



# **MANDATORY REPORTING**

## **DEPENDENT ADULT ABUSE**

(Revised March 2006)

## DEPENDENT ADULT ABUSE CURRICULUM

### OVERVIEW:

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

### OUTLINE:

Section 1	I. Introduction II. Purpose of Iowa Code 235A and 235B III. Historical perspective IV. Incidence V. Definitions	15 minutes
Section 2	Dependent Adult Abuse I. Reasons for abuse A. Traits of victim B. Traits of abuser II. Typical victim III. Recognizing abuse A. Physical abuse B. Sexual abuse C. Sexual exploitation D. Financial exploitation E. Denial of critical care IV. Non-dependent adult abuse V. Reluctance to report	45 minutes
Section 3	Reporting I. Reporters A. Mandatory reporters/permissive reporters B. Educational requirements C. Legal aspects II. Reporting process A. Oral report B. Written report III. Department of Human Services (DHS) A. Functions B. Central Registry IV. Department of Inspections and Appeals (DIA)	45 minutes

- V. Department of Elder Affairs
- VI. Assessment process
  - A. Intake
  - B. Case assignment
  - C. Evaluation of alleged abuse
  - D. Determination if abuse occurred
  - E. Assessment of family's functioning, strengths and needs
  - F. Preparation of reports/forms
  - G. After assessment
- VII. Intervention or prevention strategies

Section 5

Review - Quiz/Discussion questions

15 minutes

REQUIREMENTS:

Materials:

- Handouts for each student
- #1 -Dependent Adult Abuse
- #2 Suspected Dependent Adult Abuse Reporting Form
- #3 Request for Dependent Adult Abuse Information
- #4 Dependent Adult Abuse Notification
- #5 Department of Human Services
- Quiz for each student
- Registration forms

Equipment:

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

Visual Aids:

- VHS/DVD on dependent adult abuse
- Slides of dependent adult abuse
- Overlay transparencies on dependent adult abuse

Instructor:

Instructor Preparation:

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

OBJECTIVE	CONTENT	METHOD
<p><b>SECTION I - OVERVIEW/INTRODUCTION</b></p> <p>Upon completion of this class the trainee should be able to:</p> <p>I. Identify the basic course objectives</p>	<p>I. Introduction</p> <p>A. Objectives</p> <p>B. Content</p>	<p>Slides #1-6</p>
<p>II. Identify the purposes of Iowa Code Chapter 235B</p>	<p>I. Iowa Code, Chapter 235B-Dependent Adult Abuse</p> <p>A. Provides greatest possible protection to dependent adults by encouraging reporting of suspected abuse</p> <p>B. Requires certain people to be mandatory reporters</p> <p>C. Charges the Department of Human Services to conduct dependent adult abuse programs</p> <p>D. Creates a central registry for dependent adult information</p>	<ul style="list-style-type: none"> <li>- Lecture/Discussion</li> <li>- Review Code of Iowa Chapter 235B</li> <li>- Use additional resources available at your facility, i.e., video tapes</li> <li>- Slide #7</li> </ul>
<p>III. State the history of the recognition and legal recourse of dependent adult abuse</p>	<p>III. Historical perspective -Dependent Adult Abuse</p> <p>A. Late 1970's surveys done, congressional investigation</p> <p>B. 1983 - Iowa Dependent Adult Abuse Law</p> <p>C. 1988 - Mandatory reporting</p> <p>D. 1988 - Training requirements for mandatory reporter</p> <p>E. 1993 - Assault of a dependent adult added to definition of dependent adult abuse</p> <p>F. 2001 – Sexual exploitation</p>	<p>Slide #8</p>

OBJECTIVE	CONTENT	METHOD
<p>IV. State the incidence of dependent adult abuse</p>	<p>IV. Overview - Incidence</p> <ul style="list-style-type: none"> <li>A. Estimated 1.5 million victims a year (US); one of every 20 dependent adults</li> <li>B. 1996 – 450,000 nation-wide reported, 101,000 self-neglect (4-6% of elderly)</li> <li>C. Iowa high incidence of elderly abuse</li> <li>D. 1600 reports of dependent adult abuse yearly in Iowa</li> <li>E. Nationally only 1 in 14 incidents of elder abuse reported</li> <li>F. Nationally 55% of elder abuse is self-inflicted</li> </ul>	<p>Obtain current statistics: Iowa Department of Human Services, National Center on Elder Abuse, Slide # 9</p>
<p>V. Define the following terms: dependent adult, dependent adult abuse, responsible caretaker.</p>	<p>V. Definitions</p> <ul style="list-style-type: none"> <li>A. Dependent Adult                             <ul style="list-style-type: none"> <li>1. Person 18 years of age or older</li> <li>2. Unable to protect his/her own interests or unable to adequately perform or obtain services necessary to meet essential human needs                                     <ul style="list-style-type: none"> <li>1. As a result requires assistance from another</li> <li>4. Includes mentally ill, mentally retarded and developmentally disabled - now called diminished physical or mental capacity</li> </ul> </li> </ul> </li> </ul>	<p>Review of Code of Iowa 235B.2</p> <p>Handout #1</p> <p>Slide #10</p>
	<ul style="list-style-type: none"> <li>B. Dependent adult abuse                             <ul style="list-style-type: none"> <li>1. Any willful non-accidental physical injury including unreasonable confinement or punishment and assault as a result of act or omission of caretaker</li> <li>2. Sexual abuse by act or omission of caretaker</li> <li>2. Sexual exploitation – dependent adult resident of a health care facility</li> <li>4. Financial exploitation – act or process of taking unfair advantage of dependent adult or the adult’s physical or financial resources for one’s own personal or pecuniary profit</li> <li>5. Denial of critical care – deprivation of</li> </ul> </li> </ul>	<p>Slide #11</p>

OBJECTIVE	CONTENT	METHOD
	<p>minimum food, shelter, clothing, supervision, physical or mental health care</p> <ul style="list-style-type: none"> <li>a. By acts or omissions of caretaker</li> <li>b. By acts or omissions of dependent adult</li> </ul>	
	<ul style="list-style-type: none"> <li>C. Responsible caretaker                             <ul style="list-style-type: none"> <li>1. Related or nonrelated person</li> <li>2. Responsibility for protection, care or custody as result of assuming responsibility voluntarily, by contract through employment, or by court order                                     <ul style="list-style-type: none"> <li>a. Parent, guardian, or conservator</li> <li>b. Relative or other person victim resides with and assumes care or supervision</li> <li>c. Employee of a public or private facility providing care for victim</li> <li>d. Person providing care for victim, but whom victim does not reside</li> </ul> </li> </ul> </li> </ul>	Slide #12
<p><b>SECTION 2 - DEPENDENT ADULT ABUSE</b></p> <ul style="list-style-type: none"> <li>I. Describe why dependent adult abuse occurs                             <ul style="list-style-type: none"> <li>A. List four theories of abuse</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>I. Probably reasons for dependent adult abuse                             <ul style="list-style-type: none"> <li>A. Four triggers                                     <ul style="list-style-type: none"> <li>1. Transgenerational violence - violence is a learned behavior, an abusive environment where brutality is a means to resolve conflict</li> <li>2. Dependency as a trigger - role reversal, shift of authoritative figure, role conflicts, physical impairment of victim</li> <li>3. Pathological caregivers - abusive, sadistic personalities, intentionally inflict pain and suffering; mental illness, alcohol misuse</li> </ul> </li> </ul> </li> </ul>	<p>Slides #13-15 Lecture/Discussion Slide #16</p> <p>Handout #2</p>

OBJECTIVE	CONTENT	METHOD
<p>B. List individual traits of victims</p> <p>C. List individual traits of abuser</p>	<p>4. Stressed caregiver - result of increased vigilance, worry, personal life is disrupted, limited resources, ignorance, frustration or desperation</p> <p>5. Inability to provide adequate care</p> <p>B. Individual traits of victims</p> <p>1. Was child abuser</p> <p>2. Life style changed by rising need for care</p> <p>3. Sudden rise in dependency caused by need for physical care</p> <p>4. Rise of demanding and physical complaints</p> <p>5. Adopts role of a child</p> <p>6. Shared living arrangements – victim needs to claim portion of house as personal space</p> <p>7. Unwilling/unable to make financial contribution</p> <p>8. Social isolation - few visitors to provide social interactions</p> <p>9. Victim with dementia often has disruptive and aggressive behaviors</p> <p>C. Individual traits of abuser</p> <p>1. Abused as child</p> <p>2. Lifestyle changed by having to provide care</p> <p>3. May or may not realize inability to provide care adequately – constant fatigue</p>	<p>Slides #17 &amp; 18</p> <p>Slides #19 &amp; 20</p>
<p>D. List traits shared by victim and abuser</p>	<p>4. Rise in anger/drop in self esteem</p> <p>5. Resents new parental role</p> <p>6. Resents intrusion/lack of privacy</p> <p>7. Rising financial burden/inability to meet expenses; caregiver financially dependent on victim</p> <p>8. Little leisure time for friends or activities</p> <p>D. Common traits to both victim and abuser</p> <p>1. History of physical or mental illness</p> <p>2. Low tolerance/easily frustrated</p> <p>3. Strikes out verbally or physically to deal with stress or anger</p> <p>4. Feelings of shame, guilt, hopelessness,</p>	<p>Slide #21</p>

OBJECTIVE	CONTENT	METHOD
	<ul style="list-style-type: none"> <li>5. helplessness</li> <li>6. Rejection of help from others</li> <li>Difficult and uncooperative personalities</li> </ul>	
<p>II. Describe a typical dependent adult who is abused in Iowa</p>	<p>II. Typical victim in Iowa</p> <ul style="list-style-type: none"> <li>A. Female 70 years of age or older</li> <li>B. In poor health with limited economic resources</li> <li>C. Physically small stature with strong ongoing emotional needs</li> <li>D. In close proximity with regard to living arrangements</li> <li>E. Has sensory impairment - hearing, vision</li> <li>F. Confusion</li> <li>G. Incontinence</li> </ul>	<p>Slides #22 &amp; 23</p>
<p>III. Describe how to recognize dependent adult abuse</p> <p>A. List the indicators of physical abuse</p>	<p>III. Identify abuse - physical abuse, sexual abuse, financial exploitation, denial of critical care</p> <p>A. Indicators of physical abuse of dependent adult</p> <ul style="list-style-type: none"> <li>1. Definition of physical abuse - physical injury or injury at variance with history given, unreasonable confinement or punishment, assault of dependent adult as result of willful or negligent acts or omissions of caretaker. Iowa Code, Chapter 235B.2 (5) (a) (1) (a)</li> </ul>	<p>Slides # 24-26 Lecture/Discussion Slide #27</p> <p>Optional - Use additional resources available at your facility</p> <p>Slides showing adult abuse</p>
	<ul style="list-style-type: none"> <li>2. Multiple fractures in various stages of healing</li> <li>3. Cuts, lacerations, puncture wounds - those injuries particularly that are not properly cared for (untreated pressure sores)</li> <li>4. Bruises, welts, discoloration                             <ul style="list-style-type: none"> <li>a. Bilaterally on upper arms (from shaking)</li> <li>b. Clustered on trunk or other parts of body</li> <li>c. Morphologically similar to an object - imprint injuries</li> <li>d. Presence of old and new bruises at the same time</li> </ul> </li> <li>5. Burns                             <ul style="list-style-type: none"> <li>a. Cigarettes, caustics, acid</li> <li>b. From confinement (friction)</li> </ul> </li> </ul>	<p>Slides #28 &amp; 29</p>

OBJECTIVE	CONTENT	METHOD
	<ul style="list-style-type: none"> <li>c. burns)</li> <li>d. Friction from ropes or chains</li> <li>d. From contact with other objects</li> <li>6. Head injuries                             <ul style="list-style-type: none"> <li>a. Hemorrhage below scalp</li> <li>b. Absence or patchy hair loss</li> <li>c. Whiplash injuries</li> </ul> </li> <li>7. Soiled clothing or bedding, body odor</li> <li>8. Untreated pressure sores, urine burns</li> <li>9. Dehydration and/or malnourished                             <ul style="list-style-type: none"> <li>a. Loss of weight</li> <li>b. Pallor</li> <li>c. Sunken eyes, cheeks</li> <li>d. Poor skin hygiene</li> </ul> </li> <li>10. Signs of confinement (no use of limbs, lack of mobility)</li> <li>11. Lack of medical care - swollen ankles, decay of teeth or no teeth, fleas/lice, sores, broken glasses, tremors</li> <li>12. Drunk or overly medicated, listlessness</li> </ul>	
<p>List the behavioral indicators of the victim (response to physical abuse)</p>	<p>Behavioral indicators (response to physical abuse)</p> <ul style="list-style-type: none"> <li>1. Fearful of abuser - anxious to please, eyes ask "Will you help me?"</li> <li>2. Reluctant, hesitation to talk freely</li> <li>3. Depressed, withdrawn, helplessness, reclusive</li> <li>4. Resignation, appears humiliated or defeated</li> <li>5. Ambivalence/contradictory statements (not due to mental dysfunction)</li> <li>6. Non-responsive</li> <li>7. Anger, denial, agitation, anxiety (threatens or attacks others physically or verbally)</li> <li>8. Erratic eating or sleeping patterns</li> <li>9. Confusion/disorientation (time), hallucinations, delusions</li> <li>10. Does not follow medical directions, refuses medical attention or services offered by others</li> <li>11. Refusal to open door, in total darkness</li> <li>12. Procrastination, forgetfulness, losing</li> </ul>	<p>Slides #30 &amp; 31</p>

OBJECTIVE	CONTENT	METHOD
	<p>things, not shutting stove off</p> <ol style="list-style-type: none"> <li>13. Vague health complaints</li> <li>14. Longing for death/suicidal statements</li> <li>15. Denial of any wrong doing</li> </ol>	
<p>List the behavioral indicators of the family/ caretaker</p>	<p>Indicators from family/caretaker (response to physical abuse)</p> <ol style="list-style-type: none"> <li>1. Illogical account of injury's cause or conflicting accounts by various members family</li> <li>2. Speaks for the victim, will not leave victim alone</li> <li>3. Treats victim like a child</li> <li>4. Defensiveness, blames victim for causing problems (incontinence is deliberate)</li> <li>5. Makes unrealistic demands of victim</li> <li>6. Aggressive behavior (threats, insults, harassment, anger, rough handling)</li> <li>7. Social isolation of family, or isolation or restriction of activity of older adult with family unit</li> <li>8. Lack of feeling, indifference, assistance to dependent person, withholding security and affection</li> <li>9. Alcohol and/or drug problem</li> <li>10. Fatigued, unable to make simple decisions, frustration</li> <li>11. Hospital shopping, abandoning victim in hospital or ER</li> </ol>	<p>Slides #32 &amp; 33</p>
<p>B. List the indicators of sexual abuse</p>	<p>B. Definition of sexual abuse - commission of sexual offense with or against a dependent adult as a result of willful or negligent acts or omissions of caretaker (Iowa Code, Chapter 726.2)</p> <ol style="list-style-type: none"> <li>1. Types of sexual abuse             <ol style="list-style-type: none"> <li>a. 1st, 2nd, 3rd degree sexual abuse</li> <li>b. Detention in a brothel</li> <li>c. Indecent exposure</li> <li>d. Assault with intent to commit sexual abuse</li> <li>e. Incest</li> </ol> </li> </ol>	<p>Slide #34</p> <p>Slide #35</p>

OBJECTIVE	CONTENT	METHOD
<p>C. List the indicators of financial exploitation</p>	<p>f. Sexual exploitation by a counselor or therapist</p> <p>g. Sexual exploitation by a caretaker in a healthcare facility</p> <p>2. Indicators of sexual abuse</p> <p>a. Bleeding - genital or anal</p> <p>b. Swelling - genital or anal</p> <p>c. Redness of cervix, vulva, or perineum</p> <p>d. Bruises of breasts and genital/anal areas</p> <p>e. Semen</p> <p>f. Venereal Disease/recurrent bouts of cystitis</p> <p>C. Definition of financial exploitation - act or process of taking unfair advantage of a dependent adult or the adult's physical or financial resources for one's own personal or pecuniary profit without the informed consent of the dependent adult, including theft, by the use of undue influence, harassment, duress, deception, false representation or false pretenses as result of willful or negligent acts or omissions of caretaker. (Iowa Code 235B.2 (5) (a) (1) (c))</p>	<p>Slide #36</p> <p>Slides #37-39</p>
	<p>1. Unusual or inappropriate activity in the bank account</p> <p>2. Withdrawals from automated banking machine when person can't walk or get to bank</p> <p>3. Signatures on checks that do not resemble person's signature</p> <p>4. Recent will when person incapable of making a will</p> <p>5. Power of attorney granted when person unable to comprehend and give it validly</p> <p>6. Unusual interest by caretaker of money spent for care of dependent adult</p> <p>7. No income and unpaid bills or failure of conservator to pay bills; lack of</p>	<p>Slides #40 &amp; 41</p>

OBJECTIVE	CONTENT	METHOD
	<ul style="list-style-type: none"> <li>8. adequate food and medications</li> <li>9. Recent changes of titles to home</li> <li>10. Personal belongings missing</li> <li>11. Caretaker isolating victim from old friends and family; tells victim no one wants to see him/her</li> <li>12. Older person isolated/totally reliant on caretaker/no means of transportation</li> <li>13. No TV, radio, telephone, newspapers or magazines</li> <li>14. Out of money by second week of month</li> <li>15. Lives on street</li> </ul>	
<p>D. List the indicators of denial of critical care.</p>	<p>D. Definition of denial of critical care - deprivation of the minimum food, shelter, clothing, supervision, physical or mental health care, or other care necessary to maintain a dependent adult's life or health, as a result of the willful or negligent acts or omissions of a caretaker or the dependent adult. (Iowa Code 235B.2) (5) (a) (2) and 255B.2 (5) (a) (2)</p> <ul style="list-style-type: none"> <li>1. Types of Denial of Critical Care               <ul style="list-style-type: none"> <li>a. Denial of or failure to provide adequate food</li> <li>b. Denial of or failure to provide adequate shelter</li> <li>c. Denial of or failure to provide adequate clothing</li> <li>d. Denial of or failure to provide adequate medical care</li> <li>e. Denial of or failure to provide adequate mental health care</li> <li>f. Denial of or failure to meet emotional needs necessary for normal functioning</li> <li>g. Denial or failure to provide proper supervision</li> <li>h. Denial or failure to provide adequate physical care</li> </ul> </li> </ul>	<p>Slides #42 - 45</p> <p>Slides # 46 &amp;47</p>
	<ul style="list-style-type: none"> <li>2. Indicators of denial of critical care               <ul style="list-style-type: none"> <li>a. Contaminated/spoiled food</li> </ul> </li> </ul>	<p>Slides #48 &amp; 49</p>

OBJECTIVE	CONTENT	METHOD
<p>E. Define what sexual exploitation is</p>	<ul style="list-style-type: none"> <li>b. Lack of adequate food/lack of proper food storage</li> <li>c. Special dietary foods not available</li> <li>d. Inadequate cooking facilities or equipment</li> <li>e. Inappropriate/inadequate clothing for weather</li> <li>f. Wearing all clothes at once</li> <li>g. Dirty, uncared for clothing</li> <li>h. Lack of heat, unvented gas heaters (utilities cut off)</li> <li>i. Lack of supervision</li> <li>j. Dilapidated structure</li> <li>k. Fallen steps, rotted porch, leaking roof</li> <li>l. Cardboard windows/doors</li> <li>m. Lack of water/contaminated water</li> <li>n. Gross accumulation of garbage</li> <li>o. Large number of pets with no apparent means of care</li> <li>p. Failure to ensure physical and mental health care (lack of access to community resources)</li> <li>q. Failure to ensure against health hazards (dirt, filth, safety, sanitation)</li> <li>r. Failure to provide necessary appliances (walkers, canes, bedside commodes)</li> </ul> <p>E. Sexual exploitation – resident of a healthcare facility by caretaker providing services to or employed by the healthcare facility, whether within the healthcare facility or at a location outside of the facility. (Iowa code 235B.2 (5) (a) (3))</p>	<p>Slide #50</p>
	<p>1. Any consensual or nonconsensual conduct with a dependent adult for the purposes of arousing or satisfying sexual desire of the caretaker or</p>	<p>Slide # 51</p>

OBJECTIVE	CONTENT	METHOD
	<p>dependent adult (Iowa Code 235B.2 (5) (a) (3))</p> <ol style="list-style-type: none"> <li>2. Includes but not limited to: kissing; touching clothed or unclothed inner thigh, breast, groin, buttock, anus, pubes or genitals; sexual act</li> <li>3. Does <u>not</u> include touching necessary for examination, treatment or care by caretaker acting within scope of practice or employment; exchange of brief touch or hug between dependent adult and caretaker for purpose of reassurance, comfort or casual friendship; touching between spouses.</li> </ol>	
<p>IV. List incidences which are not abuse</p>	<p>IV. Incidences which are <u>not</u> dependent adult abuse</p> <ol style="list-style-type: none"> <li>A. Domestic abuse where the victim is not dependent</li> <li>B. Refusing medical treatment if dependent adult objects based on religious beliefs</li> <li>C. Withholding or withdrawing of health care from dependent adult who is terminally ill at request of dependent adult, next of kin, or guardian</li> <li>D. Prison incarceration</li> <li>E. Lack of means or access to means for providing care</li> </ol>	<p>Slide #52</p> <p>(Iowa Code, 235.2B (5) (b) (1-3))</p>
<p>V. Describe the reluctance to report abuse</p>	<p>V. Reluctance to report abuse</p> <ol style="list-style-type: none"> <li>A. Victim             <ol style="list-style-type: none"> <li>1. Fear of retaliation or abandonment (placement in institution)</li> <li>2. Prefer turmoil over unknown</li> <li>3. Want to avoid shame or embarrassment</li> <li>4. Protect child from law</li> </ol> </li> <li>B. Caretaker or public             <ol style="list-style-type: none"> <li>1. Uncomfortable “meddling” in private affairs</li> <li>2. Dependent adult abuse not as bad as child abuse</li> <li>3. Failure or refusal to ask for help</li> <li>4. Ashamed, embarrassed, frustrated</li> </ol> </li> </ol>	<p>Slide #53</p>

OBJECTIVE	CONTENT	METHOD
<p><b>SECTION 4 - REPORTING</b></p> <p>I. Describe reporters of Dependent Adult Abuse</p> <p>A. List who they are</p> <p>1. List mandatory reporters</p>	<p>I. Reporters</p> <p>A. Who they are - reporters “who reasonably believe” a dependent adult has suffered abuse shall report</p> <p>1. Mandatory reporters (must make report of suspected abuse)</p> <p>a. Every health practitioner who in the scope of professional practice or employment responsibilities examines, counsels, attends or treats a dependent adult (licensed physician, surgeon, osteopath, dentist, chiropractors, optometrist, podiatrist, licensed dental hygienist, resident or intern, PA, RN, LPN, basic or advanced emergency care personnel)</p> <p>b. All social workers (private or public as defined in section 135.C.1), certified psychologists, mental health professionals, counselors (Note: Mandatory reporters of dependent adult abuse only when they examine, attend, counsel, or treat dependent adult in course of employment)</p> <p>c. Staff of hospitals, all health care facilities, mental health centers, licensed day care centers, registered group day care, supervised apartment arrangements, sheltered work shop or work activity center (Note: Mandatory reporters in these facilities must report immediately to appropriate department as well as notify the</p>	<p>Lecture/Discussion</p> <p>Handout #1</p> <p>Review Iowa Code 235B.3</p> <p>Slides # 54 &amp; 55</p>

OBJECTIVE	CONTENT	METHOD
	<p>person in charge if suspect abuse)</p> <p>d. Peace officers</p>	
<p>2. List permissive reporters</p>	<p>e. Any outreach person with regular contact with dependent adults (in-home homemaker, health aides, etc.)</p> <p>f. Employee or operator of a substance abuse programs</p> <p>g. Persons who perform inspections of elder group homes; care review committee members assigned to an elder group home</p> <p>h. Members of staff or employees of elder group home, assisted living, or adult day care</p> <p>i. Clergy <b>not</b> mandatory reporters unless functioning as social workers, counselors or other role described as mandatory reporter. If member of clergy provides counseling services to dependent adult, and he/she discloses abuse allegation, then clergy mandated to report.</p> <p>2. Permissive reporters - not legally obligated to report abuse, but they may.</p> <p>a. Any other person who believes dependent adult abuse has occurred</p> <p>b. Mandatory reporter, as defined by law, who believes a dependent adult has suffered abuse <u>but</u> became aware of the information other than through the course of employment.</p> <p>c. May include employees of financial institutions</p>	<p>Slide #56</p>

OBJECTIVE	CONTENT	METHOD
<p>B. State educational requirements for mandatory reporters</p> <p>C. Explain legal considerations of reporters</p>	<p>B. Educational requirements for mandatory reporters</p> <ol style="list-style-type: none"> <li>1. If a person is required to complete dependent adult mandatory reporter training, obtain a statement of abuse reporting requirement within one month of initial employment and obtain 2 hours of training relating to the identification and reporting of dependent adult abuse within six months of initial employment or self employment</li> <li>2. Complete at least two hours of additional dependent adult abuse training every five years thereafter</li> <li>3. Complete initial or additional training requirements through:               <ol style="list-style-type: none"> <li>a. Continuing education program approved by licensing or examining board</li> <li>b. Training program using curriculum approved by abuse education review panel</li> <li>c. Training program using approved curriculum offered by DHS, Department of Elder Affairs, DIA, Iowa Law Enforcement Academy</li> </ol> </li> </ol> <p>C. Legal aspects</p> <ol style="list-style-type: none"> <li>1. Failure to report suspected case of dependent adult abuse               <ol style="list-style-type: none"> <li>a. Guilty of simple misdemeanor (30 days in jail and \$100 fine)</li> <li>b. Liable for civil damages caused by such a failure or interference</li> </ol> </li> <li>2. Immunity from liability - Iowa Code Section 235B.3 provides immunity from any civil or criminal liability if person participates in "good faith"               <ol style="list-style-type: none"> <li>a. Making a report, photographs, x-rays</li> </ol> </li> </ol>	<p>Review Iowa Code 235B.16 Slide #57</p> <p>Handout #1 Slides #58 &amp; 59 Review Iowa Code 232.75, 235B.3</p>

OBJECTIVE	CONTENT	METHOD
	<ul style="list-style-type: none"> <li>b. Performing a medically relevant test</li> <li>c. Assisting in assessment of an abuse report</li> <li>3. Immunity in any judicial proceeding resulting from report or relating to subject matter of report</li> <li>4. Reporting false information                             <ul style="list-style-type: none"> <li>a. Act of reporting false information or causing report of false information is classified as simple misdemeanor</li> <li>b. If DHS receives 4<sup>th</sup> report that identifies same victim, same alleged abuser, and DHS determined 3 previous reports false:                                     <ul style="list-style-type: none"> <li>i. Determine that report is again false and without merit</li> <li>ii. Terminate its assessment of report</li> <li>iii. Provide information about reports to county attorney for possible criminal charges</li> </ul> </li> </ul> </li> </ul>	
<p>D. List reasons mandatory reporters may give to justify not reporting suspected cases of abuse</p>	<p>D. Reasons for not reporting</p> <ul style="list-style-type: none"> <li>1. Fear of lawsuits - if report made in "good faith" reporter has immunity from prosecution for civil or criminal liability</li> <li>2. Reluctance to release privileged information - does not apply in abuse case (immunity report in "good faith")</li> <li>3. Supervisor says not to report - unlawful for employer to discharge, suspend or otherwise discipline a person required or voluntarily reporting suspected abuse (employer guilty of simple misdemeanor)</li> <li>4. Talking to family instead - no evidence this personal effort reduces rate, may actually put victim at high risk for future permanent injury death</li> </ul> <p>if</p> <p>or</p>	<p>Slide #60</p>

OBJECTIVE	CONTENT	METHOD
	<p>abuse</p> <ol style="list-style-type: none"> <li>5. I'll have to go to court - very few cases actually end up in court (in juvenile cases about 2 in 100 cases end up going to criminal court)</li> <li>6. Not sure if it is really abuse - reasonable suspicion should be reported - appropriate agency will investigate and determine if in fact occurred.</li> </ol>	
<p>II. Describe the steps of reporting suspected abuse</p>	<p>II. Reporting process</p> <p>A. Oral report</p> <ol style="list-style-type: none"> <li>1. Make within 24 hours to Department of Human Services (make oral report to appropriate law enforcement agency if immediate protection of victim is advisable)</li> <li>2. Hotline available 24 hours a day, 7 days a week at 1-800-362-2178</li> <li>3. Local D.H.S. office Location - Number -</li> <li>4. Information to report               <ol style="list-style-type: none"> <li>a. Name and home address of dependent adult, parents and/or caretaker</li> <li>b. Victim's present whereabouts</li> <li>c. Reason adult believed to be dependent</li> <li>d. Age of victim</li> <li>e. Nature and extent of victim's injuries - including evidence of previous injuries</li> <li>f. Name, injuries, age, condition of other dependent adults if applicable in same setting</li> <li>g. Any other information that is relevant</li> <li>h. Identity of the person(s) responsible for the injury</li> <li>i. Name and address of person making report</li> </ol> </li> </ol> <p>B. Written report - submit within 48 hours after oral</p>	<p>Lecture/Discussion</p> <p>Review of Iowa Code 232.70 &amp; 235B</p> <p>Slides #61 &amp; 62</p> <p>Handout #3</p>

OBJECTIVE	CONTENT	METHOD
	report to D.H.S. (Local, district, or state) <ol style="list-style-type: none"> <li>1. Forms - Suspected Dependent Adult Abuse form #470-2441</li> <li>2. Parts                             <ol style="list-style-type: none"> <li>a. Family Information</li> <li>b. Information about suspected abuse</li> <li>c. Reporter information</li> </ol> </li> </ol>	
	C. Confidentiality <ol style="list-style-type: none"> <li>1. Rules about confidentiality and privileged communication are waived during abuse assessment process</li> <li>2. DHS may request information from any person believed to have knowledge of dependent adult abuse case</li> <li>3. Physician privilege is waived in cases of suspected abuse</li> <li>4. May be good idea to let client(s) know your status as mandatory reporter</li> <li>5. Unlawful for any person or employer to discharge, suspend or discipline person required to report or voluntarily reports an instance of suspected dependent adult abuse, cooperating with or assisting DHS, or participating in judicial proceedings</li> </ol>	Slide #63
III. Discuss the role of the DHS <ol style="list-style-type: none"> <li>A. State the main purpose of DHS</li>   <li>B. State the main functions of the DHS</li> </ol>	III. D.H.S. (Department of Human Services) <ol style="list-style-type: none"> <li>A. Main purpose - to protect dependent adults who cannot protect themselves by operating a program that emphasizes reporting, assessment, and provision of services in cases of abuse and assists in the least restrictive way possible.</li> <li>B. Main functions                             <ol style="list-style-type: none"> <li>1. Receive and accept all reports of suspected abuse</li> <li>2. Maintain a central registry</li> <li>3. Make an evaluation - can do nothing to perpetrator except refer for legal action for services; concern for victim is first</li> </ol> </li> </ol>	Slides #64 & 65

OBJECTIVE	CONTENT	METHOD
<p>C. List the purpose of the Central Registry</p>	<p>4. priority Make referrals, assist in any necessary court proceedings, and offer services to victims and perpetrators.</p> <p>C. Central Registry - single source for statewide collection, maintenance, and dissemination of dependent adult abuse information.</p> <ol style="list-style-type: none"> <li>1. Gather data on the incidence and nature of dependent adult abuse in Iowa.</li> <li>2. Resource for identifying repeated cases of abuse.</li> <li>3. Facilitate research on dependent adult abuse</li> <li>4. Quality assurance function for reviewing reports whose content is contested by a subject of a report.</li> <li>5. Approves dissemination of dependent adult information to persons authorized to receive the information.</li> <li>6. Provide maximum safeguards against unwarranted invasions of privacy.</li> </ol>	<p>Review Iowa Code 232.72 or 235B.4 Slide #66</p>
<p>IV. State the purpose of DIA</p>	<p>IV. DIA - Department of Inspection and Appeals - conducts evaluation and disposition of cases in health care facilities. Phone number: 515-281-4077</p>	<p>Slide #67</p>
<p>V. State the purpose of Department of Elder Affairs</p>	<p>V. Department of Elder Affairs – public information and education, training of health care providers for dependent adult abuse</p>	
<p>VI. Discuss the evaluation process conducted by the DHS</p>	<p>VI. What happens after report made – evaluation/assessment process by DHS</p> <p>A. Assessment process</p> <ol style="list-style-type: none"> <li>1. Intake – obtain information             <ol style="list-style-type: none"> <li>a. Initiate safeguards for victim</li> <li>b. Take specific information</li> <li>c. Decision to accept/reject report                 <ol style="list-style-type: none"> <li>i. Dependent adult suffered “high-risk” injury or immediate threat to dependent adult, report accepted within 1 hour of receipt</li> <li>ii. Report does not meet</li> </ol> </li> </ol> </li> </ol>	<p>Review Iowa Code 232.71 and 235B.3 implemented July 1, 1998</p> <p>Review Code of Iowa Slide #68</p>

OBJECTIVE	CONTENT	METHOD
	<p>criteria, but dependent adult at high risk, DHS addresses dependent adult's safety and rejects report within one hour of receipt</p> <p>iii. If indication of abuse has occurred, but not high risk or immediate threat to dependent adult, report accepted within 12 hours of receipt</p> <p>iv. If criteria not met and dependent adult not at "high-risk" report rejected within 12 hours of receipt</p> <p>d. Accepted intakes – meets criteria for assessment – notify mandatory reporter</p> <p>i. Victim is dependent adult as defined in Code of Iowa</p>	
	<p>ii. Abuse as defined in Code of Iowa has occurred</p> <p>iii. Caused by acts or omissions of caretaker</p> <p>iv. Preponderance of evidence (greater than 50%)</p> <p>e. Rejected intake – does not meet criteria for assessment</p> <p>i. Contact law enforcement if victim's safety in jeopardy</p> <p>ii. Notify mandatory reporter</p> <p>iii. Send written notice of rejection to mandatory reporter</p> <p>iv. Provide copy of</p>	

OBJECTIVE	CONTENT	METHOD
	<p>information to county attorney within 5 working days of receipt</p> <ul style="list-style-type: none"> <li>a) Criminal act is alleged</li> <li>b) Perpetrator not a "caretaker"</li> <li>v. Rejected reports kept by local DHS office for 6 months, then these reports destroyed - not considered "dependent adult abuse information"</li> </ul> <p>2. Case assignment</p> <ul style="list-style-type: none"> <li>a. Accepted report assigned to DHS protection worker (or may request an "approved" agency to complete an assessment) <ul style="list-style-type: none"> <li>i. "High-risk" injury or immediate threat to victim-case assigned immediately</li> </ul> </li> </ul>	
	<ul style="list-style-type: none"> <li>ii. If immediate life threat because of abuse, contact proper authorities-law enforcement, and communicate these concerns</li> <li>lii. Victim abused-not high risk injury or immediate threat to victim case assigned within 12 hours</li> </ul> <p>b. DHS involves contact with family</p> <p>3. Evaluation of alleged abuse</p> <ul style="list-style-type: none"> <li>a. Observation of alleged victim <ul style="list-style-type: none"> <li>i. 1 hour if immediate life threat or high risk</li> <li>ii. 24 hours if no immediate life threat or</li> </ul> </li> </ul>	

OBJECTIVE	CONTENT	METHOD
	<ul style="list-style-type: none"> <li> <ul style="list-style-type: none"> <li> <ul style="list-style-type: none"> <li>high risk but alleged perpetrator has access to victim</li> <li>iii. 96 hours if no immediate life threat or high risk or alleged perpetrator has no access to victim</li> </ul> </li> <li>b. Interviews with subjects of the report and other sources                             <ul style="list-style-type: none"> <li>i. Alleged victim</li> <li>ii. Other siblings, etc.</li> <li>iii. Parents</li> <li>vi. Alleged perpetrator</li> <li>vii. Others such as collateral sources</li> </ul> </li> </ul> </li> </ul>	

OBJECTIVE	CONTENT	METHOD
	<ul style="list-style-type: none"> <li>c. Gathering documentation                             <ul style="list-style-type: none"> <li>i. Interview</li> <li>ii. Photographs</li> <li>iii. Criminal history check of alleged perpetrator</li> <li>iv. Medical records</li> <li>v. Audiotapes, videotapes, etc.</li> <li>vi. Law enforcement records</li> <li>vii. Legal records</li> <li>viii. Financial records</li> </ul> </li> <li>d. Evaluation of safety of and risk to victim                             <ul style="list-style-type: none"> <li>i. Victim will not be abused in current living arrangement</li> <li>ii. Victim not safe                                     <ul style="list-style-type: none"> <li>a) Provision preservation services</li> <li>b) Provision centered services</li> <li>c) Removal of victim from home</li> <li>d) Placement of victim with relatives</li> <li>e) Removal of alleged perpetrator from home</li> </ul> </li> </ul> </li> </ul>	
	<ul style="list-style-type: none"> <li>iii. Risk of abuse to victim                             <ul style="list-style-type: none"> <li>a) Severity of incident/condition</li> <li>b) Chronicity of</li> </ul> </li> </ul>	

OBJECTIVE	CONTENT	METHOD
	<p style="text-align: right;">incident/ condition</p> <p style="text-align: right;">c) Victim’s age, medical condition, mental/physical maturity, functioning</p> <p style="text-align: right;">d) Attitude of abuser</p> <p style="text-align: right;">e) Current resources, services, supports available to family</p> <p style="text-align: right;">f) Special events, situations, circumstances creating current status</p> <p style="text-align: right;">g) Access of abuser to victim</p> <p style="text-align: right;">h) Willingness of caretaker (not abuser) to protect victim from further abuse</p> <p style="text-align: center;">4. Determination if abuse occurred – preponderance of evidence (greater than 50%)</p>	
	<p style="text-align: center;">a. Founded – preponderance of evidence (greater than 50%) that abuse occurred. Information maintained on Central Registry for 10 years and then sealed. Exception: When dependent adult responsible for self-denial of critical care – DHS keeps report</p>	

OBJECTIVE	CONTENT	METHOD
	<p>abuse</p> <ul style="list-style-type: none"> <li>b. (called assessment) in county office (not on Central Registry) Unfounded – preponderance of evidence (more than 50%) that abuse has not occurred. Information on unfounded reports destroyed after one year – kept in local DHS office. Multidisciplinary teams have access to unfounded information.</li> <li>5. Determination of dependent adult               <ul style="list-style-type: none"> <li>a. Meets definition of dependent adult</li> <li>b. Meets definition of dependent adult abuse (physical abuse, sexual abuse, denial critical care, financial exploitation, sexual exploitation)</li> <li>c. Case referred criminal court action</li> <li>d. Within 12 months court action initiated that resulted in adjudication or criminal conviction</li> <li>e. Same confirmed perpetrator of abuse in last 18 months</li> <li>f. Perpetrator continues to pose danger to dependent adult or another victim</li> <li>g. Abuse took place in a licensed, registered, unregistered or regulated facility or service</li> </ul> </li> </ul>	
	<ul style="list-style-type: none"> <li>6. Assessment of family’s strengths and needs               <ul style="list-style-type: none"> <li>a. Evaluation of family’s functioning, strengths and needs                   <ul style="list-style-type: none"> <li>i. Analysis of dependent adult’s functioning</li> <li>ii. Home environment (problems/ strengths)</li> </ul> </li> </ul> </li> </ul>	Slide #69

OBJECTIVE	CONTENT	METHOD
	<ul style="list-style-type: none"> <li>iii. Caretaker (problems/strengths)</li> <li>iv. Domestic violence/substance abuse</li> <li>v. Social environment (problems/ strengths)</li> <li>b. Family participation essential</li> <li>c. Identify strengths, possible rehabilitation needs of dependent adult and family, develop plan of action</li> <li>7. Preparation of reports/forms (within 20 working days from date of intake)                             <ul style="list-style-type: none"> <li>a. Notice of Intake Decision (within 5 days)</li> <li>b. Parental/caretaker notification (within 5 days)</li> <li>c. Assessment summary (within 20 days from receipt of report)                                     <ul style="list-style-type: none"> <li>i. Abuse reported</li> <li>ii. Assessment of safety</li> <li>iii. Summary of contracts</li> </ul> </li> <li>d. Determination as to whether abuse occurred</li> <li>e. Rational for placement/non-placement on the Registry</li> <li>f. Recommendation for district court actions</li> <li>g. Recommendation for criminal court actions</li> </ul> </li> </ul>	
	<ul style="list-style-type: none"> <li>8. Notice of abuse assessment                             <ul style="list-style-type: none"> <li>a. Subjects of report</li> <li>b. Mandatory reporter (may request information)</li> <li>c. Long-term care resident's advocate</li> <li>d. Other dependent adult protection workers</li> </ul> </li> <li>B. After assessment                             <ul style="list-style-type: none"> <li>1. Protective services to abused/neglected dependent adults and their families</li> </ul> </li> </ul>	<p>Slide #70</p>

OBJECTIVE	CONTENT	METHOD
	<p>2. Rehabilitation services for prevention/ treatment of dependent adults and families</p> <ul style="list-style-type: none"> <li>a. Homemaker services (other community services)</li> <li>b. Parenting classes/caretaker classes                             <ul style="list-style-type: none"> <li>a. Respite care, day care</li> <li>b. Financial assistance, transportation</li> <li>c. Psychological/psychiatric services or counseling</li> <li>d. Sexual abuse treatment</li> </ul> </li> </ul> <p>Note: Adults have a right to self-determination and have the right to voluntarily accept or decline/refuse available services</p> <p>3. Court ordered intervention</p> <ul style="list-style-type: none"> <li>a. Court intervention for dependent adult                             <ul style="list-style-type: none"> <li>i. Substance abuse commitment</li> <li>ii. Mental health commitment</li> <li>iii. Conservatorship – one person assumes responsibility for the custody and control of property of another (protect property of dependent adult)</li> </ul> </li> </ul>	<p>Slide # 71</p>
	<p>iv. Guardianship – provide for legal sanction of moving or protecting the adult (concern for dependent adult's life)</p> <p>Note: Appointment of either conservatorship or guardianship does not constitute the dependent adult is of unsound mind.</p> <ul style="list-style-type: none"> <li>f. Petitions to District Court                             <ul style="list-style-type: none"> <li>i. Authorize provision of</li> </ul> </li> </ul>	<p>Slide #72</p>

OBJECTIVE	CONTENT	METHOD
	<ul style="list-style-type: none"> <li>ii. Enjoin caretaker from interfering with provision of services to dependent adult who consents to receipt of services</li> <li>iii. Order provision of services to victim of dependent adult abuse, who is in immediate life threat and who lacks capacity to consent to services                             <ul style="list-style-type: none"> <li>a) Removal of victim to safe environment</li> <li>b) Provision of medical services</li> <li>c) Provision of other services</li> </ul> </li> <li>iv. Restrain a caretaker from abusing victim</li> </ul>	
	<ul style="list-style-type: none"> <li>H. All mandatory reporters have authorized access to abuse information, upon approval by the Registry                             <ul style="list-style-type: none"> <li>1. Written notification of findings when assessment complete</li> <li>2. A copy of assessment summary Part A upon request if report is founded</li> <li>3. Within 24 hours oral notification that report is accepted or rejected</li> <li>4. Within 5 working days receive written "Notice Of Intake Decision"</li> </ul> </li> </ul>	
<ul style="list-style-type: none"> <li>VI. List the roles of the county attorney</li> </ul>	<ul style="list-style-type: none"> <li>VI. County Attorney - makes appropriate lawful action                             <ul style="list-style-type: none"> <li>A. May initiate action through district court to allow DHS to enter residence</li> </ul> </li> </ul>	

OBJECTIVE	CONTENT	METHOD
	<ul style="list-style-type: none"> <li>B. Assists DHS to prepare to initiate court action</li> <li>C. Represents DHS in court</li> </ul>	
<p>VII. Discuss agencies and resources that provide services to dependent adult victims and their families who have experienced abuse</p>	<p>VII. Agencies/resources</p> <ul style="list-style-type: none"> <li>A. Dependent Adult Protective Services</li> <li>B. Family Preservation Services</li> <li>C. Reunification Services</li> <li>D. Safe and Stable Families</li> <li>E. Office for Victims of Crime Resource Center</li> <li>F. Sexual Assault Nurse Examiners</li> </ul>	<p>Slide #73</p>
<p>VIII. Discuss strategies to prevent dependent adult abuse</p>	<p>VIII. Strategies</p> <ul style="list-style-type: none"> <li>A. Protective custody                             <ul style="list-style-type: none"> <li>1. Court appointed protective services of dependent adult</li> <li>2. Guardianship</li> <li>3. Conservatorship</li> </ul> </li> <li>B. Commitment/criminal actions                             <ul style="list-style-type: none"> <li>1. Substance abuse facility</li> <li>2. Mental health facility</li> <li>3. Removal of offender/abuser</li> <li>4. Criminal charges</li> </ul> </li> <li>C. Services                             <ul style="list-style-type: none"> <li>1. Counseling/therapy</li> <li>2. Financial assistance</li> <li>3. Community services</li> </ul> </li> </ul>	
	<ul style="list-style-type: none"> <li>D. Education/community programs                             <ul style="list-style-type: none"> <li>1. Inform public of laws governing dependent adult abuse and reporting requirements</li> <li>2. Dependent adult caretaker classes</li> <li>3. Home visitations</li> <li>4. Hospital-based outreach programs</li> <li>5. Dependent adult day care</li> <li>6. Dependent adult respite care</li> </ul> </li> </ul>	<p>Slide #74</p>

**CHILD AND DEPENDENT ADULT ABUSE**

**REFERENCES**

Code of Iowa (2005), Chapter 232.67-232.90.

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Code of Iowa (2005), Chapter 235B.1-235B.20.

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**DEPENDENT ADULT ABUSE  
DISCUSSION QUESTIONS**

1. Who is a dependent adult?
2. What are the types of dependent adult abuse?
3. Who are the mandatory reporters?
4. How does a mandatory reporter report abuse?
5. What are the penalties for mandatory reporters who fail to report?
6. Can a mandatory reporter be discharged by an employer for reporting or assisting in an abuse evaluation or participating in judicial proceedings?
7. Do mandatory reporters have immunity if he/she makes a report of dependent adult abuse?
8. What training is required for mandatory reporters?
9. What are some indications, physical and behavioral, of abuse?
10. Why are victims of abuse reluctant to report the abuse?
11. Must the mandatory reporter have to "prove the case of abuse"?
12. What are some recommendations the Department of Human Services can make after assessment of an abuse report?
13. What does the typical victim dependent adult abuse in Iowa look like?
14. What are some incidences of non-abuse for dependent adults?