



**Hand in Hand: A Training Series for Nursing Homes  
Instructor Guide**

## **Module 2: What Is Abuse?**

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**Methodology**

This module uses lecture, interactive discussion and exercises.

**(Total Time: 63 minutes)**

Estimated Time	Lecture/Discussion	Page
1 minute .....	Welcome .....	4
5 minutes .....	Warm-Up Exercise: What Is Abuse? .....	6
1 minute .....	Module Objectives .....	8
13 minutes .....	Types of Abuse.....	12
14 minutes.....	Recognizing Abuse.....	42
10 minutes.....	Signs of Abuse.....	80
18 minutes.....	Reporting Abuse.....	106
1 minute .....	Conclusion.....	148

**Appendix**

	Page
Circle of Abuse .....	A-2
Handout: How to Report Abuse.....	A-3
Handout: How to Report Abuse: Writing the Report .....	A-5

**Training Resources**

- Television with DVD player or computer with DVD player and LCD projector.
- Module 2 Instructor Guide.
- Module 2 DVD.
- Pens, pencils and writing tablets.
- Prizes (optional).
- Easel chart with markers.

**Instructor Preparation**

- Review the Instructor Guide and DVD. Practice exercise delivery. Rehearse with DVD. Print copies of the handouts. Have available your nursing home’s policy on reporting abuse.

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## I. Welcome



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### Welcome to Module 2: What Is Abuse?—Slide 1 of 5

#### Instructor Guidance:



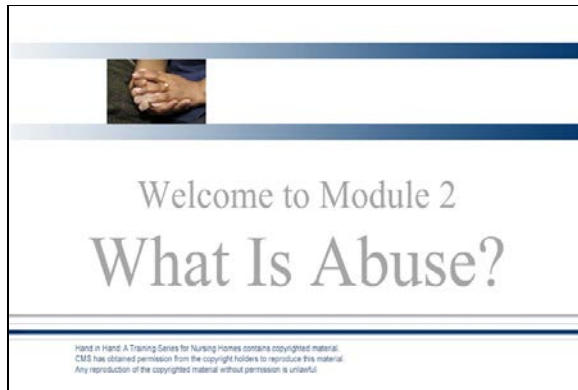
If the participants do not know each other, have each participant state his or her name, position and where he or she works in the nursing home.

To give you more flexibility in introducing the module, there isn't a recommended script. Instead, you will find a DO action that outlines the topics to cover on the welcome slide. You will want to ensure that participants are comfortable, that they know who you are and that they understand that Module 2: What Is Abuse? will take approximately one hour to complete.

Be sure to pass out a sign-in sheet to track attendance.

#### Notes:

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Slide 1 of 5

Welcome to Module 2: What Is Abuse?

DO

- Greet participants.
- Welcome participants to the training.
- Have participants introduce themselves (if they don't know each other).

SAY

Before we get started, I want to let you know that you will see some videos that graphically portray abuse situations. They may disturb or upset you, but they help us understand this very important topic of abuse.

**Notes:**

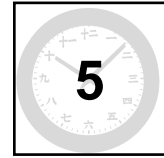
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## II. Warm-Up Exercise: What Is Abuse?

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### Warm-Up Exercise—Slide 2 of 5

#### Instructor Guidance:



##### Instructor Goals

- To set the stage for participation throughout the training.
- To gather the participants' thoughts on the meaning of abuse.
- To point out that people might think about abuse differently.

##### Materials Needed



- Easel chart with markers.
- Treats (candy).



Participants will likely call out a wide variety of terms and examples. Point out that participants might see abuse differently. There are no wrong answers in this exercise.


If you think the participants might be uncomfortable talking in a large group, you can separate the class into smaller groups and have each group share the results of its discussion.

#### Notes:

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Warm-Up Exercise



What do you think of when you hear the word *abuse*?

Module 2—What Is Abuse?

Slide 2 of 5

Notes:

### Warm-Up Exercise



#### ASK

To get us started, what do you think of when you hear the word *abuse*? There are no right or wrong answers—this is what *you* think.



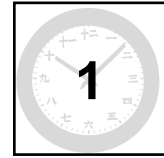
#### DO

As the participants call out words or phrases, write them on the easel chart.

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### III. Module Objectives



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#### Module Objectives—Slide 3 of 5

##### Instructor Guidance:

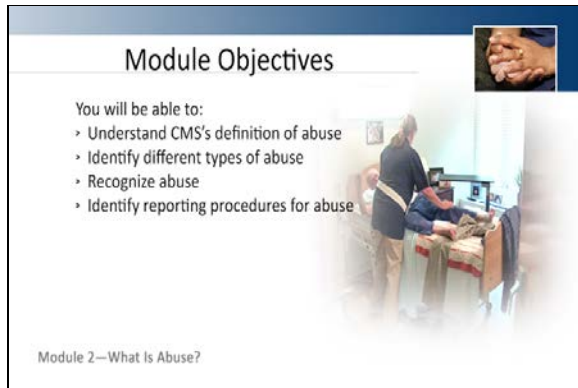


It's important to set participant expectations by stating the module objectives. It is not necessary to explain the objectives on this slide; you are only introducing the anticipated instructional outcomes. This slide should take only about one minute.

##### Notes:

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**Module Objectives**

You will be able to:

- › Understand CMS's definition of abuse
- › Identify different types of abuse
- › Recognize abuse
- › Identify reporting procedures for abuse

Module 2—What Is Abuse?

Slide 3 of 5

## Module Objectives

### SAY

You already have your own ideas of what abuse is. We are going to build on those ideas to further explore the concept of abuse.

Unfortunately, abuse can and does happen in many forms. Resident abuse can come from many different individuals, including staff, visitors, family members and other residents.

We know that you are working here because you care about the people who live here. Because you care so much about them, we need your help in preventing abuse. Working together, we can prevent it; we all have a part in stopping abuse. This module will help you identify the types and signs of abuse, as well as how to report it.

### Notes:

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## Module 2 Menu

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### Module 2 Menu—Slide 4 of 5

#### Instructor Guidance:



The menu slide allows you to easily navigate through the module by selecting the lesson you want to present. At the end of the module, you can click the forward arrow at the bottom of the slide to **Module 2 Video Clips** (slide 5 of 5). These are the same video clips used in the lessons; they are available to you for review and discussion once all lessons have been covered.

#### Notes:



Slide 4 of 5

### Module 2 Menu

SAY

Let's get started with the first lesson, Types of Abuse.

DO

On the menu, click the first lesson, Types of Abuse.

**Notes:**

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## IV. Types of Abuse

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### Types of Abuse: Goals—Slide 1 of 11

#### Instructor Guidance:

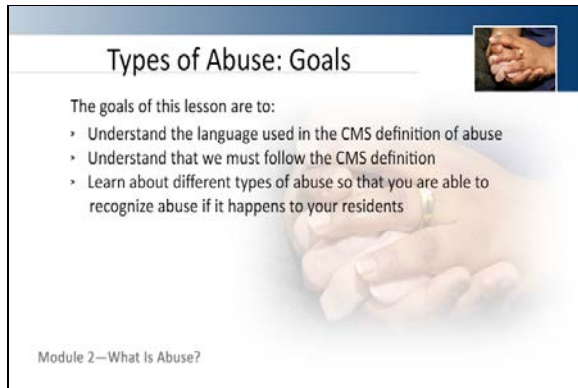


The goals of this lesson are for participants to:

- Understand the CMS definition of abuse.
- Learn about different types of abuse so that they are able to recognize abuse if it happens to their residents.

#### Notes:

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**Types of Abuse: Goals**

The goals of this lesson are to:

- Understand the language used in the CMS definition of abuse
- Understand that we must follow the CMS definition
- Learn about different types of abuse so that you are able to recognize abuse if it happens to your residents

Module 2—What Is Abuse?

Slide 1 of 11

## Types of Abuse: Goals

### SAY

As we saw in our warm-up exercise at the beginning of class, we might think of abuse differently.

In this lesson, we will learn how the Centers for Medicare & Medicaid Services (CMS) defines abuse. We'll also learn about different types of abuse and give you examples of each. Knowing about different types of abuse will prepare you to recognize and report abuse if you see it.

Then, we'll watch some video clips and talk about what type of abuse might be happening.

### Notes:

**CMS Definition of Abuse—Slide 2 of 11**

**Instructor Guidance:**



Each time you click the forward arrow, a bullet point will appear on the slide. Explain each one to the participants, using the explanations and examples in the table below. The examples in the third column are things a person might say to a resident that suggest abuse.

CMS Definition	Explanation	Examples
Willful infliction of injury	Done on purpose to injure	
Unreasonable confinement	Detain, restrain, not allow	“That’s it. Just stay in here by yourself.”
Intimidation	Pressure, threaten, bully, make a person fearful	<ul style="list-style-type: none"> <li>• “You have to...”</li> <li>• “If you don’t do...”</li> <li>• “You won’t get to go...”</li> </ul>
Punishment	Discipline, scold, tell off	
Deprivation of goods or services that are necessary to attain or maintain physical, mental and psychosocial well-being	Remove, take away	“Well, if you don’t take a bath, you don’t get to go on the field trip.”

**Notes:**

**CMS Definition of Abuse**

- › Willful infliction of injury
- › Unreasonable confinement
- › Intimidation
- › Punishment
- › Depriving residents of goods & services necessary to their well-being

Module 2—What Is Abuse?

Slide 2 of 11

### CMS Definition of Abuse

SAY

CMS, the Federal agency responsible for oversight of nursing home inspections and other nursing home-related activities, has a specific definition of abuse.

DO

Click the forward arrow to build the definition on the slide. Use the chart in the Instructor Guidance on page 14 to discuss each bullet.

SAY

Abuse results in physical harm, pain or mental anguish.

**Notes:**

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**Types of Abuse—Slide 3 of 11****Instructor Guidance:**

This slide, Types of Abuse, lists the types of abuse that are covered in this lesson:

- Verbal.
- Mental.
- Physical.
- Sexual.
- Neglect.
- Involuntary seclusion.
- Misappropriation of resident property.

This slide is intended to introduce the types of abuse covered in this lesson. Do *not* define them. Definitions and examples of each type of abuse follow.

**Notes:**





**Types of Abuse**

- Verbal
- Mental
- Physical
- Sexual
- Neglect
- Involuntary seclusion
- Misappropriation of resident property

Module 2—What Is Abuse?

Slide 3 of 11

## Types of Abuse

### SAY

Let's define abuse more specifically. There are different types of abuse: verbal, mental, physical, sexual, neglect, involuntary seclusion and misappropriation of resident property. You mentioned some of them in our warm-up exercise.

Over the next several slides, we will go over the types of abuse listed here and provide examples of each.

### Notes:

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**What Is Verbal Abuse?—Slide 4 of 11**

**Instructor Guidance:**



Note that these are broad definitions and there are many possible examples.

**Notes:**

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Slide 4 of 11

## What Is Verbal Abuse?

### SAY

Verbal abuse includes, but is not limited to, using spoken, written or gestured language that includes insulting, offensive or disapproving terms to any resident (or within his or her hearing distance), regardless of age, disability or ability to comprehend.

In other words, even if someone has dementia, cannot hear well, or is comatose, this is considered verbal abuse.

Some examples of verbal abuse are:

- Threats: If you don't stop yelling, I am going to make you stop!
- Saying things to frighten a resident: You are never going to be able to see your family again!

### Notes:

- Insults: It's too bad that you lost your mind and have no idea what is going on! You're crazy!

**Notes:**



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**What Is Mental Abuse?—Slide 5 of 11**

**Instructor Guidance:**



Note that these are broad definitions and there are many possible examples.

**Notes:**

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A presentation slide titled "What Is Mental Abuse?". The slide features a list of four items: Humiliation, Harassment, Threats of punishment, and Deprivation. To the right of the text is a photograph of an elderly person in a wheelchair sitting at a table. In the top right corner of the slide, there is a small inset image of two hands clasped together. The slide footer reads "Module 2—What Is Abuse?".

What Is Mental Abuse?

- Humiliation
- Harassment
- Threats of punishment
- Deprivation

Module 2—What Is Abuse?

Slide 5 of 11

### What Is Mental Abuse?

#### SAY

Mental abuse includes, but is not limited to, humiliation, harassment, threats of punishment or deprivation.

Some examples of mental abuse are:

- A resident urinates on herself. A staff person tells her that to teach her a lesson, she has to go to dinner wet.
- A resident who can no longer get out of bed by himself is told he is lazy.
- A resident is told she cannot have dessert unless she takes a bath.

#### Notes:

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**What Is Physical Abuse?—Slide 6 of 11**

**Instructor Guidance:**



Note that these are broad definitions and there are many possible examples.

**Notes:**

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Slide 6 of 11

### What Is Physical Abuse?

#### SAY

Physical abuse includes hitting, slapping, pinching and kicking. It also includes controlling behavior through corporal punishment.

An example of corporal punishment is taping someone’s mouth shut because he or she is screaming too loudly.

#### Notes:

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**What Is Sexual Abuse?—Slide 7 of 11**

**Instructor Guidance:**



Sexual abuse is a very sensitive topic; the participants might be uncomfortable and resort to giggling or inappropriate comments. It is important to reiterate that sexual abuse is a serious issue and that it happens to people of all ages.

Note that these are broad definitions and there are many possible examples.

**Notes:**

A presentation slide titled "What Is Sexual Abuse?". The slide features a list of six types of sexual abuse: Unwelcome sexual advances, Unwanted touching, Requests for sexual favors, Offensive sexual comments, Rape, and Sodomy. To the right of the text is a photograph of a person lying in a hospital bed, partially covered by a white sheet. In the top right corner of the slide, there is a small inset image of two hands clasped together. The slide footer reads "Module 2—What Is Abuse?".

**What Is Sexual Abuse?**

- › Unwelcome sexual advances
- › Unwanted touching
- › Requests for sexual favors
- › Offensive sexual comments
- › Rape
- › Sodomy

Module 2—What Is Abuse?

Slide 7 of 11

### What Is Sexual Abuse?

#### SAY

Sexual abuse happens to people of all ages. Sexual abuse occurs when there is sexual contact and the resident does not, or is not able to, provide consent. It includes:

- Unwelcome sexual advances.
- Unwanted touching.
- Requests for sexual favors.
- Offensive sexual comments.
- Rape, generally defined as forced or nonconsensual sexual contact.
- Sodomy, generally defined as forced or nonconsensual oral or anal sex.

#### Notes:

- Nonconsensual sex means that all parties involved in the sexual act do not give permission or are not able to give permission.

These definitions are broad and there are many examples. Some examples of sexual abuse are:

- A staff person asks a resident to perform a sexual act on him.
- A staff person fondles a resident's breasts while bathing her.
- While helping a resident with toileting, a staff person makes fun of the resident's genitals, telling him he is "no longer a man."

**Notes:**

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**What Is Neglect?—Slide 8 of 11**

**Instructor Guidance:**



Note that these are broad definitions and there are many possible examples.

**Notes:**

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A presentation slide titled "What Is Neglect?". The slide features a background image of a person in a wheelchair in a room. The text on the slide is as follows:

**What Is Neglect?**

- Failure to provide goods & services necessary for well-being
  - Physical
  - Mental
  - Social
- Neglect could be:
  - Ignoring resident's need for help
  - Not providing food or water
  - Withholding care

Module 2—What Is Abuse?

Slide 8 of 11

### What Is Neglect?

#### SAY

Neglect is the failure to provide goods and services necessary to the resident's physical, mental and social well-being. It could include ignoring a resident's need for help, not providing food or water, or deliberately withholding care.

Some examples of neglect are:

- A resident asks for water before she goes to bed. The staff person refuses to give it to her because she does not want to help the resident to the bathroom during the night.
- Dinner is placed in front of a resident who is unable to eat without assistance. No one helps her and eventually the tray is taken away.
- A resident is left in bed all day. He has severe dementia and cannot speak but moans to communicate. Although he starts moaning loudly, no one checks on him.

#### Notes:

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**What Is Involuntary Seclusion?—Slide 9 of 11**

**Instructor Guidance:**



Note that these are broad definitions and there are many possible examples.

**Notes:**

A large, vertical, light gray rectangular area intended for taking notes.



The slide features a blue header with the title "What Is Involuntary Seclusion?". Below the title is a bulleted list: "Separation of resident from:" followed by "Other residents" and "His/Her room"; "Confinement to resident's room or other area"; and "Against the resident's will". A small inset image shows hands clasped together. The background of the slide shows a person in a wheelchair in a hallway. The footer of the slide reads "Module 2—What Is Abuse?".

**What Is Involuntary Seclusion?**

- Separation of resident from:
  - Other residents
  - His/Her room
- Confinement to resident's room or other area
- Against the resident's will

Module 2—What Is Abuse?

Slide 9 of 11

### What Is Involuntary Seclusion?

#### SAY

Involuntary seclusion means separating a resident from other residents or from his or her room, or confining the resident to his or her room or other area against the resident's will.

An emergency or short-term monitored separation is not considered involuntary seclusion. According to CMS, "If a resident is receiving emergency short-term monitored separation due to temporary behavioral symptoms (such as brief catastrophic reactions or combative or aggressive behaviors which pose a threat to the resident, other residents, staff or others in the nursing home), this is not considered involuntary seclusion as long as this is the least restrictive approach for the minimum amount of time, and is being done according to resident needs and not for staff convenience."

#### Notes:

Some examples of involuntary seclusion are:

- Forcing a resident to stay in her room because she is “too loud.”
- Forcing a resident to stay in an office all day with a staff person so “I can keep an eye on him.”
- Keeping a resident from entering her room because she “makes too much of a mess in there.”

**Notes:**

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**What Is Misappropriation of Resident Property?—Slide 10 of 11**

**Instructor Guidance:**



Note that these are broad definitions and there are many possible examples.

**Notes:**

A large, empty, light gray rectangular area intended for taking notes.



Slide 10 of 11

### What Is Misappropriation of Resident Property?

#### SAY

Misappropriation of property is probably most commonly thought of as stealing, but it is more than that. It includes:

- Deliberately misplacing a resident's belongings or money.
- Using a resident's belongings without his or her permission.

Some examples of misappropriation of property are:

- A staff person takes a radio from a resident's room and places it at the nurses' station, without permission from the resident.
- A staff person finds \$20.00 in a resident's room. She takes it and uses it to buy lunch for herself and other staff.

#### Notes:

- A staff person takes a painting from a resident's room and hangs it in her home.

**Notes:**



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**Types of Abuse: Summary—Slide 11 of 11****Instructor Guidance:**

This lesson has covered several types of abuse. Note that these are broad definitions and there are many possible examples.



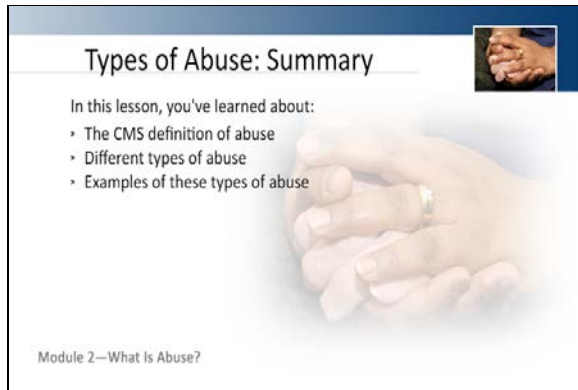
Let's recap. Who can tell me one of those types of abuse?



- Verbal.
- Mental.
- Physical.
- Sexual.
- Neglect.
- Involuntary seclusion.
- Misappropriation of resident property.

**Notes:**





Slide 11 of 11

**Notes:**

Types of Abuse: Summary



**SAY**

This lesson has covered the CMS definition of abuse and several types of abuse.



**ASK**

Let's recap. Who can tell me one of the types of abuse?

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## V. Recognizing Abuse



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### Recognizing Abuse: Goals—Slide 1 of 14

#### Instructor Guidance:



The goals of this lesson are to help participants recognize abuse and to understand why situations might escalate to abuse.

#### Notes:

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**Recognizing Abuse: Goals**

The goals of this lesson are to:

- Recognize abuse
- Understand why situations might escalate to abuse



Module 2—What Is Abuse?

Slide 1 of 14

### Recognizing Abuse: Goals

#### SAY

The goals of this lesson are for you to recognize abuse and understand why situations might escalate to abuse.

#### Notes:

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**Play Video Clip: What Does Abuse Look Like? Video Clip 1—Slide 2 of 14****Instructor Guidance:**

This lesson uses six video clips to provide practice in recognizing different types of abuse. You should plan to spend about 2–3 minutes discussing each video clip.

After each clip, ask participants to identify the type(s) of abuse they saw in the clip. They may identify more than one type of abuse. Write their answers on an easel chart (or have a participant write the answers).

After participants have identified the type(s) of abuse, help them process what they saw by asking what led them to that determination. If participants ask how abuse could have been prevented in these situations, respond that we will address that in another module. In terms of preventing abuse, it is important for participants to see that, in each of these situations, there were two individuals with different needs. It is important to note that understanding the aide's motivation does not excuse or justify his or her behavior. The intention is for participants to see how situations escalate and how escalation possibly can be prevented. In subsequent training modules, we will discuss in more depth how to address each person's needs to help prevent abuse.

When you click the forward arrow, the video will play. When the video is complete, the presentation will automatically advance to the discussion slide.



You will need:

- Easel chart with markers.

**Notes:**



Slide 2 of 14

Play Video Clip: What Does Abuse Look Like? Video Clip 1

SAY

Now that we have discussed different types of abuse, we're going to see six video clips that will give you practice in recognizing abuse.

We'll watch each clip and discuss it afterwards. Here's the first clip.



DO

Click the forward arrow to play the clip.

**Notes:**

**Discussion: Misappropriation of Property—Slide 3 of 14****Instructor Guidance:**

What type or types of abuse did you see?



- In this clip, we saw stealing, which is misappropriation of property, a kind of abuse. This type of blatant stealing is clearly abuse.



Write each type of abuse that participants identify on the easel chart (or have a participant write it). Then ask for specifics about what they saw that led them to that determination.



Specifically, what did you see that led you to that determination?



Different types of abuse might occur at the same time. If participants suggest other types of abuse, ask them to explain what they saw.



Consider asking some follow-up questions to help participants see the impact of this abuse. Some additional discussion questions are:

How do you think this made the resident feel?



Possible answers: upset, angry, mistrustful, scared and sad.

Would it be different if the watch weren't valuable?

**Notes:**



Slide 3 of 14

Discussion: Misappropriation of Property



ASK

What type or types of abuse did you see?

Notes:

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**Play Video Clip: What Does Abuse Look Like? Video Clip 2—Slide 4 of 14**

**Instructor Guidance:**



You should plan to spend about 2–3 minutes discussing each video clip.

When you click the forward arrow, the video will play. When the video is complete, the presentation will automatically advance to the discussion slide.

**Notes:**

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Slide 4 of 14

Play Video Clip: What Does Abuse Look Like? Video Clip 2

SAY

Now we are going to watch the second clip, and you will have the chance to see if you recognize abuse.

Again, we will discuss the clip afterwards.



DO

Click the forward arrow to play the clip.

Notes:

**Discussion: Neglect—Slide 5 of 14****Instructor Guidance:**

What type or types of abuse did you see?



- In this clip, there is evidence of neglect, as well as physical and mental abuse.



Write each type of abuse that participants identify on the easel chart (or have a participant write it). Then ask for specifics about what they saw that led them to that determination.



Specifically, what did you see that led you to that determination?



- Neglect: Specifically, the neglect in this situation was the aide not providing the resident with a service she needed. Rather than helping Mrs. Bowers go to the bathroom, the aide, for her own convenience, told her she would just have to go in her bed.
- Physical abuse: Knowingly leaving a resident in a wet bed could lead to serious physical consequences, such as pressure sores. Also, failure to help the resident be as independent as possible in using the toilet could cause her to become permanently incontinent.
- Mental abuse: Depriving the resident of assistance in using the bathroom resulted in mental anguish and fear.

**Notes:**



Different types of abuse might occur at the same time. If participants suggest other types of abuse, ask them to explain what they saw.



An additional discussion question is:

How do you think this made the resident feel?



- Possible answers: angry, sad, scared, embarrassed and mistrustful.

You might also want to point out that the aide mentioned the name of the other resident she needed to help. Was this an invasion of his privacy?

**Notes:**

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Slide 5 of 14

Discussion: Neglect



ASK

What type or types of abuse did you see?

Notes:

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**Play Video Clip: What Does Abuse Look Like? Video Clip 3—Slide 6 of 14**

**Instructor Guidance:**



You should plan to spend about 2–3 minutes discussing each video clip.

When you click the forward arrow, the video will play. When the video is complete, the presentation will automatically advance to the discussion slide.

**Notes:**

A large, empty, light gray rectangular area intended for taking notes.



Slide 6 of 14

Play Video Clip: What Does Abuse Look Like? Video Clip 3

**SAY**

Now we are going to watch another clip, and you will have the chance to see if you recognize what abuse looks like.

Again, we will discuss the clip afterwards.



**DO**

Click the forward arrow to play the clip.

**Notes:**

**Discussion: Verbal/Mental Abuse—Slide 7 of 14**

**Instructor Guidance:**



What type or types of abuse did you see?



- Participants may identify several types of abuse, including verbal, mental and physical.



Write each type of abuse that participants identify on the easel chart (or have a participant write it). Then ask for specifics about what they saw that led them to that determination.



Specifically, what did you see that led you to that determination?



- Verbal abuse: The aide verbally threatened the resident, using degrading and derogatory language.
- Mental abuse: The aide humiliated the resident by threatening her and disregarding her choice not to be bathed at that time. The aide also threatened to punish Mrs. Anderson by having Lester bathe her.
- There could be physical abuse in the way the aide grabbed the resident’s chin.



Different types of abuse might occur at the same time. If participants suggest other types of abuse, ask them to explain what they saw.

**Notes:**

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An additional discussion question is:

How do you think this made Mrs. Anderson feel?

- Possible answers: upset, angry, mistrustful, scared, sad, loss of control.

If you would like to dig deeper, ask the participants:

Person-centered care honors the choices and preferences of residents. How could this situation have been handled in a person-centered way?



- Using a person-centered care approach, the caregivers would work with Mrs. Anderson to accommodate her preferences for bathing, rather than Mrs. Anderson having to accommodate the caregivers. Also, in person-centered care, the person comes first. This means that the resident is not a task to be completed, but a person who has needs and preferences. In this situation, Mrs. Anderson is not a bath to be completed, but a person who might have anxiety about having someone bathe her. Caregivers would be sensitive to this and work with her to discover how to bathe her in a way that makes her less anxious.

**Notes:**

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Slide 7 of 14

Discussion: Verbal/Mental Abuse



ASK

What type or types of abuse did you see?

Notes:

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**Play Video Clip: What Does Abuse Look Like? Video Clip 4—Slide 8 of 14**

**Instructor Guidance:**



You should plan to spend about 2–3 minutes discussing each video clip.

When you click the forward arrow, the video will play. When the video is complete, the presentation will automatically advance to the discussion slide.

**Notes:**



Slide 8 of 14

Play Video Clip: What Does Abuse Look Like? Video Clip 4

SAY

Now we are going to watch another clip, and you will have the chance to see if you recognize abuse.

Again, we will discuss the clip afterwards.



DO

Click the forward arrow to play the clip.

Notes:

**Discussion: Sexual Abuse—Slide 9 of 14****Instructor Guidance:**

What type or types of abuse do you suspect?



- In this clip, we saw signs that sexual abuse had happened.



Write each type of abuse that participants identify on the easel chart (or have a participant write it). Then ask for specifics about what they saw that led them to that determination.



Why do you suspect this?



Some signs that sexual abuse may have occurred are:

- Resident was crying and clearly in distress.
- Her bed was disheveled.
- She was in a fetal position.
- A male staff person was exiting her room and checking to see if anyone saw him leaving.
- The male staff person was tucking in his shirt as he left the room.

**Notes:**



Point out that the resident in the clip was younger than many nursing home residents. However, sexual abuse happens to residents of any age. Sexual abuse can happen to men as well as women.

Participants might point out that because we did not actually see sexual abuse happening, we do not know that it did happen. Explain that many times—maybe even most of the time—we might not actually see the abuse happening, but we might see signs that abuse has occurred. Later in this training, we will talk more about watching for signs that abuse may have occurred.

**Notes:**

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Slide 9 of 14

Discussion: Sexual Abuse



ASK

What type or types of abuse do you suspect?

Notes:

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**Play Video Clip: What Does Abuse Look Like? Video Clip 5—Slide 10 of 14**

**Instructor Guidance:**



You should plan to spend about 2–3 minutes discussing each video clip.

When you click the forward arrow, the video will play. When the video is complete, the presentation will automatically advance to the discussion slide.

**Notes:**

A large, empty rectangular area with a light gray background, intended for taking notes during the video clip.



Slide 10 of 14

Play Video Clip: What Does Abuse Look Like? Video Clip 5

**SAY**

Now we are going to watch another clip, and you will have the chance to see if you recognize abuse.

Again, we will discuss the clip afterwards.



**DO**

Click the forward arrow to play the clip.

**Notes:**

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**Discussion: Physical Abuse—Slide 11 of 14**

**Instructor Guidance:**



What type or types of abuse did you see here?



- Participants might identify physical abuse and verbal abuse. (Note: If the participants do not identify physical abuse, point it out.)



Write each type of abuse that participants identify on the easel chart (or have a participant write it). Then ask for specifics about what they saw that led them to that determination.



Specifically, what did you see that that led you to that determination?



- We saw physical abuse when the aide grabbed Mrs. Caputo by the arm. Because he was also yelling at her, we could say there was verbal abuse as well.



Different types of abuse might occur at the same time. If participants suggest other types of abuse, ask them to explain what they saw.

Later in this training module, we will revisit this scenario with another clip that will show the impact of the abuse—the signs that indicate that a person might have been abused.

**Notes:**

A large, light gray rectangular area intended for taking notes during the discussion.

In the modules on understanding the behavior of and communicating with persons with dementia, we will take a more in-depth look at what happened in this situation. A different approach to the resident might have prevented the physical abuse.



Some additional discussion questions are:

How do you think the abuse made Mrs. Caputo feel?

- Possible answers: upset, angry, mistrustful, scared, sad.



How could this abuse possibly have been prevented?



- The aide's responses to Mrs. Caputo escalated the situation so that the resident became angrier and the aide became more frustrated. Telling Mrs. Caputo that she *was* home did not help the situation, as that is not her reality. She believes she needs to go home to pick up her children. To avoid escalation, the aide could have calmly approached Mrs. Caputo, redirected her attention to him, asked her to tell him about her children and walked with her away from the doors she was trying to exit.



### Notes:

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Slide 11 of 14

Discussion: Physical Abuse



ASK

What type or types of abuse did you see?

Notes:

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**Play Video Clip: What Does Abuse Look Like? Video Clip 6—Slide 12 of 14**

**Instructor Guidance:**



You should plan to spend about 2–3 minutes discussing each video clip.

When you click the forward arrow, the video will play. When the video is complete, the presentation will automatically advance to the discussion slide.

**Notes:**

A large, empty gray rectangular box intended for taking notes during the video clip.





Slide 12 of 14

Play Video Clip: What Does Abuse Look Like? Video Clip 6

**SAY**

Now we are going to watch the last of our six clips, and you will have the chance to see if you recognize abuse.

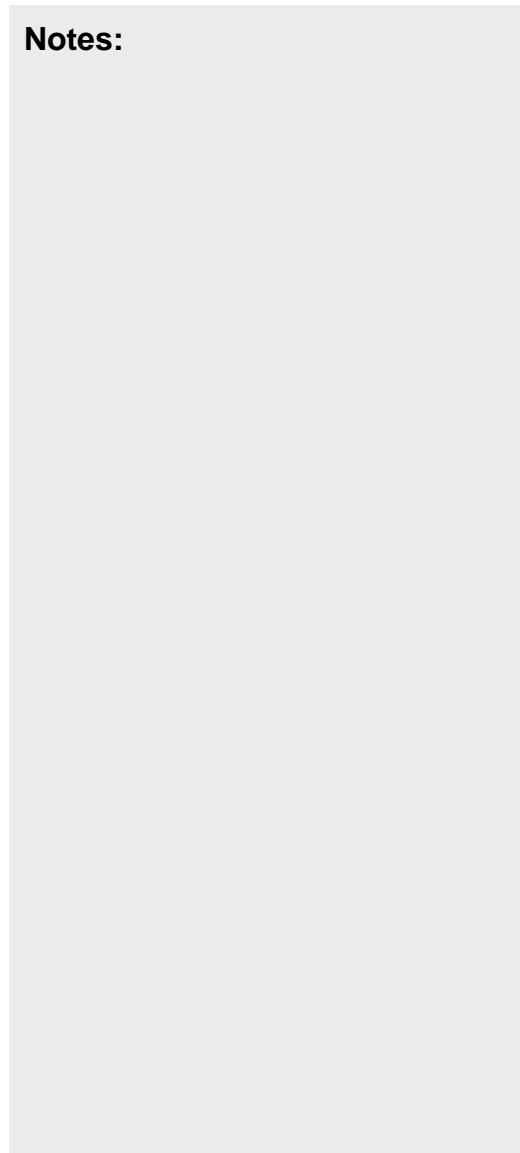
Again, we will discuss the clip afterwards.



**DO**

Click the forward arrow to play the clip.

**Notes:**



**Discussion: Involuntary Seclusion—Slide 13 of 14****Instructor Guidance:**

What type or types of abuse did you see?



Participants may identify involuntary seclusion, mental abuse, verbal abuse and neglect.



Write each type of abuse that participants identify on the easel chart (or have a participant write it). Then ask for specifics about what they saw that led them to that determination.



Specifically, what did you see that led you to that determination?



- Involuntary seclusion, a kind of abuse: Putting Mr. Mauer in a separate area away from the other residents against his will constituted abuse.
- Mental abuse: Putting Mr. Mauer into seclusion was humiliating and suggested a threat of punishment for not eating properly.
- Verbal abuse: The aide made disparaging remarks about Mr. Mauer—that he was disgusting and like a one-year-old.
- Neglect: There may be neglect in that the aide withheld food from Mr. Mauer because he was eating messily.

**Notes:**



Different types of abuse might occur at the same time. If participants suggest other types of abuse, ask them to explain what they saw.

Later in this module, we are going to revisit this situation and see what impact this abuse has had on Mr. Mauer.



Some additional discussion questions are:

How do you think this made Mr. Mauer feel?



- Possible answers: embarrassed, upset, angry, mistrustful, scared, sad.

Was it right for the aide to move Mr. Mauer because the other residents complained about him?

How could this have been handled differently?

- Possible answer: The aide could have offered Mrs. Anderson—the resident who did not want to sit with Mr. Mauer—a seat at another table.

**Notes:**

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Slide 13 of 14

Discussion: Involuntary Seclusion



ASK

What type or types of abuse did you see?

Notes:

A large, empty gray rectangular area intended for taking notes during the presentation.

**Recognizing Abuse: Summary—Slide 14 of 14**

**Instructor Guidance:**

No instructor guidance for this slide.

**Notes:**





Slide 14 of 14

### Recognizing Abuse: Summary



SAY

In this lesson, you've learned about recognizing abuse and how situations can escalate to abuse.

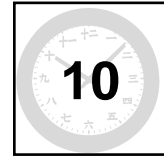
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## VI. Signs of Abuse



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### Signs of Abuse: Goals—Slide 1 of 10

#### Instructor Guidance:



The three clips in this lesson show what changes we might see in residents after abuse has occurred. The intention is to help participants see the impact of abuse—that it has a lasting effect—and to help them recognize signs that a resident might have been abused.

#### Notes:

A large, empty gray rectangular area provided for taking notes.



**Signs of Abuse: Goals**

The goals of this lesson are to:

- Recognize signs that abuse may have occurred
- Realize the impact of abuse



Module 2—What Is Abuse?

Slide 1 of 10

### Signs of Abuse: Goals

#### SAY

The goals of this lesson are for you to recognize signs that abuse may have occurred and realize the impact of abuse.

#### Notes:

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**Play Video Clip: Signs of Abuse: Example 1—Slide 2 of 10**

**Instructor Guidance:**



When you click the forward arrow, the video will play. When the video is complete, the presentation will automatically advance to the discussion slide.

**Notes:**



Slide 2 of 10

Play Video Clip: Signs of Abuse: Example 1

SAY

In the last lesson, we watched six video clips that showed abuse happening. However, most of the time, we will not actually witness abuse.

We might see signs and symptoms that something has happened. A resident might act differently. We might notice changes in a resident.

Let's look at what we might see in residents after abuse happens.



DO

Click the forward arrow to play the clip.

**Notes:**

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**Discussion—Slide 3 of 10****Instructor Guidance:**

Discussion points might include how a nurse aide knows whether something is wrong with a resident and what the aide can do about it. It is important to point out that it is only through really knowing their residents that nurse aides will be able to tell that something is wrong. It is also important to encourage aides to report any changes they see to their supervisors.

Note: Throughout these modules, we talk about knowing residents. Consistent staffing encourages building relationships and supports caregivers in knowing residents. For more information on consistent staffing and how you can implement it in your nursing home, see the Resources tab.

What are some signs that something might have happened to Mrs. Caputo?



- Some signs might be that Mrs. Caputo winced when the aide touched her arm; the bruise on her arm; and her general jumpiness and nervousness when touched.

What else could these signs mean?



- The resident could have hurt herself accidentally. She could be upset by something else that happened.

**Notes:**

- The intention of this discussion is to make the point that bruises, nervousness and other signs of possible abuse do not always mean abuse happened. For example, the resident might walk around a lot and bump into things frequently, or the resident might usually be a nervous person. We should never ignore or dismiss these signs, but this speaks to the importance of knowing the resident. It is by knowing a resident that an aide can tell whether something is wrong or unusual for that resident. In the case of Mrs. Caputo, the aide knows that Mrs. Caputo does not normally have bruises and is not normally nervous. She suspects that something has happened. All changes, including bruises, need to be reported to a supervisor.



Note how the aides are talking about Mrs. Caputo behind her back. How might this make her feel?




- Talking behind Mrs. Caputo’s back is disrespectful. It might cause her to feel disrespected and she might not trust the aides. It might also make her angry and she might be more unlikely to allow the aides to help her.

**Notes:**

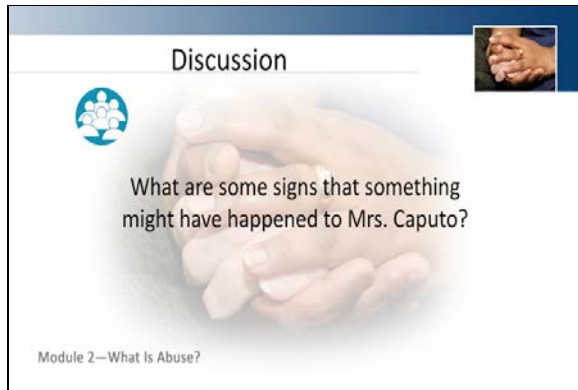
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Discussion



What are some signs that something might have happened to Mrs. Caputo?



Module 2—What Is Abuse?

Slide 3 of 10

Discussion



ASK

What are some signs that something might have happened to Mrs. Caputo?

Notes:

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**Play Video Clip: Signs of Abuse: Example 2—Slide 4 of 10**

**Instructor Guidance:**



When you click the forward arrow, the video will play. When the video is complete, the presentation will automatically advance to the discussion slide.

**Notes:**





Slide 4 of 10

Play Video Clip: Signs of Abuse: Example 2

SAY

We're going to watch the second clip now. Again, look for signs that the resident might have been abused.



DO

Click the forward arrow to play the clip.

**Notes:**

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**Discussion—Slide 5 of 10**

**Instructor Guidance:**



What signs are there that something might have happened to Mrs. Anderson?



- Mrs. Anderson jumped when Bill, the therapist, touched her. She looked frightened. She seemed jumpy and distrustful. She was not talking.



What else could these signs mean?



- The purpose of this question is to generate discussion about the importance of knowing the resident and how he or she “normally” acts. These signs could mean a number of things, but the better staff know their residents, the better they are able to interpret these signs to understand if something is wrong. If Bill did not know Mrs. Anderson, he might think that her behavior was normal for her. But because he knows Mrs. Anderson, he knows that these signs mean something is wrong.

Be sure to discuss that, in addition to physical signs, there are emotional and behavioral signs.

**Notes:**

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Additional discussion questions are:

Note how the therapist, Bill, soothed Mrs. Anderson. What are some of the things he did to help her feel better?

How did he know what she needed to make her feel better?

Note how he positioned himself in front of her to be at her level when he talked to her. What message do you think this sent to Mrs. Anderson? What did it do for their relationship?

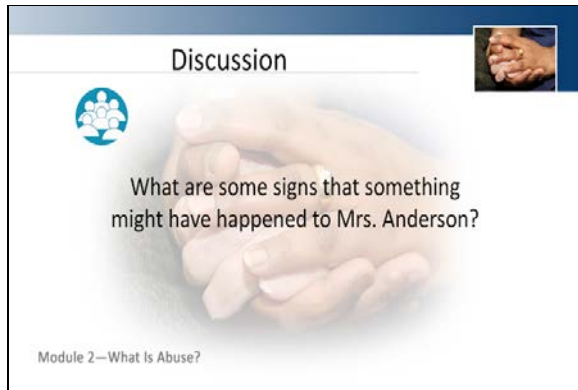
At the end of the clip, Mrs. Anderson asked to call her daughter. What do you think this means? Do you think Mrs. Anderson is going to tell her daughter what happened?

(Note: You may want to point out that Bill should have stepped away so that Mrs. Anderson could speak privately with her daughter.)

Should Bill report to the nurse his concerns about how upset Mrs. Anderson was?

**Notes:**

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Slide 5 of 10

Discussion



ASK

What signs did you see that something might have happened to Mrs. Anderson?

Notes:

A large, empty gray rectangular area intended for taking notes during the discussion.

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**Play Video Clip: Signs of Abuse: Example 3—Slide 6 of 10**

**Instructor Guidance:**



When you click the forward arrow, the video will play. When the video is complete, the presentation will automatically advance to the discussion slide.

**Notes:**



Slide 6 of 10

Play Video Clip: Signs of Abuse: Example 3

SAY

Let's watch one more clip and look for signs we might see in residents who have been abused.



DO

Click the forward arrow to play the clip.

**Notes:**

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**Discussion—Slide 7 of 10****Instructor Guidance:**

What are some signs that something might have happened to Mr. Mauer?



- Mr. Mauer seemed sad and depressed. He was withdrawn. He was “hiding” in his room. He did not speak to the activity director who came to invite him to an activity, nor did he make eye contact with her.



What else could these signs mean?



- The purpose of this question is to discuss the importance of knowing the resident and how he or she “normally” acts. These signs could mean a number of things, and the better staff know their residents, the better they are able to interpret these signs to understand if something is wrong. If the activity director did not know Mr. Mauer, she might just think this was “the way he is,” that these behaviors are a part of his personality. Because she knows him, she knows that this is not normal for him, and she talks to the nurse about it. These signs could mean many things, so it is important to try to find out why he is acting this way. It could mean he is not feeling well, or is feeling depressed or anxious for other reasons.

**Notes:**





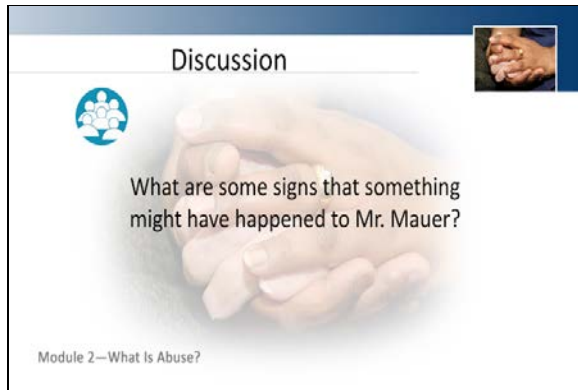
At the end of the clip, the activity director and a nurse are discussing the fact that Mr. Mauer is no longer interested in his favorite activities.

For additional discussion, you might ask the participants, What should the activity director and nurse do next? Point out that when nurse aides see changes in a resident, they need to let their supervisors know about these changes.

**Notes:**

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Slide 7 of 10

**Notes:**

Discussion



ASK

What are some signs that something might have happened to Mr. Mauer?

**Signs of Abuse—Slide 8 of 10**

**Instructor Guidance:**

No instructor guidance for this slide.

**Notes:**





The slide is titled "Signs of Abuse" and features a list of symptoms on the left and a photograph of an elderly man on the right. The list includes:

- Physical signs
  - Bruises, scratches, pain
- Fear
  - Trembling, cowering, acting submissive
- Hesitating to talk or talking less
- Loss of eye contact, vacant stares
- Changes in behavior or mood
- Depression, crying

At the bottom left of the slide, it says "Module 2—What Is Abuse?". There is also a small inset image in the top right corner of the slide showing hands clasped together.

Slide 8 of 10

### Signs of Abuse

#### SAY

You have already identified a number of these signs and symptoms of possible abuse. Here are some others to think about.

Remember, signs of abuse are not always physical.

#### Notes:

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**Signs of Abuse (cont.)—Slide 9 of 10****Instructor Guidance:**

Can you think of other signs?



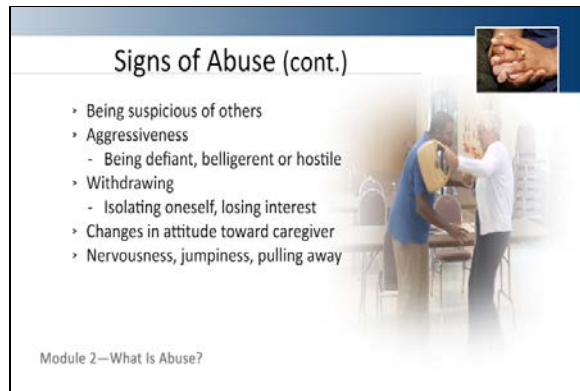
- The intent of this question is to give the participants an opportunity to share other signs they have seen, or simply to restate the ones that are listed. There are no right or wrong answers. It is hoped that asking this question helps participants think about signs of abuse according to their own experience. It is also intended to help participants see that overall changes in a resident's behavior might be a sign of abuse.

**Notes:**

**Signs of Abuse (cont.)**

- › Being suspicious of others
- › Aggressiveness
  - Being defiant, belligerent or hostile
- › Withdrawing
  - Isolating oneself, losing interest
- › Changes in attitude toward caregiver
- › Nervousness, jumpiness, pulling away

Module 2—What Is Abuse?



Slide 9 of 10

### Signs of Abuse (cont.)



ASK

Can you think of other signs?

Do you have residents that usually show some of these types of body language or signs? How would you know whether the behavior indicated possible abuse or was their normal behavior?

SAY

You might know what is normal for a resident because you know that resident. If you know what he or she normally acts like, you would probably recognize changes. Always report changes in a resident to your supervisor.

**Notes:**

**Signs of Abuse: Summary—Slide 10 of 10**

**Instructor Guidance:**

No instructor guidance for this slide.

**Notes:**







Slide 10 of 10

### Signs of Abuse: Summary



#### SAY

In this lesson, you've learned about signs that may indicate that a resident has been abused. You've also learned about the lasting impact of abuse.

#### Notes:

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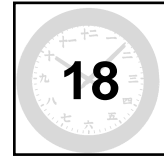
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## VII. Reporting Abuse

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### Reporting Abuse: Goals—Slide 1 of 18

#### Instructor Guidance:



This section provides an overview on reporting abuse. Your nursing home has its own policies for how to report abuse, and you will want to go over these with the participants during this lesson. The information here serves as general guidelines for reporting.

The intent of this lesson is to help participants understand that they are obligated to report abuse.

#### Notes:

**Reporting Abuse: Goals**

The goals of this lesson are to:

- › Understand you are required to report abuse
- › Learn how to report abuse & suspicion of crime

Module 2—What Is Abuse?



Slide 1 of 18

### Reporting Abuse: Goals

#### SAY

The goals of this lesson are for you to understand that you are required to report abuse and suspicion of a crime and to learn how to report abuse.

#### Notes:

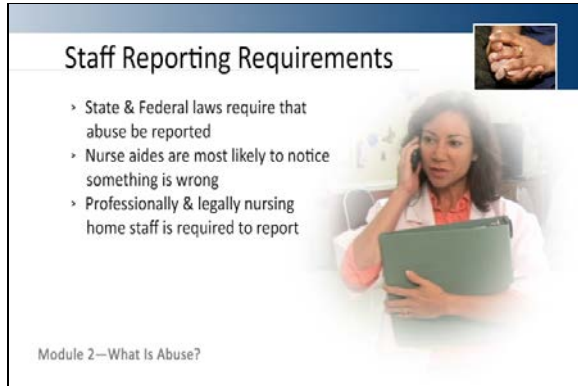
**Staff Reporting Requirements—Slide 2 of 18**

**Instructor Guidance:**

No instructor guidance for this slide.

**Notes:**





**Staff Reporting Requirements**

- > State & Federal laws require that abuse be reported
- > Nurse aides are most likely to notice something is wrong
- > Professionally & legally nursing home staff is required to report

Module 2—What Is Abuse?

Slide 2 of 18

## Staff Reporting Requirements

### SAY

It is a violation of State and Federal laws for any person, including nursing home staff, volunteers, visitors, family members or guardians, or another resident, to neglect or abuse a resident.

Because you know your residents, you are the eyes and ears of what is going on with them. Because you spend so much time with them, you are likely to notice when something is wrong.

You are one of the best sources of information about the resident, and you have a professional and legal responsibility to report suspected abuse or neglect.

You are required to report abuse or neglect.

### Notes:

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**Staff Reporting Requirements (cont.)—Slide 3 of 18****Instructor Guidance:**

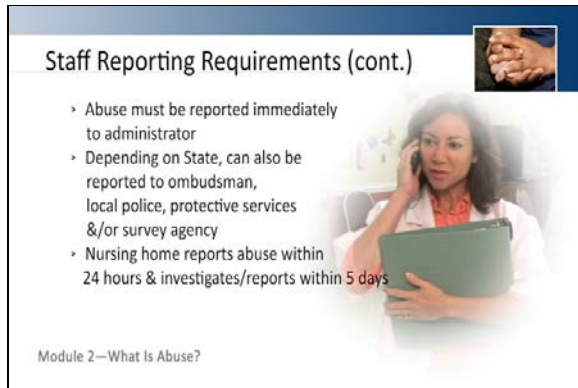
After you go over the information on the slide, explain your nursing home's policy for reporting abuse.

If nurse aides are considered mandated reporters in your State, explain to the participants what this means.

“Mandated reporter” means that as a healthcare professional, you are required by law to report situations in which there is reasonable cause to suspect abuse.

Mandated reporters are required to make reports to particular agencies or individuals. [Note: Please provide the specific information applicable to your nursing home on reporting to particular agencies or individuals.]

**Notes:**



The slide features a blue header with the title "Staff Reporting Requirements (cont.)" and a small image of hands clasped together. The main content area shows a woman in a white lab coat talking on a mobile phone while holding a clipboard. The text on the slide is as follows:

- › Abuse must be reported immediately to administrator
- › Depending on State, can also be reported to ombudsman, local police, protective services &/or survey agency
- › Nursing home reports abuse within 24 hours & investigates/reports within 5 days

Module 2—What Is Abuse?

Slide 3 of 18

### Staff Reporting Requirements (cont.)

#### SAY

If a resident tells you he or she is experiencing neglect or abuse, it is important to believe the resident and to report the allegation immediately.

Possible abuse must be reported immediately to the nursing home administrator.

- You can report to the administrator or to your supervisors, who then are required to share this information with the administrator.
- According to your State laws and processes, other places you can report abuse are the State or local ombudsman, local police, Adult Protective Services Agency and the State survey agency.

#### Notes:

A nursing home is required, by Federal regulation, to report alleged violations involving mistreatment, neglect or abuse to the State Agency immediately—within 24 hours of the alleged violation being reported. The nursing home then must investigate this violation and report the results of the investigation to the appropriate authorities within five days. There may be additional State requirements.

**Notes:**



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## Suspicion of a Crime—Slide 4 of 18

### Instructor Guidance:



Section 1150B of the Social Security Act, as established by Section 6703 (b)(3) of the Patient Protection and Affordable Care Act of 2010, requires specific individuals in long term care facilities to report any reasonable suspicion of crimes committed against a resident of, or person receiving care from, a long term care facility. A covered individual is defined as anyone who is an owner, operator, employee, agent or contractor of the long term care facility. Reporting suspicion of a crime is the responsibility of “covered individuals.”

As established by Section 6703 (b)(3) of the Patient Protection and Affordable Care Act of 2010, reasonable suspicion of crime must be reported to **both** the State Agency and local law enforcement. CMS recommends documenting your submission to the administrator for your records.

Section 1150B established two time limits for the reporting of reasonable suspicion of a crime, depending on the seriousness of the event that leads to the reasonable suspicion:

1. **Serious Bodily Injury—2 Hour Limit:** If the events that cause the reasonable suspicion result in serious bodily injury to a resident, the covered individual shall report the suspicion immediately, but not later than 2 hours after forming the suspicion. (See the glossary for the definition of serious bodily harm.)
2. **All Others—Within 24 Hours:** If the events that cause the reasonable suspicion do not result in serious bodily injury to a resident, the covered individual shall report the suspicion immediately, not later than 24 hours after forming the suspicion.

### Notes:



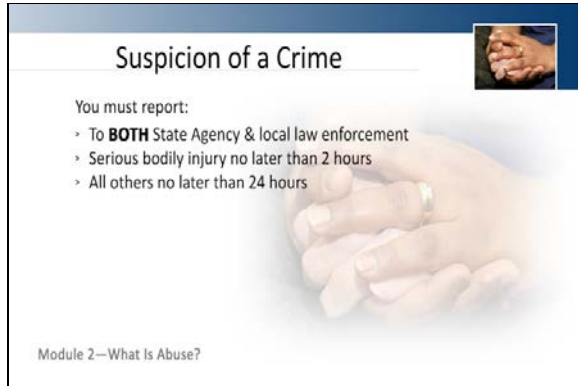
**Note: What is the difference between reporting incidents to the SA and reporting the suspicion of a crime to the SA and local law enforcement?**

Current regulation requires a facility to report incidents: §483.13(c)(2). The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency). This requirement has not changed and the mechanics of complying with this regulation are the same as they have been. Reporting the suspicion of a crime is the responsibility of “covered individuals.” There may be instances where an occurrence will require both the facility to report the alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property and “covered individuals” must report the suspicion of a crime to the State Survey Agency and to local law enforcement.

For more information, see an excerpt from the Elder Justice Act and questions and answers on its requirements in the Resources tab.

**Notes:**

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**Suspicion of a Crime**

You must report:

- > To **BOTH** State Agency & local law enforcement
- > Serious bodily injury no later than 2 hours
- > All others no later than 24 hours

Module 2—What Is Abuse?

Slide 4 of 18

## Suspicion of a Crime

### SAY

As established by Section 6703 (b)(3) of the Patient Protection and Affordable Care Act of 2010, reasonable suspicion of crime must be reported to **both** the State Agency and local law enforcement. CMS recommends documenting your submission to the administrator for your records.

Section 1150B established two time limits for the reporting of reasonable suspicion of a crime, depending on the seriousness of the event that leads to the reasonable suspicion:

1. **Serious Bodily Injury—2 Hour Limit:** If the events that cause the reasonable suspicion result in serious bodily injury to a resident, the covered individual shall report the suspicion immediately, but not later than 2 hours after forming the suspicion.

### Notes:

2. All Others—Within 24 Hours: If the events that cause the reasonable suspicion do not result in serious bodily injury to a resident, the covered individual shall report the suspicion immediately, not later than 24 hours after forming the suspicion.

**Notes:**

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**Protection against Retaliation—Slide 5 of 18**

**Instructor Guidance:**



Be sure that participants understand that they are protected from retaliation by the nursing home when they report abuse.

Under Section 1150B of the Patient Protection and Affordable Care Act, a covered individual may file a complaint with the State Agency against a facility that retaliates against a covered individual.



Provide your nursing home’s policy and a copy of the notification against retaliation. Remind participants where it is posted.

**Notes:**

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Protection against Retaliation

- > Nursing home may not retaliate against covered individual
- > Report retaliation to State Agency

Module 2—What Is Abuse?

Slide 5 of 18

### Protection against Retaliation

#### SAY

When you report abuse or suspicion of a crime, you are protected under the Elder Justice Act. A nursing home cannot fire, demote, suspend, threaten or harass you, or deny you a promotion or other employment-related benefits because you reported abuse or suspicion of a crime. The nursing home cannot file a complaint or a report against you.

If you believe that the nursing home has retaliated against you, you can file a complaint with the State Agency.

Employers who violate the anti-retaliation provision may be fined up to \$200,000 and may be excluded from Federal programs, including Medicaid and Medicare, for up to two years.

#### Notes:

**How to Report Abuse: Who, What, Where, When—Slide 6 of 18**

**Instructor Guidance:**

No instructor guidance for this slide.

**Notes:**





Slide 6 of 18

### How to Report Abuse: Who, What, Where, When

#### SAY

It is important to be as factual as possible in reporting suspected abuse.

This means reporting only what you saw and heard, not what you *think* you saw or heard.

If you did not witness the possible abuse yourself, report information you have about the incident. Be as objective as possible.

Write down your observations or information, date the document and keep a copy for your own records.

There are some basic elements you need to include in your report.

#### Notes:

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**Who?—Slide 7 of 18**

**Instructor Guidance:**



**Who:** Who was involved? The name of the resident who may have been abused, including age and gender; the name of the nursing home and the people responsible for the resident’s care; the identity of the person you believe abused or neglected the resident; any other people who were involved or witnessed the abuse.

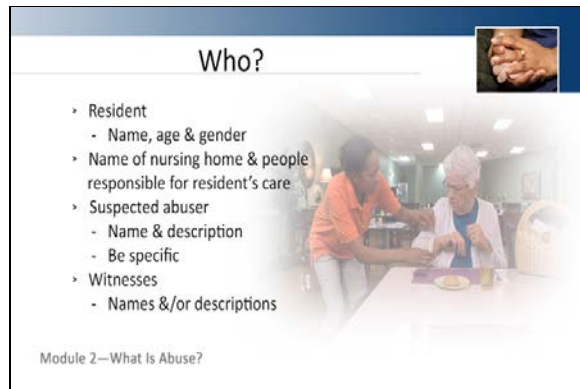
**Notes:**

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**Who?**

- Resident
  - Name, age & gender
- Name of nursing home & people responsible for resident's care
- Suspected abuser
  - Name & description
  - Be specific
- Witnesses
  - Names &/or descriptions

Module 2—What Is Abuse?



Slide 7 of 18

Who?

SAY

When reporting abuse, you need to identify those who were involved.

Include:

- The name of the resident who may have been abused, including age and gender.
- The name of the nursing home and the people responsible for the resident's care.
- The identity of the person you suspect abused or neglected the resident.
- Any other people who were involved or witnessed the abuse.

**Notes:**

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**What?—Slide 8 of 18**

**Instructor Guidance:**



What: Include the nature and extent of harm and any signs of abuse or neglect (physical, psychological, verbalizations of abuse, etc.); what happened; any statements made by the resident or other people involved.

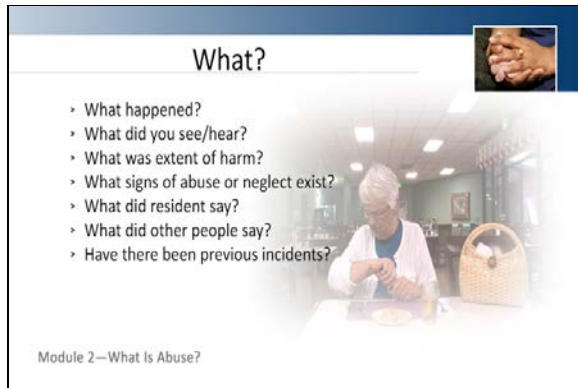
**Notes:**

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**What?**

- › What happened?
- › What did you see/hear?
- › What was extent of harm?
- › What signs of abuse or neglect exist?
- › What did resident say?
- › What did other people say?
- › Have there been previous incidents?

Module 2—What Is Abuse?

The slide features a blue header with the word 'What?' in white. Below the header is a list of seven questions, each preceded by a right-pointing chevron. The background of the slide is a faded image of a person in a white lab coat standing at a table in a nursing home. In the top right corner of the slide, there is a small inset image showing two hands clasped together.

Slide 8 of 18

What?

SAY

You should answer these questions:

- What happened?
- What did you see or hear?
- What was the extent of the harm?
- What signs of abuse or neglect exist?
- What did the resident say?
- What did other people say?
- Have there been previous incidents?

**Notes:**

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**Where and When?—Slide 9 of 18**

**Instructor Guidance:**



Where and when: Include the place where the incident happened, and the time and date of the incident.

**Notes:**

A large, empty, light gray rectangular area intended for taking notes.



**Where & When?**

- Where did suspected abuse happen?
- When did it happen?
  - Date & time



Module 2—What Is Abuse?

Slide 9 of 18

Where and When?

SAY

It's important to document both where and when the suspected abuse happened.

**Notes:**

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**Just the Facts!—Slide 10 of 18**

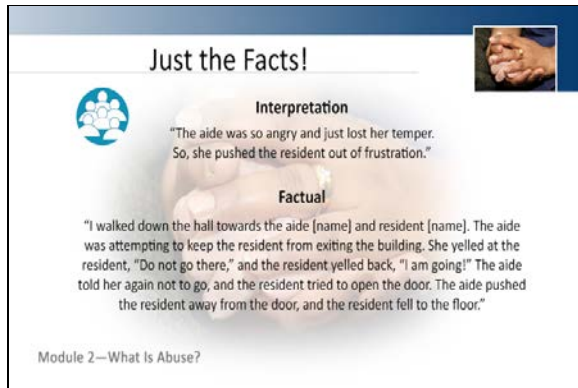
**Instructor Guidance:**



This slide is a building slide. Initially, you will see only one bulleted item that is labeled “Interpretation.” When you click the forward arrow, the second bulleted item will appear under the title “Factual.”

Explain how the two examples are different and emphasize that the second item includes specific details that clearly describe what happened.

**Notes:**



**Just the Facts!**

**Interpretation**  
"The aide was so angry and just lost her temper. So, she pushed the resident out of frustration."

**Factual**  
"I walked down the hall towards the aide [name] and resident [name]. The aide was attempting to keep the resident from exiting the building. She yelled at the resident, "Do not go there," and the resident yelled back, "I am going!" The aide told her again not to go, and the resident tried to open the door. The aide pushed the resident away from the door, and the resident fell to the floor."

Module 2—What Is Abuse?

Slide 10 of 18

## Just the Facts!

### SAY

It is better to describe what happened in factual detail than to use terms that indicate personal feelings about an event.

For example, the following statement is your interpretation of the event:

- "The aide was so angry and just lost her temper. So, she pushed the resident out of frustration."

A more factual statement is:

- "I walked down the hall towards the aide [name] and resident [name]. The aide was attempting to keep the resident from exiting the building. She yelled at the resident, "Do not go there," and the resident yelled back, "I am going!" The aide told her again not to go, and the resident tried to open the door. The aide pushed the resident away from the door, and the resident fell to the floor."

## Notes:

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**Language—Slide 11 of 18**

**Instructor Guidance:**



Remind students that it is important to use language that is appropriate to the role of a nurse aide. They should not try to use legal terms. Reports should be factual.

**Notes:**

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Language	
Use	Don't Use
Resident	Victim
Reported/Suspected	Alleged

Module 2—What Is Abuse?

Slide 11 of 18

## Language

### SAY

Use language that fits your role as a nurse aide rather than legal terms.

For example:

- Use “resident” instead of “victim.”
- Use “reported” or “suspected” instead of “alleged.”

## Notes:

**Describe Rather Than Label—Slide 12 of 18**

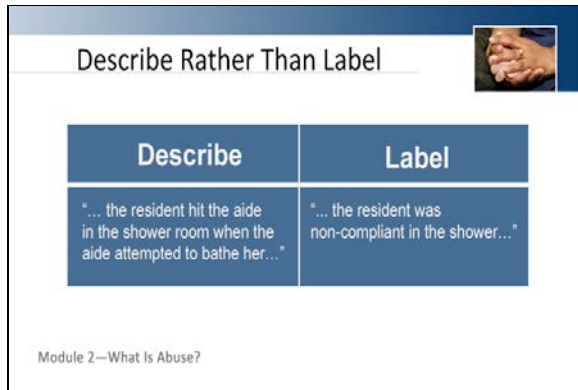
**Instructor Guidance:**



Explain the difference between descriptive language and labels. Remind participants to avoid using labels.

**Notes:**

A large, empty, light gray rectangular area intended for taking notes.



Slide 12 of 18

### Describe Rather Than Label

#### SAY

When you describe rather than label behavior, the information is usually more accurate and complete as you see in the example on the slide.

Descriptive documentation is helpful for reporting other incidents as well. Avoid labels that are derogatory to the resident such as “non-compliant” or “uncooperative.”

When documenting statements made by residents, family members or caregivers, be very specific that the statements are from those individuals. Don’t sanitize their words or convert them into medical terminology. Rather, write down their statements verbatim, in quotation marks, including any slang terms used for body parts.

#### Notes:

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**Play Video Clip/Group Exercise—Slide 13 of 18**

**Instructor Guidance:**



Divide the class into small groups.



Materials needed:

- Handout: How to Report Abuse: Writing the Report (1 for each group).
- Pencils.

**Notes:**





Slide 13 of 18

### Play Video Clip/Group Exercise

#### SAY

To practice reporting abuse, we are going to break into small groups and watch a clip. In this clip, you are the observer who is walking by.

As a group, you will write a report about what you saw and heard using who, what, where and when. I'm going to give each group a handout to use for writing the report.



#### DO

Click the forward arrow to play the clip.

#### Notes:

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**Discussion: Reporting Abuse—Slide 14 of 18****Instructor Guidance:**

You may want to distribute the How to Report Abuse handout for participants to use during the exercise.



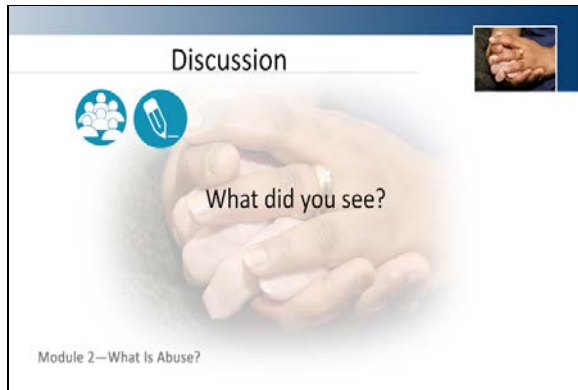
When the groups are done, ask for volunteers to share some things they wrote. As you review their responses, ask the participants whether each response was factual or an interpretation. Ask them to suggest changes to those that are interpretations.

You may give participants this example: If you were to write in your report, “The resident in the video was really angry,” how could you explain what you saw that made you think he was angry? You might write instead, “The resident was hitting the aide and fighting with her and yelling.” It is not wrong to say he was angry, but this is your interpretation of what happened—it is important to describe exactly what you saw.

Note: After watching the video, if participants ask about whether or how they should have intervened as a “bystander,” let them know that they should and that this is covered in Module 5: Preventing Abuse.

(Note: Information in this lesson was taken from Module 11 (Documentation in Elder Mistreatment Cases) of the International Association of Forensic Nurses’ Nursing Response to Elder Mistreatment Curriculum. For additional instruction to nurses on how to document elder mistreatment, please refer to this curriculum at <http://www.iafn.org>.)

**Notes:**



Slide 14 of 18

**Notes:**

Discussion: Reporting Abuse



ASK

What did you see during that short walk by the resident's room?

SAY

Working in your group, take two minutes to write down what you saw and heard. Use the tips we just talked about and the format of who, what, where and when.

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**Challenges in Reporting Abuse—Slide 15 of 18****Instructor Guidance:**

What challenges do you see in reporting abuse?

- This question is intended to allow participants to bring up any concerns they have about reporting abuse or how to report abuse.

What if you saw a coworker abusing a resident?



Participants might feel uncomfortable with the idea of reporting suspected abuse when one of their coworkers is the suspect. This is a good opportunity to discuss this issue and let participants share their concerns.

- It is important for participants to understand that there is no decision to be made about whether to “tell on someone.” They are required to report all suspected abuse situations.



What if you heard about abuse but didn’t see it yourself?



Participants may be unsure about what to do if they do not actually see the abuse, but hear about it secondhand or suspect something happened. This is a good opportunity to discuss that suspected abuse should be reported, even if you did not witness it yourself.

**Notes:**



Slide 15 of 18

### Challenges in Reporting Abuse



ASK

Now that you have heard about how to report abuse, what do you see as challenges in reporting abuse?

**Notes:**

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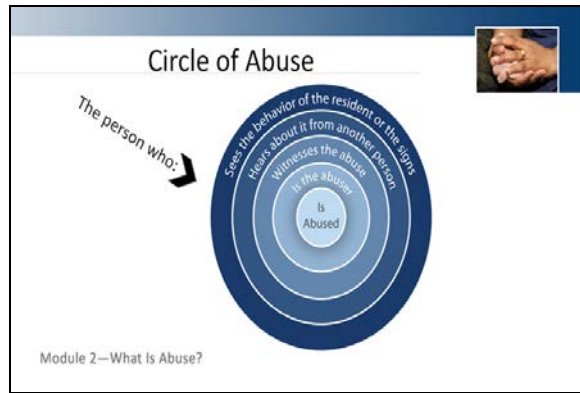
**Circle of Abuse—Slide 16 of 18**

**Instructor Guidance:**

No instructor guidance for this slide.

**Notes:**





Slide 16 of 18

## Circle of Abuse

### SAY

Anybody can be a part of the circle of abuse. At the center of this circle is the person being abused. Next in the circle is the abuser.

However, all of the others around them are part of the circle and are involved in the circle of abuse, including:

- The person who witnesses the abuse.
- The person who hears about the abuse from someone else.
- The person who sees the behavior or signs in the resident that abuse might have happened and does nothing.

We all are a part of this circle, and we all have a role in identifying, reporting and, ultimately, preventing abuse.

### Notes:

**Discussion—Slide 17 of 18**

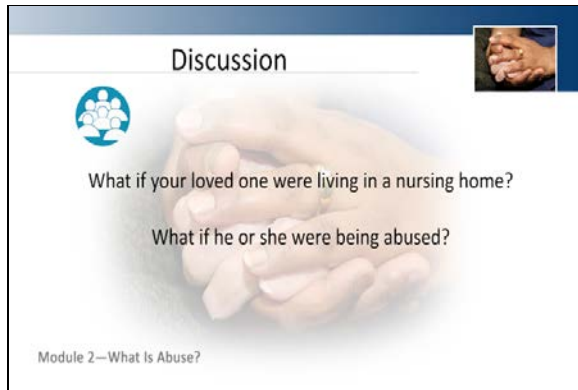
**Instructor Guidance:**

No instructor guidance for this slide.

**Notes:**







Slide 17 of 18

### Discussion



#### ASK

Think about the people in your own lives.

- What if your loved one were living in a nursing home?
- What if he or she were being abused? What would you do?
- What would you hope someone else would do if he or she saw your loved one being abused?

### Notes:

A large, empty gray rectangular area intended for taking notes during the presentation.

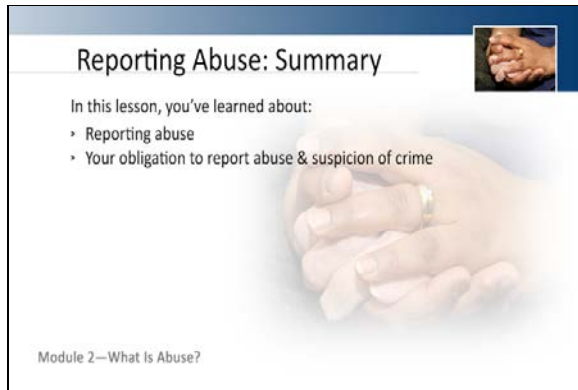
**Reporting Abuse: Summary—Slide 18 of 18**

**Instructor Guidance:**

No instructor guidance for this slide.

**Notes:**





Slide 18 of 18

### Reporting Abuse: Summary



#### SAY

In this lesson, you've learned about your obligation to report abuse and how to report abuse.

#### Notes:

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## VIII. Conclusion

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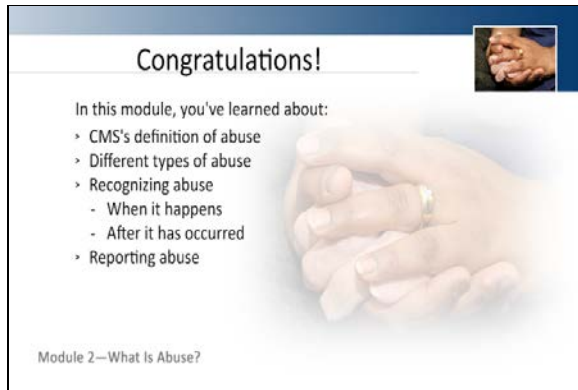
**Congratulations!—Slide 1 of 1**

**Instructor Guidance:**

No instructor guidance for this slide.

**Notes:**





Slide 1 of 1

**Notes:**

Congratulations!



**SAY**

In the last hour, we have covered several topics concerning abuse.



**ASK**

Do you have any final questions?

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**Module 2 Video Clips—Slide 5 of 5****Instructor Guidance:**

From this slide you can easily access any of the video clips in this module for review or additional discussion.

- Video Clip 1—Misappropriation of Property.
- Video Clip 2—Neglect.
- Video Clip 3—Verbal/Mental Abuse.
- Video Clip 4—Sexual Abuse.
- Video Clip 5—Physical Abuse.
- Video Clip 6—Involuntary Seclusion.
- Video Clip 7—Mrs. Caputo.
- Video Clip 8—Mrs. Anderson.
- Video Clip 9—Mr. Mauer.
- Video Clip 10—Reporting Abuse.

**Notes:**

Module 2 Video Clips

Recognizing Abuse	Signs of Abuse	Reporting Abuse
Video Clip 1	Video Clip 7	Video Clip 10
Video Clip 2	Video Clip 8	
Video Clip 3	Video Clip 9	
Video Clip 4		
Video Clip 5		
Video Clip 6		

Select a video clip above

Module 2—What Is Abuse?

Slide 5 of 5

Module 2 Video Clips

Notes:

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## Appendix

Circle of Abuse .....	A-2
Handout: How to Report Abuse.....	A-3
Handout: How to Report Abuse: Writing the Report .....	A-5

### Circle of Abuse

The person who: 



## How to Report Abuse

It is important to be as factual as possible in reporting possible abuse.

This means reporting only what you saw and heard yourself, not what you think you saw or heard.

If you did not witness the possible abuse yourself, report the information you have. Be as objective as possible.

Put down your information and observations in writing, date the document and keep a copy for your own records.

## Writing the Report

### Who, What, Where, When?

#### WHO: Who was involved?

- Name of the resident who may have been abused, including age and gender.
- Name of the nursing home and people responsible for the resident's care.
- Identity of the person you believe abused or neglected the resident.
- Any other people who were involved or were witnesses.

#### WHAT: What happened?

- Nature and extent of harm and any signs of abuse or neglect (physical, psychological, verbalizations of abuse, etc.).
- Description of what happened.
- Any statements made by the resident or other people involved.

#### WHERE and WHEN?

- Place where the incident happened.
- Time and date of the incident.

#### TIPS:

- It is better to describe something in factual detail than to use terms that might indicate personal feelings about an event. For example, "I saw Arthur hit Mrs. Caputo," rather than "Arthur got out of hand on Mrs. Caputo!"
- Use language in documentation that fits your role as an aide rather than legal terms, for example, "resident" rather than "victim."
- Avoid labels that are derogatory to the resident such as "noncompliant," "refused" or "uncooperative." Describe the behavior rather than label it.
- Write other people's statements about the incident verbatim (or as close to verbatim as possible).

**Remember: We ALL have a role in identifying and reporting abuse.**

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## How to Report Abuse: Writing the Report

### Who, What, Where, When?

You have just seen a video clip of a possible abuse situation. Working in pairs or small groups, write a report about what you saw and heard.

<p>WHO: Who was involved?</p> <ul style="list-style-type: none"> <li>• Name of the resident who may have been abused, including age and gender</li> <li>• Name of the nursing home and the people responsible for the resident’s care</li> <li>• Identity of the person you believe abused or neglected the resident</li> <li>• Names of any other people involved or witnesses</li> </ul>	
<p>WHAT: What happened?</p> <ul style="list-style-type: none"> <li>• Nature and extent of harm and any signs of abuse or neglect (physical, psychological, verbalizations of abuse, etc.)</li> <li>• Description of what happened</li> <li>• Any statements made by the resident or other people involved</li> </ul>	
<p>WHERE and WHEN?</p> <ul style="list-style-type: none"> <li>• Place where the incident happened</li> <li>• Time and date of the incident</li> </ul>	

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