it might be warranted when you start to see these signs appear repeatedly or in combination. So that one sign could be abuse. It may not be. But when you see that pattern, that's when we absolutely want to take notice. And if you do suspect at any time that a child is being harmed, you have to report your suspicions because that's gonna help protect that child, get some help for the family. And any concerned person, we'll talk about reporting in a second, but any person can report suspicions of child abuse and neglect. Again the mandatory reporters do need to report under very specific circumstances defined by the state and healthcare providers with very, very few exceptions would be considered mandatory reporters in those states. So all of us, I think, would be, teachers, individuals in care facilities like a daycare, et cetera.

So now the following signs we're gonna go through just what are the signs for recognizing child abuse. On this slide we talk about the child. The following signs in a child may signal child abuse or neglect. So they show sudden changes in behavior or in school performance. They were a wonderful student and now they're not. They've not received help for a physical or a medical problem that's been brought to the parent's attention. They have learning problems or maybe difficulty concentrating or something else going on in the classroom that cannot be attributed to a very specific physical or psychological cause. Or maybe that person is always watchful as though they're always preparing for something bad to happen, they're looking for that other

shoe to drop or looking over their shoulder. They lack adult supervision when they're not of an age to be unsupervised. They're overly compliant, they're passive or withdrawn. They say yes ma'am to everything, no sir to requests. They come to school or to other activities early, they stay late, and they don't really want to go home when it's time for dismissal.

In the parent, so we talked about the child, in the parent, this parent shows little concern for the child. They just kinda pass off some of the things that are happening with their child as not being important. They deny the existence of or they even blame the child for the child's own problems in school or at home. They ask a teacher or a caregiver to use harsh physical discipline if that child misbehaves. It's okay to do X, Y, and Z if the child misbehaves. This is what we do at home. Or they give that okay to do that. They see the child as entirely bad, worthless, or burdensome. They demand a level of physical or academic performance that the child cannot possibly achieve. And this is different from pushing your child to be a better athlete or not pushing, maybe the word is encouraging them to be a better student, to be a better athlete. This is forcing something that they could not possibly achieve, that they don't have the physical or the mental capacity to do. And they look at the child primarily for care, attention, and satisfaction of their own emotional needs rather than providing the care to the child for the child's needs. And we can also look at the parent and child dyad together, or the parents and the child together. They rarely touch each other, they rarely look at each other. You don't see that bond, that connection between the two of them. They consider their relationship entirely negative and they may just flat out state that they don't like each other and truly mean that.

Now we talked about just the types of maltreatment that are generally defined in state statute, and we're gonna go through now some of the signs that are associated with the particular types of child abuse and neglect. So again we'll look at physical, sexual, emotional. It's important to note however that these types of abuse are typically found

in combination rather than alone. You won't typically just see physical abuse without also some sort of emotional or mental anguish, et cetera. So that child who is sexually abused may also be neglected. So you want to look for these in combination and look for some of those signs. And again a lot of these are gonna be very similar to what we just talked about with elder abuse. So for physical abuse, some of the signs. They have unexplained burns, bites, bruises, broken bones, black eyes. Consistently in the emergency room or the ER, the emergency department for some sort of treatment. They have fading bruises or other marks that are noticeable after an absence from school. So they've not been in school, they come back to school, or they come back to your treatment if you're treating them as a therapist, and you start to see some things that weren't there a few days ago. They seem frightened of the parents. They protest or they cry when it's time to go home. They shrink at the approach of an adult. They're wary of adults who are around them. They report injuries by a parent or another adult caregiver, or again they report this injury and the explanation of that injury is just not plausible. The proverbial I fell down the stairs type of excuse that you look at and you say I'm not really sure that that was the case.

So you want to consider the possibility of physical abuse when the parent or the other adult caregiver, so again if we're working with children, we're gonna have that interaction as well probably with the caregiver or with the adult. We might wanna consider physical abuse if they're offering conflicting unconvincing or no explanation for the child's injury. Oh, I have no idea how that happened. Oh, don't worry about it, it's no big deal. They describe the child as evil in some way, or they're very negative toward the child in their description of the child, they have a very negative connotation of the child. They use harsh physical discipline with the child particularly when it's not warranted for something that is minor, that it would not have required necessarily any sort of discipline. They themselves have a history of abuse as a child. So that's another one. When we look at neglect, again you wanna consider the possibility of neglect when the child is frequently absent from school again without a reason. They're not on

vacation, they're not at the physician, they're not visiting their grandparents, they're just not in school. They beg or they steal food or money in the cafeteria. They're not getting a meal maybe at home and they're looking for that in the school. They lack the necessary medical or dental care that they should be having at their age. Maybe they're not getting immunizations, again not necessarily related to the opinions of the parent but because the parent refuses to give them. Maybe they need glasses but they don't have glasses. They're consistently dirty, their clothing is dirty, they just don't look well-kept. They have severe body odor or their hair is very dirty, or we have consistent issues with lice or other types of bugs if you will. They lack sufficient clothing for the weather, again very similar to elder abuse. It's cold outside but they don't have a coat. It's raining but they don't have something to protect them from the elements. Maybe that child is abusing alcohol or other drugs and we would see that probably in an older child. And they state that maybe there's no one home to provide care for them. So again a younger child or even an older child who is stating that mom isn't home or dad isn't home, I'm home by myself, I cook my own meals all the time, I take care of a younger sibling, mom doesn't, dad doesn't. Those types of things. You also wanna consider the possibility of neglect again when we look at the parent or the adult caregiver, they're indifferent to that child, they just don't seem to care, they're apathetic, they themselves are depressed and not in a position potentially to care appropriately for that child. They behave irrationally or in a bizarre type of manner or they're abusing alcohol or other drugs themselves.

Moving on, let's talk about sexual child abuse. Again consider the possibility of sexual child abuse when that child has difficulty walking or sitting. You see that they have pain in their genital area. It's observable that they're very uncomfortable. They suddenly refuse to change for gym, participate in physical activities, or maybe participate in your treatment session, again if that would require changing or something ADL related. Report having nightmares, they're bedwetting. If a sudden change in their appetite, maybe their appetite has gone down, maybe their appetite has gone up. They have

sleep disturbances as well, maybe they're not sleeping as well, they're sleeping too much, sleeping too little. They have bizarre, sophisticated, or even unusual sexual knowledge or behavior particularly for their age, things that they shouldn't know but they know. They become pregnant. They contract some sort of sexually transmitted infection particularly if they're at a younger age, age 14, 13, or younger. They run away or they report some sort of sexual abuse by a parent or another adult or caregiver. And I think the important thing here is that when they report it, that abuse, you have to take those comments, those reports very, very seriously. They may consider something to be abusive that maybe we wouldn't consider but you have to look into all of those situations, or the authorities obviously would, because their abuse is really what that child says that it is. We also wanna consider the possibility of sexual abuse when that parent or again that other adult caregiver, older sibling, what have you, is really protective of that child, severely limits that child's contact with other children or other individuals especially of the opposite sex. They're secretive, they're isolated. You see just maybe like a very unhealthy type of family bond. They're very jealous, they're very controlling with other family members.

And then finally emotional maltreatment. I think this is the last one here. Signs of emotional maltreatment, again consider this when you see in the child that they are showing extremes in behavior, so they're overly compliant, or maybe they have very overly demanding behavior, they're extremely passive, they're extremely aggressive, different things like that. They're either inappropriately adult, maybe they parent other children for example. Or they're inappropriately infantile, so they're rocking, they're banging their head, they're using infantile type of language, perhaps for attention, and that's typically the reason that we see that. They're delayed in their physical, their emotional development, even their development, their cognitive development in school or their language development. Perhaps they've attempted suicide or have even talked about suicide or those comments that they feel like their life is not worthy or their life is not satisfactory to them or they're not happy. Or that they report a lack of attachment

to that parent. And then too in the parent, if we're interacting with that parent or that other adult caregiver, we see that adult constantly blame, belittle, berate that child. They're really unconcerned about the child, so their whereabouts, their well-being, those sorts of things. And they don't really consider the offers of help for the child's problem. So the child isn't necessarily progressing well in school or physically or emotionally, and help is offered to them through the school or through therapy or the physician or what have you, and they don't take up on any of those offers, and they overly reject the child.

So the next question is you see suspicions, what do you do? You see some of these signs, and you're not sure if it is, if it isn't, what do you do? Well, there's always ways that you can help if you suspect that a child is being abused or neglect. So if you or someone else is in immediate danger, and you know this, call 911. That's the best thing to do because there are both national and local resources that are available to provide immediate assistance to that child, to that family. You would want to report that information about suspected maltreatment. So how do you report? Well, again this is very state-specific, but at a bare minimum, you would contact your local Child Protective Services office or law enforcement agency. Again if you are a mandatory reporter in your state, you're gonna need to know what their requirements are, what their rules are, who do you contact, what are your timeframes. I can tell you I'm licensed in a couple of states, and I look at my licensing requirements, and there are very, very specific rules that you need to follow, timeframes, phone calls, specific people. So unfortunately in the scope of this presentation, we can't go into that level of detail, but you need to know what the statutes are for your specific state. You're going to be a mandatory reporter, I would assume, because you are in healthcare, but you need to know what those reporting requirements are, what their protocols for investigation are, et cetera, so that you can follow all of that.

Now who can report? Well, obviously anybody can report suspected child abuse or neglect. Reporting that, again, it's very important because it can help protect that child, help get that child help and get that family help. Again all United States states and or territories have laws that identify persons who are mandatory reporters, social workers, teachers, school personnel, childcare providers, physicians, mental health professionals, law enforcement officers, again they're all identified in those state statutes, and some will require as well any person who suspect child abuse and neglect to report, not just the mandatory reporters. So what happens next? Well, if you do report, the best thing to do, provide a complete honest account of what you observed that led you to suspect the occurrence of child abuse or neglect and any reasonable suspicion is sufficient. Don't make up details, don't leave out details. Just be clear, be honest, what you saw, what you heard, what you observed, don't base it on hearsay, it can only be based on your own report. Now after you make a report, generally speaking it's gonna be sent over to Child Protective Services or CPS for review. Generally speaking again for states, when they receive that report, the worker will review the information, determine if an investigation is necessary, that CPS worker may talk to the family, the child, other individuals to help determine what possibly is making this child unsafe. They can also help parents and other caregivers get services, get education, get other assistance to help them through the situation. So and again for more information, your best bet is always contact your local Child Protective Services agency, your police department, pretty much all of them have websites where you can get a lot of information.

Now there are national resources that are available. 800.4.A.CHILD and you can see the number there. For this particular site, there are professional crisis counselors there 24 hours a day, seven days a week available in 170 different languages. Every call that is placed in there is completely confidential, and the hotline offers things like crisis intervention, information, referrals out to other emergency services, social services, and other sorts of resources that are available in the community. There's also the

National Center for Missing and Exploited Children's Cyber. So this is an online reporting if you suspect any sort of sexual exploitation of a child, and that would include maybe human trafficking, those sorts of things, you can report this online if you suspect that a child has been inappropriately contacted online. Information again is made available to law enforcement in order to conduct that investigation. And within your state, I put in here two resources for your states. The first one are the state statutes for Child Protective Services, and the second are the state reporting phone numbers. Now these are not necessarily the end all be all. Again go back to your Practice Act, your licensure, et cetera. But these are some good starting points so that you can start to read what is required, what do they consider abuse and neglect, what don't they consider, what are some phone numbers, what is available to me. And maybe these are things, these resources, the phone numbers, et cetera, even just like the elder abuse resources, maybe these are things that you post or make available to your colleagues or within your own community where you work. So that's all I have for today. I wanna thank everybody for being here. And I think I will turn it back over to Fawn at this point.

- [Fawn] Thank you so much, Dr. Weissberg, for a great presentation and all the great resources that you provided. I hope everyone has a great rest of the day. And join us again on occupationaltherapy.com and continued. Thank you.