

Participant Abuse Policy – Revised Manual

Background information and resources for the implementation and support of the *Participant Abuse Policy – Revised* in Community-based Organizations.

**Abuse Policy Review Committee
June 2009**

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INTRODUCTION

The *Participant Abuse Policy* document was developed in 1995 by the Abuse Prevention Working Group in response to the need for appropriate and coordinated policies on preventing and responding to abuse of individuals with intellectual disabilities¹ receiving services in the CBO sector. The policy document contained guidelines for an effective participant abuse policy as well as a sample policy that met the standards contained in the guidelines. The policy document which described the minimum essential components of an effective policy was provided to community based organizations to assist in the development of their own organization abuse policy. According to CBO contracts for service with Community Living Division, organizations were responsible for developing and adopting their own abuse policy based upon the essential features contained in the guidelines document by March 31, 1997. Community Living Division was responsible to review each policy.

1. Abuse Policy Review Process

The Abuse Policy Review Committee was formed in 2005 with representation from the Partnership (Community Living Division, Saskatchewan Association of Rehabilitation Centres, and Saskatchewan Association for Community Living). The purpose of the review was to: determine if the guidelines require updating to reflect current best practice; determine if the guidelines were reasonable to implement and determine if the guidelines provide clear support and direction to organizations regarding the prevention, identification, reporting and investigating of abuse.

The components of the review included consultation sessions which were held in seven locations across the Province with 46 organizations and 82 representatives in attendance. The organizations in attendance then distributed questionnaires to front line staff and family members with 40 family surveys and 120 front-line surveys being returned. The review also included two consultation sessions with the staff of Community Living Division. The committee then completed an in-depth analysis of the input and distributed a summary report of the major findings to organizations that attended the focus groups.

Upon review of the data collected from stakeholders along with research into best practice, the committee completed the final draft of the *Participant Abuse Policy-Revised* document in the fall of 2008. As a further step in the consultation process, 43 organizations and 74 representatives attended one of six regional sessions. The focus groups were an opportunity to provide feedback about the final draft and the tools developed, and to generate ideas about their training needs to assist in the implementation of the abuse policy.

¹ In this document, individuals with intellectual disabilities who are recipients of services are referred to as *participants*.

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Training Needs Identified

The consensus from the focus groups was that organizations wanted training materials that would assist in the implementation of their abuse policy in the identified two major areas:

a. Abuse Prevention – material including:

- Guidelines for best practice in abuse prevention
- Understanding roles in abuse prevention
- Process of abuse prevention
- Indicators of types of abuse
- Understanding increased vulnerability of participants
- Case examples
- Supplementary resources for training participants

b. Procedures for Responding to Allegations of Abuse - material including:

- Understanding roles in responding to abuse
- Interviewing guidelines
- Evidence
- Documentation and report writing
- Investigation guidelines

Further, there was consensus that reference and supplementary training materials are required at three levels:

- **Administrators – Executive Director and Board of Directors**
- **Staff**
- **Participants**

2. Introduction to the Training Materials

The resources contained in this binder were developed in response to the needs identified by organizations as described in the previous section. The intent is that these resources will be useful in the implementation of abuse prevention actions within your organization as described in **Section 5 of the Participant Abuse Policy – Revised** guidelines which states:

The policy describes what actions the organization will take to prevent incidents of abuse. These actions include:

- 5.1 Reviewing the policy with all new staff and Board of Directors of the organization as part of the orientation process and thereafter on an annual basis.***
- 5.2 Providing supplementary training for all staff on preventing abuse, recognizing abuse, recognizing indicators of abuse, and their role in responding to abuse as per the policy.***
- 5.3 Providing regular opportunities for staff to discuss abuse prevention, share knowledge and identify challenges.***
- 5.4 Providing supplementary information to Board of Directors on the organization training strategy for the policy, on their role as per the policy, and on monitoring training requirements for staff as per the policy.***
- 5.5 Providing information to participants and their families on the existence of the policy and issues of abuse prevention, the definition of abuse, and responding to abuse.***
- 5.6 Providing training and ongoing opportunities for discussion for participants to increase their understanding of abuse and their rights.***
- 5.7 Adopting a policy governing the use of behaviour support strategies within the context of Comprehensive Behaviour Support as per Comprehensive Personal Planning and Support Policy.***

The training resources in this package are divided into three sections:

- Section I: Background & Tools for Administrators
- Section II: Staff Training Resources for Administrators
- Section III: Resources to Raise Participant Awareness

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SECTION I: BACKGROUND & TOOLS FOR ADMINISTRATORS

Section I contains background information and tools for administrators (Executive Directors and Board's of Directors) to:

- assist in developing a training strategy for abuse prevention;
- increase knowledge of the *Participant Abuse Policy – Revised* critical features; and,
- assist in increasing knowledge and skills when responding to abuse allegations. Section I contains the following:

- Orientation/Review for Administrators to the *Participant Abuse Policy - Revised*** provides information for managers as well as Board's of Directors of the critical features of the *Participant Abuse Policy - Revised*. This will be a useful reference to meet the ongoing educational needs of administrators beyond the implementation stage of the revised policy.
- Components of an Organization Abuse Prevention Plan** is a supplementary resource researched and developed to assist administrators with implementation of their abuse policy. This document provides the framework for risk reduction and provides strategies for abuse prevention.
- Fact Sheets About Abuse** contains the definitions of the types of abuse as cited in the *Participant Abuse Policy - Revised*, as well as additional examples, potential physical and behavioural indicators, and information on criminal code offences.
- Understanding Risk – Strategies to Reduce the Risk of Abuse** increases the knowledge of factors that increase risk of abuse and provides ideas on organizational actions that can reduce the risk.
- Guidelines When Receiving a Disclosure of Abuse** provides tips for the immediate response to disclosures of abuse.
- Techniques for Interviewing** is a supplementary resource researched and developed to provide guidelines when interviewing during an internal investigation. The resource provides information about distinguishing between leading and non-leading questioning and provides sample scripts.

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- G. Conducting Internal Investigations** is a supplementary resource researched and developed to provide guidelines in conducting internal investigations. There is information about: evidence, suggested investigation strategies, considerations for interviewing, considerations when making conclusions and recommendations and report writing.
- H. Sample Template for a Final Report** is a sample template that meets the criteria for the final report according to the *Participant Abuse Policy - Revised* guidelines.
- I. Due Diligence Checklist** is a tool to assist managers during the investigative process.
- J. Manager's Decision Tree** contains a decision tree for responding to abuse as well as a flow chart to assist managers during the internal investigative process.
- K. Principles of Adult Learning** provides key points for administrators to consider when providing learning opportunities for staff.
- L. Tips for Effective Training** provides ideas for administrators to consider when organizing training opportunities for staff.

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SECTION II:

Section II contains materials to assist administrators in staff training of the *Participant Abuse Policy - Revised*. Section II contains the following:

- A. **Orientation/Review for Staff to the *Participant Abuse Policy – Revised*** is a presentation for staff which reviews the critical features of the policy document.

This tool can either be used in a power point format or hand-out format for the purpose of:

- increasing staff awareness of their role in abuse prevention;
- recognizing abuse and responding to abuse; and,
- increasing staff awareness of the organization's responsibility in abuse prevention and response to abuse.

- B. **Guiding Principles for the Abuse Policy** is a document containing the foundational principles of the *Participant Abuse Policy - Revised* to be used in staff training.
- C. **Understanding Risk - Strategies to Reduce the Risk of Abuse** is a resource to be used for staff training to increase understanding of the factors that increase the risk of abuse of persons with disabilities, as well as provide an opportunity to brainstorm ideas for actions to reduce the risks within the organization.
- D. **Fact Sheets about Abuse** is a resource to be used for training staff to increase their awareness of abuse as well as recognizing the indicators of abuse. Additional examples of the types of abuse will assist in increasing staff's understanding of the types of abuse and may lead to rich discussions of practices in supporting participants.
- E. **Case Examples** are provided as a supplementary resource suitable to be used with staff as a tool in the review of the abuse policy and/or at staff meetings to generate discussion about abuse prevention.
- F. **Guidelines When Receiving a Disclosure of Abuse** is a staff training tool that will increase staff's awareness of their role in responding to disclosures of abuse. This tool was developed for administrators but some organizations may feel it appropriate to use with their staff.

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G. Techniques for Interviewing is a supplementary resource that provides guidelines when interviewing an individual in an internal investigation. Interviewing individuals as part of an internal investigation may not be a typical staff role. The guidelines are being included in the staff training section as it can be used as a supplementary resource to develop skills in asking non-leading questions. It is recommended that you consider your organizational structure prior to including this in your staff training. If you provide this training to staff, caution the staff that the role at the time of disclosure is a supportive and receiving of information role and not an investigative role. It may be necessary to ask a few questions which should follow an open-ended and non-leading format.

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SECTION III:

Section III contains samples of materials to assist in participant training of the *Participant Abuse Policy – Revised*. Section III contains the following:

1. [Sample from Bea Fisher Centre, Lloydminster](#)
2. [Sample from Redvers Activity Centre, Redvers](#)
3. [Sample from Mallard Diversified Services, Wadena](#)
4. [Sample from Persons with Developmental Disabilities, Alberta](#)

The research suggests that a cornerstone to abuse prevention and a best practice standard is providing ongoing educational opportunities for participants to increase their understanding and awareness about: what is abuse, rights, responsibilities, and to teach skills in choice making, discrimination skills, boundaries, and sexuality.

Section III contains copies of the materials developed and implemented by organizations in the Province of Saskatchewan for participant education in abuse prevention. These organizations graciously agreed to share copies of their materials and agreed these documents could be used for reference or templates by other organizations when considering their own needs and plans for abuse prevention. The organization's name has been re-placed with (agency name) in all documents. There is also an adapted copy of a pamphlet used in Alberta for the education of persons with disabilities about abuse.

SECTION I: BACKGROUND & TOOLS FOR ADMINISTRATORS

A. ORIENTATION/REVIEW FOR ADMINISTRATORS TO THE *PARTICIPANT ABUSE POLICY – REVISED*

Introduction:

This resource provides information to administrators (managers and Board's of Directors) for the purposes of:

- orientation and review of content highlights and actions contained in the guidelines;
- orientation for managers to staff training resources referenced in Section II; and,
- orientation to resources to assist administrators in the actions of abuse prevention and response.

Format:

This resource contains the *Participant Abuse Policy - Revised* guidelines with supplemental information boxes that highlight content and actions, provide additional context and background information, and reference resources which can be used for training.

Historical Context – Original Implementation:

The *Participant Abuse Policy* guidelines (1995) was developed in response to a need for appropriate and coordinated policies in preventing and responding to abuse in the CBO sector. The policy guidelines were provided to organizations for use in adopting their own abuse policy based upon the essential features outlined in the document.

Policy Review:

A review of the *Participant Abuse Policy* guidelines commenced in 2005 to determine if the guidelines:

- required updating to reflect best practice;
- were reasonable to implement; and,
- provided clear support and direction to organizations regarding the prevention, identification, reporting and investigation of abuse.

Following research and province-wide consultations with stakeholders which identified major findings and recommendations for changes, the *Participant Abuse Policy - Revised* was implemented with the expectation that organizations would either adopt the sample policy or revise their current abuse policy to be in line with the essential features identified in the new guidelines.

Participant Abuse Policy – Revised:

The *Participant Abuse Policy - Revised* document contains the guidelines which describe the essential components of an effective abuse policy and a sample policy. For the purpose of this orientation to *the Participant Abuse Policy – Revised*, the guidelines are being referenced.

PARTICIPANT ABUSE POLICY GUIDELINES

1. PURPOSE

All organizations will have a policy statement outlining their commitment to provide an environment which is free from abuse. Abuse policies will outline policy intent and will include statements emphasizing:

- 1.1 That the policy applies to staff actions towards participants.
- 1.2 That the policy does not apply to situations in which the alleged perpetrator is a participant within the organization.

Scope of the Policy:

This policy provides the framework for staff actions towards participants.

Staff is defined in the policy as a person providing services directly or indirectly, through the organization, to or on behalf of program participants, whether receiving remuneration or not.

Where there is evidence of participant-to-participant abuse, it is recommended behaviour support strategies are implemented according to CPP&SP.

The *PAP-R* does not apply to participant to staff abuse. In such cases, the *Violence and/or Abusive Behaviour Toward Workers Policy Guidelines* may be referenced.

Where there is evidence that the alleged perpetrator is an individual not associated with the organization, the allegation is to be reported to Community Living Division.

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- 1.3 That the policy will assist in the education of staff and will provide clear description of roles and responsibilities of involved parties.

Policy Framework for Roles and Responsibilities:

The abuse policy provides a framework for abuse prevention and outlines the roles and responsibilities for responding to allegations of abuse.

Everyone has a role in promoting the prevention of abuse and responding to abuse.

Staff member's role is to provide respectful and dignified support to participants following best practice, and to:

- understand what they can do to prevent abuse;
- understand that prevention is key to addressing abuse;
- understand the types of abuse;
- learn to recognize the indicators of abuse;
- learn who to report allegations of abuse to, and the process to follow; and,
- learn the roles of others in responding to allegations of abuse.

Management's role is to:

- provide training opportunities, leadership and supervision;
- investigate allegations of abuse as per the policy; and
- identify learning needs and opportunities for service improvement.

The Board of Director's role is to:

- support the training strategy in the organization in abuse prevention;
- participate in responding to allegations of abuse as outlined in the policy of the organization (specifically the Board Chairperson's role in initial review and internal investigation); and
- ensure the organization's abuse policy is followed by all employees.

Community Living Division's role is to:

- provide the policy framework for the abuse policy;
- ensure the policy is being adhered to as well as;
- participate in responding to allegations of abuse (initial review and internal investigation) as outlined in the policy of the organization.

2. AUTHORITY

Abuse policies will refer to the authority under which an abuse policy is required and will reference the following:

- 2.1 Community-based Organization Contract for Services – Appendix B:
An agency which provides CLD funded services to people with intellectual disabilities, shall implement an abuse policy that complies with the procedures for the prevention, reporting and investigation of abuse as outlined in the Participant Abuse Policy Document - Revised.

3. GUIDING PRINCIPLES

The policy contains a statement of principles outlining:

- 3.1 The organization's beliefs and expectations relative to the issue of abuse. This will include statements emphasizing:
 - 3.1.1 Commitment to providing a safe environment for participants.
 - 3.1.2 Abuse will not be tolerated.
 - 3.1.3 We are all responsible to stop abuse when we see it.
 - 3.1.4 All actions taken by people associated with the organization are to be respectful of the dignity of those they serve and in their best interests.
 - 3.1.5 The paramount responsibility of the organization is toward the people it serves.
 - 3.1.6 The rights of individuals as defined under the Charter of Rights and Freedoms and Canadian law will be upheld.
- 3.2 The responsibility of the organization is to ensure ongoing participant safety as well as the protection of any victim of alleged abuse from further victimization insofar as the organization has the power to do so.
- 3.3 Staff and others associated with the organization shall report allegations of abuse without fear of retaliation within the organization.
- 3.4 In the event of abuse allegations, the organization shall respond in an appropriate, timely, and ethical manner.
- 3.5 Participants are entitled to knowledge and education that will help prevent the likelihood of abuse.
- 3.6 Supports provided to participants are positive and respectful as per the policies outlined in the *Comprehensive Personal Planning and Support Policy*.
- 3.7 Organizations will provide leadership regarding the prevention of abuse and create a positive learning environment to remove barriers to reporting through the provision of training and other organizational activities.
- 3.8 Staff will take responsibility to learn about prevention and implement this policy as appropriate.
- 3.9 Those supporting individuals with intellectual disabilities in any capacity have the ethical responsibility to take reasonable action to reduce the risk of abuse.

Cornerstones to Abuse Prevention:

An abuse policy provides the framework for abuse prevention. Principles are the foundational beliefs upon which the policy was developed and guides the actions including abuse prevention and responding to allegations of abuse.

Best practice and research indicate that developing a culture of leadership with a positive learning environment is a cornerstone to abuse prevention.

For more information about the cornerstones to abuse prevention and reducing risk see: *Components of an Organization Abuse Prevention Plan (Section I. B.)* and *Understanding Risk – Strategies to Reduce the Risk of Abuse (Section I. D.)*.

Comprehensive Personal Planning and Support Policy is a policy document which regulates the implementation of positive support strategies.

4. DEFINITIONS OF ABUSE

The policy defines “abuse” with references to the various forms of abuse:

4.1 Physical abuse

Including:

Any act that causes or has potential to cause physical injury. Including but not limited to infliction of bodily pain by one or more instances of striking, shoving, slapping, pinching, choking or kicking. May include the use of restraining techniques outside of *Comprehensive Personal Planning and Support Policy* guidelines.

CPP&SP guidelines require that challenging, dangerous or harmful behaviour are approached within the context of Supported Decision-Making and Person-Centred Planning. Supports used are ethical, non-aversive and developed within the context of Comprehensive Behaviour Support addressing sound assessment, documentation and review practices.

4.2 Sexual Abuse

Including:

Any form of exploitative sexual behaviour or unwanted sexual touch including but not limited to harassment or acts of sexual assault.

4.3 Emotional Abuse

Including:

Acts or omissions that cause or could cause emotional pain. Including but not limited to acts or omissions that are disrespectful, rejecting, intimidating, criticising, threatening or harassing. Also includes verbal and written expressions, and yelling, screaming and swearing at others.

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4.4 Neglect

Including:

Failure to provide or make available the necessary supports that may result in physical or emotional harm or loss to the participant or their estate. Including but not limited to food, clothing, shelter, hygiene, medical care, and support or supervision appropriate to the participant's age, development, or situation. May be caused by an action or a failure to act, and may or may not be intentional.

4.5 Property Abuse

Including:

Misuse of an individual's funds or assets, including but not limited to unauthorized use of bank accounts or denial of personal possessions.

4.6 Medication abuse

Including:

Non-compliance with policies and procedures relating to medication administration, including but not limited to withholding medication, over-medication, inappropriate use of medication, repeated medication errors.

4.7 Denial of Opportunity

Including:

Unreasonable denial of opportunity, or intentional withholding of access to available opportunity or choices to meet needs for economic, spiritual, mental or personal growth and satisfaction.

Notes About Definitions:

These definitions include the words "including but not limited to" in order to provide a broader interpretation of the definition. For the purposes of increasing awareness of abuse including; additional examples, physical indicators, behavioral indicators, and clarification of the types which may be criminal code offences see the resource *Fact Sheets About Abuse (Section I. C.)*

In regard to all definitions, issues of power and control exist due to the nature of the relationship of staff to participant and should be highlighted when providing training to staff to increase their awareness about what is abuse and how to prevent abuse. Specifically highlight the inappropriateness of sexual contact between a participant and a service provider even with consent due to this relationship and issues of power inherent in the relationship.

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OTHER DEFINITIONS

- 4.8 Staff: Person providing services directly or indirectly, through the organization, to or on behalf of program participants, whether receiving remuneration or not.
- 4.9 Alleged Perpetrator: Person identified as having committed or participated in an act of abuse toward a participant.
- 4.10 Advocate: Person identified to provide support and information to the alleged victim throughout the investigation process. Typically those who have a close relationship with the alleged victim and who know the victim well.
- 4.11 Third Party Representation: Person identified to provide support and information to the alleged perpetrator and/or witnesses to the alleged abuse throughout the investigation process.
- 4.12 Witness: Person who directly observed or heard the incident, received or observed evidence of abuse, received a report that abuse has occurred.
- 4.13 Alleged Victim: Person alleging abuse or person identified as having an act of abuse committed towards them.
- 4.14 Participant: Individuals who receive direct services from an organization.

Clarification About Definitions:

The role of an advocate according to the policy, is to support the participant through a process which may be emotional and difficult, thus the person should be someone the participant is comfortable with and is not in a conflict of interest situation. Conflict of interest includes a person who may be interviewed as part of the investigation, or a friend of the alleged perpetrator.

Note: third party representation was chosen as a generic term for an individual that provides support to the alleged perpetrator and witnesses. This person could be a union representative, or could be a family member. It is someone that is chosen by the witness or alleged perpetrator and is bound by confidentiality.

5. PREVENTION

The policy describes what actions the organization will take to prevent incidents of abuse. These actions include:

- 5.1 Reviewing the policy with all new staff and Board of Directors of the organization as part of the orientation process and thereafter on an annual basis.

Note About Organizational Actions:

The prevention section actions include abuse policy review at time of orientation and on an annual basis. Providing a copy of your abuse policy to staff supplemented with the presentation *Orientation/Review for Staff to the Participant Abuse Policy - Revised (Section II.A.)* along with the recommended resources from Section II. would meet the criteria for 5.1. *PAP-R.*

Providing a copy of your abuse policy to the Board of Directors supplemented by this handout and its recommended resources would meet the criteria for 5.1. *PAP-R.*

- 5.2 Providing supplementary training for all staff on preventing abuse, recognizing abuse, recognizing indicators of abuse, and their role in responding to abuse as per the policy.
- 5.3 Providing regular opportunities for staff to discuss abuse prevention, share knowledge and identify challenges.

Cornerstones to Abuse Prevention:

The research indicates best practice in abuse prevention supports the activities of 5.2 and 5.3 *PAP-R* as identified in the resource: *Components of an Organization Abuse Prevention Plan (Section I. B.)* which includes:

- creating a culture of abuse prevention through leadership and supervision,
- providing regular and supplementary training opportunities so that staff understand their roles in recognizing and responding to abuse.

The resource *Understanding Risk - Strategies to Reduce the Risk of Abuse (Section I. D.)* is a supplementary resource which can be used for increasing the knowledge of staff in understanding the factors that increase the risk of abuse of persons with disabilities. Use of this resource may also provide an opportunity for brainstorming ideas for staff actions or organizational actions to reduce the risks within your organization. This resource can also be used at staff meetings for discussion.

- 5.4 Providing supplementary information to Board of Directors on the organization training strategy for the policy, on their role as per the policy, and on monitoring training requirements for staff as per the policy.
- 5.5 Providing information to participants and their families on the existence of the policy and issues of abuse prevention, the definition of abuse, and responding to abuse.

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- 5.6 Providing training and ongoing opportunities for discussion for participants to increase their understanding of abuse and their rights.

Cornerstones to Abuse Prevention:

Best practice in abuse prevention supports the activities of 5.5 and 5.6 *PAP-R* as identified in the resource: *Components of an Organization Abuse Prevention Plan (Section I. B.)* which includes:

Providing regular and supplementary training opportunities for participants.

Consider the resources in Section III of the resource binder to meet the criteria of 5.5 and 5.6. *PAP-R* regarding participant education.

- 5.7 Adopting a policy governing the use of behaviour support strategies within the context of Comprehensive Behaviour Support as per *Comprehensive Personal Planning and Support Policy*.

Cornerstones to Abuse Prevention:

A best practice standard is having a policy that governs the use of behaviour support strategies within the context of Comprehensive Behaviour Support.

6. CONFIDENTIALITY

Abuse policies will acknowledge the requirements of the organization to keep information confidential, including a reference to the confidentiality clause in the organization's Contract for Services with the Ministry of Social Services.

The policy acknowledges that organizations will not disclose any information to third parties, except where specifically authorized by the Contract for Services, or where approved by the Ministry and where it is done in accordance with the law.

The policy will also identify the measures to be taken to ensure confidentiality of all information related to an allegation of abuse. These include:

- 6.1 All information obtained during the course of an investigation is treated as confidential and limited to only those directly involved with the case.
- 6.2 Organizations will inform third-party representatives and advocates that all information gained must be treated as confidential.

Confidentiality:

Persons involved in the investigation of abuse, i.e., committee members as well as those interviewed are bound by confidentiality.

Those failing to ensure that information is kept confidential may be subject to legal consequences associated with the legislative or contractual conditions that protect the privacy of individuals.

7. PROCEDURES FOR RESPONDING TO ALLEGATIONS OF ABUSE AND NEGLECT

The policy describes the procedure that staff, participants, Board of Directors and others directly associated with the organization shall follow in reporting allegations, disclosures or observations of abuse involving staff actions toward participants.

The policy recognizes that where the alleged perpetrator is an individual not associated with the organization, the report of the allegation is made to Community Living Division but other reporting, investigative and disciplinary actions specific to the alleged perpetrator as contained in the policy may not be applicable.

The policy describes the immediate actions to be taken once an allegation of abuse is reported.

Tools for administrators when responding to allegations of abuse:

- *Due Diligence Checklist (Section I. I.)* to assist managers during the investigative process.
- *Manager's Decision Tree (Section I. J.)* to assist managers during the investigative process.

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7.1 Reporting Protocol

The Policy:

- 7.1.1 States that staff are obligated to report the allegation immediately and that all allegation reports will be documented and signed.

Becoming Aware of Abuse:

- Witnessing abuse – observed and heard
- Through physical and behavioural indicators
- Report from a third party
- Through a disclosure by the alleged victim

In all cases where abuse is witnessed by staff, the witness is obligated to document and sign what was witnessed, i.e. what was seen and heard etc. and report to their supervisor. In cases where the witness is a Board Member, the witness should document and sign what was witnessed and report to the manager. In cases where the witness is the manager, the manager documents and signs what was witnessed.

Everyone should err on the side of safety by reporting the matter. It is not up to the person reporting to decide if there is sufficient evidence.

If abuse is suspected due to physical or behavioural indicators of abuse (see *Fact Sheets About Abuse (Section I. C.)*) this should be reported to the supervisor who will then ask the person to document and sign their observations.

If a participant discloses abuse, the role of the person is to be a supportive role not an investigative role. The resource *Guidelines when Receiving a Disclosure of Abuse (Section I. E.)* provides guidelines for immediate actions. The expectation is to immediately report all allegations in written form and signed. Consent is not required to report a disclosure where a staff member defined by the policy is the alleged perpetrator i.e., even if a participant asks the person not to tell, there is an obligation to report disclosures. For additional tips and guidelines in interviewing see the resource *Techniques for Interviewing (Section I. F.)*.

- 7.1.2 Outlines to whom within the organization the report is to be made, as well as alternates should that person be the alleged perpetrator of the abuse.

- 7.1.3 States that the Board Chairperson shall be advised of the allegation and identifies who is responsible for doing so.

- 7.1.4 States that the Community Living Division community services worker (or regional supervisor/other Divisional staff in worker's or supervisor's absence) is advised of all reported abuse allegations within 24 hours of the allegation being made and identifies who is responsible for advising Community Living Division of the allegation.

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- 7.1.5 Requires that the police are informed by a specified person (position) within the organization of any credible alleged incident of physical or sexual abuse as soon as possible but in no case more than 24 hours after the allegation has been made. The police may also be called in other instances (i.e., an allegation of another type of abuse, other *Criminal Code* offences) if deemed warranted. Where the police deem it appropriate, they will conduct an investigation. This investigation will be conducted independent from any internal investigation that may be done within the organization.

Responsibility in Reporting:

The responsibility for reporting to police rests with the organization while Community Living Division retains responsibility to assist and ensure allegations are reported and investigated appropriately.

When the police are involved, they must be informed if a guardian has been appointed and offered a copy of the guardianship order if it is available.

See the resource *Fact Sheets About Abuse (Section I. C.)* for guidance on the types of abuse that are criminal code offences.

For clarification of credibility see 7.2.2.2 *PAP-R*

- 7.1.6 States in the event that the alleged victim of physical/sexual abuse or neglect is a person under the age of 16 years, the nearest office of Child and Family Services of the Ministry of Social Services is contacted, as required under *The Child and Family Services Act*.

- 7.1.7 Recommends contact with family or next-of-kin with the participant's agreement to advise them of the incident in general terms, by a designated person within the organization. This contact is to be made at the point in the process that is most appropriate to the specific situation. Community Living Division may provide assistance if assistance is required.

If a Guardianship Order exists, review of that document is required to determine what, if any, authority there is to disclose the information to the guardian.

If the organization is unable to determine the intentions of the participant, organizations should weigh the participant's right to privacy with sharing information if in the participant's best interest and where disclosure of the information is in accordance with any legal obligations of the organization.

The organization may wish to seek independent legal advice in complex situations.

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The process used and the circumstances of the decision reached will be documented in the alleged victims file. Staff should immediately record the exact questions asked and the exact words and gestures of the participant's response to questions regarding agreement for disclosure.

Best Practice in Sharing of Information With Family:

Sharing information with family is based upon the participant's agreement. When we are unable to determine if there is agreement, sharing information is based upon balancing the individual's right to privacy with involving family when it is in the participant's best interest.

Community Living Division staff may provide assistance with this process.

- 7.1.8 States the alleged victim will receive information regarding their right to report to the police, and the support available during the process.
- 7.1.9 Recommends when staff is the witness to an initial disclosure of abuse or neglect, they will ensure the complainant communicates the facts using language, gestures or signing that is self-generated. The staff should immediately record the exact questions asked and the exact words and gestures of the disclosure. The staff should immediately report the disclosure to the manager.

Receiving Disclosures of Abuse:

Refer to the resources: *Guidelines When Receiving a Disclosure of Abuse (Section I. E.)* and *Techniques for Interviewing (Section I. F.)* for information and guidelines.

- 7.1.10 States that in situations where the manager receives a report of an allegation from a third party (i.e., someone other than: the alleged victim, the person to whom the disclosure was made, or the person observing or suspecting the abuse), the manager shall confirm with the alleged victim, or the person to whom the disclosure was made or the person who directly observed or suspected abuse, that he/she has made a complaint of abuse and will be submitting a documented and signed statement. In confirming an allegation, the manager shall only attempt to verify with the original source that a complaint of abuse has been made. The manager shall not attempt at this point to determine whether or not the abuse actually occurred.

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7.2 Initial Review of the Allegation

- 7.2.1 The policy makes provision for an initial review of each allegation by the organization's manager (or a Board Committee member if the manager is the alleged perpetrator), in consultation with the Board Chairperson and the Community Living Division community services worker.

Who is Involved in the Initial Review?

An initial review will be conducted for each allegation by the organization's manager in consultation with the Board Chairperson and the Community Living Division community services worker.

The term "manager" is used throughout this document to refer to the individual within the organization who may be known as the manager, managing director, executive director, chief executive officer or administrator.

- 7.2.2 The purpose of the initial review is to:

7.2.2.1 Determine the type of abuse and based upon this determination whether the allegation will be reported to the police. (see 7.1.5).

7.2.2.2 Determine if the allegation is circumstantially credible. If the allegation is credible, the initial review team proceeds with the internal investigation. In situations where the initial review team decides there is substantial reason to question the circumstantial credibility of the allegation they will make a recommendation within 24 hours whether to:

- report to police or,
- proceed with internal investigation or,
- not to proceed with the internal investigation.

The policy outlines the requirement that a report will be generated reflecting the decision not to proceed, the reason why, and any resultant recommendations.

7.2.2.3 Organize the internal investigation committee based upon the type of abuse.

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- 7.2.2.4 Ensure the immediate safety of the alleged victim and others as is within the power of the staff and the organization to do so.

Circumstantial credibility applies only in exceptional circumstances such as:

- the participant has made the same allegation many times and it has already been appropriately dealt with according to the policy; or,
- the details surrounding the allegation make it impossible to have occurred (e.g. the incident occurred last week but the alleged perpetrator passed away many years ago).

Circumstantial credibility refers to the facts and circumstances of the incident and not the personal characteristics of the alleged victim or the alleged perpetrator. Situations where the person receiving the complaint may have trouble believing the perpetrator could have done such a thing do not meet the test of substantial reason to question the credibility of the allegation.

7.3 Immediate Actions with Respect to the Alleged Victim

- 7.3.1 The policy states that the steps necessary to ensure the immediate safety of the alleged victim are taken, as is within the power of the staff and the organization to do so.
- 7.3.2 The policy makes provision for a request to be made for a medical examination in situations of alleged physical or sexual abuse, or whenever relevant physical evidence may be present. The individual will be encouraged to see a physician immediately. Where possible, the examination is to be conducted within 24 hours of the time of the alleged incident. All steps shall be taken to preserve any evidence related to the allegation.
- 7.3.3 The policy provides for the offer of counselling services and facilitating access to these services, in consultation with Community Living Division.
- 7.3.4 The policy provides an option to seek police assistance if attempts to continue contact between the alleged perpetrator and the alleged victim are likely and the potential for further abuse exists or contact may be harmful.

Actions Regarding the Alleged Victim:

If abuse is witnessed or disclosed, immediate actions to stop the abuse and ensure the safety of the alleged victim are to be taken. All staff are obligated to stop the abuse and ensure immediate safety. This may include seeking immediate medical attention in situations where there is injury. For example, bleeding from an open wound would require immediate medical attention.

A medical examination may be required in situations of alleged physical or sexual abuse, or whenever relevant physical evidence may be present. For information about evidence see the resource *Conducting Internal Investigations (Section I. G.)*.

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7.4 Immediate Actions with Respect to the Alleged Perpetrator

The policy states that where the alleged perpetrator is a staff, Board member or other person associated with the organization:

- 7.4.1 In instances requiring immediate removal of the alleged perpetrator from the work site, the alleged perpetrator will be informed of the allegation and told not to contact the alleged victim or return to the worksite unless asked to do so by the organization. The alleged perpetrator will be informed that an investigation is taking place.
- 7.4.2 Where a police investigation is to be conducted, there is provision for the police to inform the alleged perpetrator regarding the allegation prior to the organization advising the staff member that she/he is under investigation.
- 7.4.3 Any and all official communication between the organization and the alleged perpetrator shall be conducted by one person, who is identified in the policy.
- 7.4.4 Where appropriate, to mitigate the risk of further abuse or harmful contact, the organization may consider options for immediate actions to be taken toward the alleged perpetrator. These options may include suspension with pay, redeployment or request to stay away from the organization or individual for the balance of any investigation.

Actions Regarding the Alleged Perpetrator:

Where a police investigation is to be conducted, there is provision for the police to inform the alleged perpetrator regarding the allegation prior to the organization advising the staff member that she/he is under investigation. In instances requiring the immediate removal of the alleged perpetrator from the work site, the alleged perpetrator will be informed of the allegation and told not to contact the alleged victim or return to the worksite unless asked to do so by the organization. The alleged perpetrator will be informed that an investigation is taking place.

7.5 Internal Investigation of the Allegation

The policy describes the process of internal investigation that will be implemented when an internal investigation has been deemed to be necessary by the initial review committee.

The policy allows that where a police investigation is to be conducted, the police are informed before any internal investigation begins, that such an investigation is being conducted.

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- 7.5.1 The policy states that an internal investigation is conducted in all credible cases of alleged abuse, or where unexplained injury has occurred or where there have been repeated documented instances of unsatisfactory interactions with participants by the alleged perpetrator in the past, or where warranted by other circumstances.

When do you do an internal investigation?

An internal investigation is conducted in:

- all credible cases of alleged abuse, or
- where unexplained injury has occurred, or
- where there have been repeated documented instances of unsatisfactory interactions with participants by the alleged perpetrator in the past, or
- where warranted by other circumstances.

The resources: *Techniques for Interviewing* (Section I. F.) and *Conducting Internal Investigations* (Section I. G.) are two resources that will assist in the investigative process.

- 7.5.2 The purpose of the internal investigation is to determine within 30 days of the beginning of the investigation:

- 7.5.2.1 Through interviews with the alleged victim, alleged perpetrator, and witnesses, whether the allegation was founded or unfounded.
- 7.5.2.2 To produce documented statements describing; what occurred, when it occurred, who was involved or witness to the action, where the actions took place and the relative locations of all participants and observers, the conclusions, the provision of necessary training activities, and recommendations to prevent future occurrences of the action of abuse.
- 7.5.2.3 The organization, where appropriate, will consider any disciplinary actions to be taken with respect to the perpetrator.

The three purposes of the internal investigation are to determine within 30 days of the beginning of the investigation:

1. If the allegation **was founded** or **unfounded**. See 7.5.5.5 *PAP-R*.
2. To produce a final report with findings, conclusions, and recommendations. The committee decides who will write the report.
3. To consider recommendations which may include necessary training required to prevent future occurrences of the action of abuse.

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7.5.3 Internal Investigation Committee Membership

Sexual or Physical Abuse, Repeated Instances of Unsatisfactory Interactions with Participants

The policy states that in all cases of sexual or physical abuse, where there have been repeated documented instances of unsatisfactory interactions with participants by the alleged perpetrator in the past, or where warranted by other circumstances, the internal investigation committee shall be comprised of the manager of the organization (or alternate should he/she be the alleged perpetrator) a representative of the Board, and the Community Living Division community services worker or alternate as recommended by Community Living Division.

Other Types of Abuse, Unexplained Injury

In other cases of alleged abuse or where unexplained injury has occurred the initial review committee may decide the internal investigation is conducted by the agency manager with the expectation of resultant outcome/decision, documentation, and sharing of report as per the process of internal investigation.

Who is involved in internal investigations?

In cases of sexual or physical abuse, or where there have been repeated documented instances of unsatisfactory interactions with participants by the alleged perpetrator in the past, or where warranted by other circumstances, the internal investigation committee shall be comprised of the manager of the organization, a representative of the Board, and the Community Living Division community services worker.

In other cases of alleged abuse or where unexplained injury has occurred the internal investigation may be conducted solely by the organization manager (as decided by the initial review committee).

7.5.4 Considerations

7.5.4.1 The alleged victim is encouraged and assisted to choose and to make use of an advocate. In all cases where uncertainty exists about the individual's ability to represent his/her interests, the policy states that an advocate shall be utilized. The process of Supported Decision Making may be helpful in the provision of information and support to the alleged victim. Those individuals who may have a conflict of interest will not be utilized as an advocate.

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- 7.5.4.2 Provision is made for the alleged perpetrator and all witnesses to be offered the opportunity for third party representation while they are being interviewed. The policy indicates that this does not extend to attendance of the representative at interviews of other witnesses or individuals associated with the case. Those individuals who may have a conflict of interest will not be utilized as a third party representative.
- 7.5.4.3 The alleged victim's advocate and the alleged victim where possible, are advised that they are free to communicate with an Investigation Committee representative provided that such communication does not interfere with any internal or police investigation of the allegation.

Support for those involved in the investigation:

The alleged victim is encouraged and assisted by the organization to choose and to make use of an advocate. Supported Decision making is a process that may assist the choice of an advocate and reflects best practice in supporting someone to make a decision.

Witnesses and the alleged perpetrator are to be offered third party representation as a means of providing support to them throughout the investigation process.

7.5.5 Outcome/Decision

The policy outlines the process utilized in concluding the internal investigation:

- 7.5.5.1 Record of the outcome of the investigation is made in the file of the victim, and the organization Allegation File opened on the allegation. Allegations determined to not be credible or unfounded will be documented in the Allegation File and noted on the victims file.
- 7.5.5.2 A final report is prepared within 30 days of the beginning of the investigation summarizing the outcome of the investigation (see 7.6.6).

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7.5.5.3 The Board of Directors is apprised of the outcome of the investigation. A copy of the final report is given to the Community Living Division regional supervisor. The outcome of the investigation is shared with the alleged perpetrator or his/her representative. Others directly involved with the situation may be informed of the outcome of the investigation.

7.5.5.4 The organization will make a decision regarding disciplinary action based upon findings of the investigation. The policy states that any disciplinary action taken should be arrived at and imposed independently from and without consideration of the penalty imposed by the Justice System and is in accordance with the agency's policies.

Organizations are responsible for the development and implementation of personnel policies as they relate to discipline of their employees which would include in those cases of actions of abuse.

7.5.5.5 Conclusions of investigations include:

- the allegation of abuse was founded (there was evidence that supported the allegation) or unfounded (there was evidence that did not support the allegation)
- rationale for the decision
- recommended actions

7.6 CBO Documentation Requirements

The policy describes the standards for documentation of information related to the allegation of abuse. These standards specify that:

7.6.1 An Allegation File be opened on the allegation which contains all documentation related to that allegation and which is maintained in the safekeeping of the manager of the organization.

7.6.2 The initial allegation be documented and written, signed statements are obtained from all witnesses and investigation participants, reviewed with additional comments documented, then dated and signed by the individual and designated other and placed on the Allegation File.

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- 7.6.3 All other communications and actions taken with respect to the allegation are documented, signed, dated and placed on the Allegation File.
- 7.6.4 When an allegation is founded and results in discipline and/or other related consequences:
 - 7.6.4.1 The incident shall be documented in the Allegation File and note made of any disciplinary actions taken or other related consequences.
 - 7.6.4.2 The incident shall be referenced in the victim's file, using a format that includes a general description of the incident and any related support requirements resulting from the incident. The incident will be cross-referenced to the Allegation File for additional details.
 - 7.6.4.3 The policy will indicate how the investigation information is documented in regards to the perpetrator's personnel file within the organization.
- 7.6.5 When an allegation is unfounded or found to be not credible:
 - 7.6.5.1 The incident shall be documented in an Allegation File with reference to why the allegation was deemed not credible and any resultant recommendations.
 - 7.6.5.2 The incident shall be noted on the victims file.

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- 7.6.5.3 The policy will indicate how the investigation information is documented in regards to the perpetrator's file within the organization.

Summary of Outcome and Documentation Sections:

Allegation File

An Allegation File is opened on all allegations and contains **all the documentation** related to the allegation and the investigation.

The **final report** summarizing the internal investigation and all evidence related to the allegation and internal investigation shall be part of the Allegation File related to that investigation.

Outcomes

The Board of Directors is apprised of the outcome of the investigation. A copy of the final report is given to Community Living Division. The outcome of the investigation is shared with the alleged perpetrator or his/her representative. Others directly involved with the situation may be informed of the outcome of the investigation.

Founded allegation:

The incident shall be documented in the Allegation File, perpetrator's file and note made of any disciplinary actions taken or other related consequences.

The incident shall be referenced in the victim's file with a general description of the incident and any related support requirements resulting from the incident.

Unfounded allegations or found to be not credible:

The incident shall be documented in the Allegation File. The incident shall be noted on the alleged victim's file.

- 7.6.6 Any internal investigation produces a final report. The internal investigation team decides which representative writes the final report. The final report includes documented statements describing:
- 7.6.6.1 what occurred
 - 7.6.6.2 when it occurred
 - 7.6.6.3 who was involved or witness to the action
 - 7.6.6.4 where the actions took place and the relative locations of all participants and observers
 - 7.6.6.5 how the investigation was conducted
 - 7.6.6.6 what actions were taken on behalf of the victim
 - 7.6.6.7 the conclusions

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- 7.6.6.8 recommendations to prevent similar incidents
 - 7.6.6.9 reference to past disciplinary actions regarding the perpetrator in related allegations if appropriate.
 - 7.6.6.10 any additional relevant information
- 7.6.7 The final report summarizing the internal investigation and all evidence related to the allegation and internal investigation shall be a part of the Allegation File related to that investigation.

Recommendations for the Final Report:

For tips in writing the final report and a sample template that meets the criteria for the final report see the resources: *Conducting Internal Investigations* (**Section I. G.**) and *Sample Template for a Final Report* (**Section I. H.**).

B. Components of an Organization Abuse Prevention Plan

Putting Policy into Practice - Risk Reduction:

Research shows that it is vital for organizations that provide services to persons with intellectual disabilities to recognize that participants are at risk of abuse. Written policies provide the framework that sets out the roles and responsibilities of staff and the organization. Having a policy is the first step in abuse prevention. To ensure the working practices of staff are protecting participants, it is critical to recognize and implement a training plan for staff to learn and understand the policy. Another important component identified in risk reduction is the provision of training for participants.

Cornerstones to Abuse Prevention:

- Recognizing the factors that are associated with increased risk of abuse and taking steps in risk reduction. An abuse policy provides the framework.
- Creating a culture of abuse prevention through leadership and supervision.
- Provide initial and ongoing training to staff.
- Provide initial and ongoing training for participants.
- Staff, managers, and Board members are aware of what actions and omissions constitute abuse.

Policies and Procedures:

- Having a clear abuse policy with procedures, including:
 - Reporting of incidents of abuse within the organization.
 - Consistent response to allegations of abuse.
- Having a policy governing the use of behaviour support strategies within the context of Comprehensive Behaviour Support.

Supervisory/Leadership:

- Supervisory practices play a critical role in abuse prevention.
- Provides positive role models for staff.
- Models good communication and teamwork within the organization.
- Models and cultivates positive attitudes about people with disabilities.
- Promotes a culture of abuse prevention.
- Encourages a team approach to supporting behavioural challenges.
- Provides supportive and consistent supervision to staff.
- Provides opportunities for staff to discuss abuse prevention, share learning's and identify challenges.
- Comprehensive behaviour support plans for individuals with challenging behaviours are developed in a team approach with staff input, are implemented consistently and are reviewed periodically.

Ongoing Staff Training:

- Providing training opportunities for staff to understand their roles and responsibilities in abuse prevention, how to recognize abuse, how to recognize the physical and behavioural indicators of abuse, who to report abuse to within the organization.
- Training in crisis prevention/intervention if supporting individuals with challenging or dangerous behaviours in order to ensure consistent approaches in supporting the individual.

Participant Educational Opportunities:

- Providing educational opportunities for participants to increase their understanding and awareness about: what is abuse, rights, responsibilities, and to teach skills in choice making, discrimination skills, boundaries, and sexuality.

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These materials were adapted from the following sources: *

<http://www.apd.myflorida.com/zero-tolerance/prevention.htm>, Prevention and Safety Planning, Agency for Persons with Disabilities (12/23/2008)

http://www.birmingham.gov.uk/Media/factsheet%205.pdf?MEDIA_ID=245509&FILENAME=factsheet%205.pdf, best practice fact sheet – protecting vulnerable adults from abuse-putting a policy into practice (12/23/2008)

<http://www.ualberta.ca/~jpdasddc/bulletin/articles/sobseymansell1990html>, THE Prevention of Sexual Abuse of People with Developmental Disabilities, Vol 18.2 (12/23/2008)

http://www.mass.gov/?pageID=dppcterminal&L=2&L0=Home&L1=Abuse+Prevention+%26+Outreach&sid=ldppc&b=terminalcontent&f=prevention_abuse_prev_strategies&csid=ldppc, Abuse Prevention Strategies, Disabled Persons Protection Commission (12/23/2008)

* These web-sites were referenced in 2009, but are subject to change.

C. Fact Sheets about Abuse – Definitions, Examples, Physical and Behavioural Indicators

Physical Abuse

Definition of Physical Abuse: Any act that causes or has potential to cause physical injury. Including but not limited to infliction of bodily pain by one or more instances of striking, shoving, slapping, pinching, choking or kicking. May include the use of restraining techniques outside of *Comprehensive Personal Planning and Support Policy* guidelines. (Definition from the *Participant Abuse Policy – Revised*)

Additional examples may include but are not limited to: Squeezing, pushing, pulling, jerking, shaking, biting, hair pulling, choking, and throwing objects at a person.

Potential Physical Indicators	Potential Behavioural Indicators
<ul style="list-style-type: none"> • Verbal report of physical abuse. • Unusual and unexplained bruises, burns, bites, lacerations, welts, skin discolorations. • Unexplained or inconsistent explanation of injuries. • Frequent absences from the workplace and returning with bruises and/or injuries. • Imprints to the skin potentially caused from an instrument. • Sudden onset of complaints - males most frequently complain of stomach aches – females most frequently report headaches. • Ear or eye injuries. • Symmetrical grip marks, evidence of physical restraint. • Injury to the scalp from hair pulling. • Unexplained fractures, strains, or sprains. • Dental injuries. 	<p>Sudden or unexpected changes in behaviour such as:</p> <ul style="list-style-type: none"> • Reluctance to go home or to another specific environment. • Behavioural extremes such as aggression, withdrawal, defiance, passivity. • Avoidance of a particular person. • Fearfulness of a particular person. • Sleep disturbance. • Changes in appetite. • Changes in daily routine. • Unusual mood swings. • Self abuse. • Excessive compliance. • Regression to more infantile behaviours. • Frightened of physical or social contact.

Physical assault is criminal under the Criminal Code of Canada.

Note: The presence of indicators of abuse is not proof abuse has taken place. Abuse is one possibility that should be considered. There are other potential causes for the presence of indicators, for example, bruising may be the result of a fall.

Sexual Abuse

Definition of Sexual Abuse: Any form of exploitative sexual behaviour or unwanted sexual touch including but not limited to harassment or acts of sexual assault. (Definition from the *Participant Abuse Policy – Revised*)

Additional examples may include but are not limited to:

- sexual harassment includes any conduct, comment, gesture or contact of a sexual nature that is likely to offend or humiliate the person, sexual remarks and sexual jokes
- acts of sexual touch, penetration
- forced viewing or participation in pornography
- any sexual activity between a participant and a support provider is inappropriate even with consent due to nature of relationship and issues of power inherent to the relationship

Potential Physical Indicators	Potential Behavioural Indicators
<ul style="list-style-type: none"> • Verbal report of sexual abuse. • Existence of sexually transmitted disease. • Pregnancy. • Stained, torn or bloody underclothes. • Trauma or bruising to breasts, buttocks, lower abdomen, thighs, genital or anal areas. • Unexplained accumulation of money or gifts. • Re-occurring physical ailments and complaints (i.e., stomach aches, headaches, sore throats). • Redness, swelling, pain, itching in the genital area. • Repeated infections and discharge. • Pain or itching in the genital area or throat; difficulty going to the bathroom or swallowing. • Incontinence. • Vaginal or rectal bleeding. 	<p>Sudden or unexpected changes in behaviour such as:</p> <ul style="list-style-type: none"> • Sleep disturbances. • Changes in eating patterns. • Inappropriate or unusual sexual behaviour or knowledge. • Changes in social patterns. • Withdrawal from others. • Aggressive and disruptive behaviours. • Going to bed fully clothed. • Excessive compliance with requests. • Running away, refusing to return. • Low self-esteem. • Excessively critical of self. • Extreme attention to hygienic needs. • Regressive toileting and personal grooming skills. • Lack of attachment to caregivers or family. • Excessive masturbation. • Simulated sexual acts with peers or sexual attention to pets and animals. • Compulsive sexual behaviour (i.e. grabbing breast or genitals, indiscriminately removing clothing).

Sexual Assault is criminal under the Criminal Code of Canada.

Note: The presence of indicators of abuse is not proof abuse has taken place. Abuse is one possibility that should be considered. There are other potential causes for the presence of indicators, for example, medical conditions.

Emotional Abuse

Definition of Emotional Abuse: Acts or omissions that cause or could cause emotional pain. Including but not limited to acts or omissions that are disrespectful, rejecting, intimidating, criticising, threatening or harassing. Also includes verbal and written expressions, and yelling, screaming and swearing at others. (Definition from the *Participant Abuse Policy - Revised*)

Additional examples may include but are not limited to:

- jokes about habits/faults/disability
- belittling references, demeaning language
- treating the adult as a child
- threatening to have the person moved
- threatening to send someone to an institution or threatening violence/isolation/retaliation
- blaming the person for their failings
- insults, name calling
- excessive or repeated demands upon the person that they can not meet

Potential Physical Indicators	Potential Behavioural Indicators
<ul style="list-style-type: none"> • Verbal report of emotional abuse. • Expressions of shame or guilt. • Withdrawal. • Passivity. • Fearfulness. • Symptoms of depression. • Eating disorders. • Suicide attempts. 	<p>Sudden or unexpected changes in behaviour such as;</p> <ul style="list-style-type: none"> • Challenging or extreme behaviours. • Lowered self esteem. • Avoiding eye contact with support persons. • Excessive compliance. • Withdrawal from others. • Changes in sleep pattern. • Poor peer relations; name calling, swearing, intense teasing. • Sudden fear of person or place. • Running away, reluctance to go home. • Deterioration in social skills. • Self Abuse.

Some Criminal Code of Canada provisions that may apply in cases of emotional abuse include: threats, denial of rights, intimidation and harassment which police will determine. Other forms of emotional abuse are breaches of professional ethics and the abuse policy of an organization.

Note: The presence of indicators of abuse is not proof abuse has taken place. Abuse is one possibility that should be considered. There are other potential causes for the presence of indicators, for example, side effects of medications.

Neglect

Definition of Neglect: Failure to provide or make available the necessary supports that may result in physical or emotional harm or loss to the participant or their estate. Including but not limited to food, clothing, shelter, hygiene, medical care, and support or supervision appropriate to the participant’s age, development, or situation. May be caused by an action or a failure to act, and may or may not be intentional. (Definition from the *Participant Abuse Policy – Revised*)

Additional examples may include but are not limited to:

- inattention to safety precautions including the need for support
- abandonment
- removing aides such as wheelchairs, dentures, communication devices, hearing aides
- failure to provide timely repairs for aides such as wheelchairs, communication devices, hearing aides
- leaving the individual’s medical problems untreated
- failure to provide the support and assistance required in daily living skills
- failure to use the participant’s communication devices

Potential Physical Indicators	Potential Behavioural Indicators
<ul style="list-style-type: none"> • Verbal report of neglect. • Evidence of poor hygiene. • Dehydration. • Malnourishment. • Bedsores or skin rashes related to unchanged bedding, urine soaked attends or linens. • Lack of recommended/needed assistive devices such as dentures, eyeglasses, hearing aide, walker, wheelchair. • Untreated medical conditions. • Lack of clothing, improperly clothed for weather conditions. • Enuresis. • Inadequate or no lunch. 	<p>Sudden or unexpected changes in behaviour such as;</p> <ul style="list-style-type: none"> • Withdrawal or mood swings. • Sudden fear of person or place. • Changes in sleep pattern. • Sudden onset of nightmares. • Poor peer relations; name calling, swearing, intense teasing. • Deterioration in social skills.

Neglect is a form of abuse that breaches professional ethics and the abuse policy of an organization. The Criminal Code of Canada makes provisions that may apply in cases of severe forms of neglect such as failure to provide the necessities of life.

Note: The presence of indicators of abuse is not proof abuse has taken place. Abuse is one possibility that should be considered. There are other potential causes for the presence of indicators, for example, the person may have eaten their lunch on the way to work.

Property Abuse

Definition of Property Abuse: Misuse of an individual's funds or assets, including but not limited to unauthorized use of bank accounts or denial of personal possessions. (Definition from the *Participant Abuse Policy Document – Revised*)

Additional examples may include but are not limited to:

- staff taking money from a participant’s envelope, bank account, wallet, etc., for his/her own use
- taking away a participant’s personal possessions
- borrowing participant’s belongings without their knowledge and consent

Potential Physical Indicators	Potential Behavioural Indicators
<ul style="list-style-type: none"> • Verbal report of property abuse. • Individual complains that personal items are missing. • Money is missing. • Receipts indicate unusual or inappropriate purchases. • No control over personal funds or bank accounts. • No access to personal funds. • No records or incomplete records kept on spending and purchases. 	<p>Sudden or unexpected changes in behaviour such as:</p> <ul style="list-style-type: none"> • Aggression. • Withdrawal/avoidance. • Challenging behaviour. • Running away. • Verbal aggression.

Property abuse can be acts that are criminal under the Criminal Code of Canada (theft). Other forms of property abuse are breaches of professional ethics and the abuse policy of an organization.

Note: The presence of indicators of abuse is not proof abuse has taken place. Abuse is one possibility that should be considered. There are other potential causes for the presence of indicators, for example, a math error in calculation of personal funds.

Medication Abuse

Definition of Medication Abuse: Non-compliance with policies and procedures relating to medication administration, including but not limited to withholding medication, over-medication, inappropriate use of medication, repeated medication errors. (Definition from the *Participant Abuse Policy – Revised*).

Additional examples may include but are not limited to:

- denying access to health information
- inappropriate use of PRN's – administering under circumstances that are not indicated
- administering medications that are not prescribed for the individual
- repeatedly making medication errors
- not administering medications that are prescribed for the individual

Potential Physical Indicators	Potential Behavioural Indicators
<ul style="list-style-type: none">• Excessive drowsiness, slurred speech.• Medication not being given as ordered by the physician.• Administration of medications that are not prescribed.	<ul style="list-style-type: none">• Uncharacteristic behaviours.

Medication abuse is a breach of professional ethics and of the abuse policy of an organization.

Note: The presence of indicators of abuse is not proof abuse has taken place. Abuse is one possibility that should be considered. There are other potential causes for the presence of indicators, for example, the person may have had a stroke.

Denial of Opportunity

Definition of Denial of Opportunity: Unreasonable denial of opportunity or intentional withholding of access to available opportunity or choices to meet needs for economic, spiritual, mental, or personal growth and satisfaction. (Definition from the *Participant Abuse Policy – Revised*)

Additional examples may include but are not limited to:

- refusal to allow participation in a leisure activity due to something the individual did earlier in the day
- denying access to family and friends
- denial to attend church
- intentionally withholding opportunities that the individual has enjoyed in the past
- not supporting or attempting to assist an individual to access community activities due to their needs – whether this is due to mobility or assistance needs
- not supporting or attempting to assist an individual to access services in the community due to past actions or mistakes made

Potential Physical Indicators	Potential Behavioural Indicators
<ul style="list-style-type: none"> • Verbal report of denial of opportunity. • Observations of denials of opportunity. 	<p>Sudden or unexpected changes in behaviour such as:</p> <ul style="list-style-type: none"> • Expressions of frustration or anger (verbal or behavioural). • Loss of interest in pursuing goals and activities. • Withdrawal from others. • Running away.

Denial of Opportunity is a breach of professional ethics and of the abuse policy of an organization.

Note: The presence of indicators of abuse is not proof abuse has taken place. Abuse is one possibility that should be considered. There are other potential causes for the presence of indicators, for example, the person may be suffering from depression from a loss of a family member and has lost interest in their goals and activities.

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These materials were adapted from the following sources: *

Recognizing Abuse & Neglect: Disabled Persons Protection Commission:
<http://www.mass.gov/?pageID=dppcterminal&L=3&LO=Home&L1=Recognizing+Abuse>
(11/17/2008)

Creating a Safe Environment (pgs 23-25) APSH Proprietor Manual, Ministry of Social Services, January 2005

Abuse Fact Sheets, <http://www.ilrctbay.com/upload/custom/abuse/sontent/factsheets.htm>
(1/19/2009)

Common Signs and Symptoms of Abuse, Neglect, and Exploitation, agency for persons with disabilities, <http://www.apd.myflorida.com/zero-toelerance/symptoms.htm>,
(11/17/2008)

Working Together to Support People, Level One Training Manual, Community Living Division, Ministry of Social Services, Saskatchewan

Abuse of Older Adults, Department of Justice, <http://canada.justice.gc.ca/eng/pi/fv-vf/old-age.html> (11/17/2008)

Participant Abuse Policy- Revised Document: Definitions of abuse (pgs. 5-6), Community Living Division, Ministry of Social Service (2009)

* These websites were referenced in 2009, but are subject to change.

D. Understanding Risk - Strategies to Reduce the Risk of Abuse

Understanding the Prevalence of Abuse of Persons with Disabilities

Most people with disabilities will experience in their lifetime some form of sexual assault or abuse (Sobsey & Varnhagen, 1989). People with intellectual disabilities are at the highest risk of abuse (Sobsey & Doe, 1991).

It is important to note that the very fact of having a disability increases the probability of being abused.

Abuse studies have estimated that 80% of people with intellectual disabilities living in the community are physically or sexually abused, cheated or robbed.

These studies have identified some of the factors associated with increased risk of abuse:

- **Power imbalances** inherent in relationship when reliant on others for support which contributes to a potential lack of control.
- **Negative public attitudes toward disability** – devaluing the person with a disability. Viewing the deficits and needs of the individual rather than from a positive perspective of capacities and gifts.
- **Reliance on others** for physical support and daily living care places the individual in a potentially more vulnerable position.
- **Limited opportunities** to develop social skills through typical social connections.
- **Learning to be compliant** - lack of choice-making and lowered self esteem.
- **Limited knowledge** about relationships, boundaries, sexuality etc. contributes to the chance of being a victim.
- **Isolation - lack of inclusion** - limited opportunities to expand relationships in an individual's life contributes to vulnerabilities.
- **Nature of Disability** - the type and level of disability impacts the individual's dependency as well as skills in various areas, some examples:
 - individuals with expressive and receptive (understanding) skills deficits
 - individual's verbal vs. performance skills
 - individuals with medical conditions
- **Communication Skills** - decreased verbal skills or being non-verbal can increase vulnerability, decrease credibility, and increase use of challenging behaviour to communicate.

Possible organizational actions/strategies to reduce the factors that increase the risks of abuse:

Power imbalances

- One approach is to move from a protective role to that of an empowerment role. The practice of supported decision making supports empowerment.
- Providing ongoing educational opportunities for individuals on the prevention of abuse. The lack of knowledge and information can contribute to an individual's vulnerability. Knowledge is power and helps reduce the risk of abuse.

Negative attitudes

- Recognizing individuals with intellectual disabilities as valued members of society, with strengths and abilities.
- Being a positive role model in the community to help change negative attitudes.
- Supporting persons in a dignified and respectful manner.

Reliance on others for physical support and daily living care

- Support persons to ask permission to touch prior to touching.
- Encouraging and supporting the skill development in daily living activities.
- Promoting independence, when support is required providing this support in a respectful and dignified way.

Limited opportunities to develop social skills through typical social connections

- Supporting individuals to develop relationships with natural supports (non-paid), and make connections in the community which provides opportunities to develop social skills.

Learning to be compliant - lack of choice-making and lowered self esteem

- Sometimes individuals have limited experience in choice making. Supporting individuals in choice-making empowers individuals, promotes independence, and helps boost self esteem. Ask in what ways can I build in choice today for an individual through a support role.
- Helping promote a quality life that is person-centred based on their interests, dreams, and desires.

Limited knowledge about relationships, boundaries, sexuality contributes to the chance of being a victim

- Providing educational opportunities for individuals in sexuality, boundaries, social skills development.
- Providing support and assistance to individuals to take courses or classes in the community - asking what are the barriers to this individual taking this course and then asking what can I or the organization do to assist the individual to be in the course, whether it be arranging rides, helping with forms, attending with the individual etc.

Isolation - lack of inclusion

- Strengthen the individual's presence in regular community life as neighbors, coworkers, volunteers and friends.
- Promoting and strengthening relationships with natural supports (non-paid). Natural supports help the participant to be associated with being part of one's community - hockey fans, football fans, coffee shop, and community recreational center.

Nature of Disability

- Knowing the individual's strengths and deficits and providing support in respectful and dignified ways.

Communication Skills

- Assisting the individual to develop communication skills.
- Exploring communication systems for individuals who are non-verbal.
- Responding to individuals that is based on an understanding of what their behaviour is trying to communicate.

SECTION I: BACKGROUND & TOOLS FOR ADMINISTRATORS

These materials were adapted from the following sources:*

http://www.phac-aspc.gc.ca/ncfv-nivf/familyviolence/html/fvdisabiliterature_e.html
Violence and People with Disabilities: A Review of the Literature (12/2/2008)

Working Together to Support People; Abuse Protocol, Level 1 Training,
Community Living Division, Ministry of Social Services

http://www.pdd.org/docs/prov/Training_Manual_Jan2004.pdf Abuse Prevention
and Response: Training Manual, Persons with Developmental Disabilities, Abuse
Prevention, and Response Committee, Alberta (11/28/2008)

*These websites were referenced in 2009, but are subject to change.

E. Guidelines When Receiving a Disclosure of Abuse

Tips for the Immediate Response to a Disclosure of Abuse

If an individual discloses abuse, provide support by:

- Ensure the safety and well being of the individual and get medical attention for the individual if required. (See actions with respect to victims in the abuse policy).
- Do not promise to keep the information you receive a secret. Ask the individual for their consent to report the disclosure. If the individual does not provide consent, you must tell the individual you will report the disclosure if it involves a staff as defined by the *Participant Abuse Policy – Revised*. If the alleged perpetrator is not a staff as defined by the policy, inform the individual the allegation will be reported to Community Living Division.
- Be prepared to listen immediately to the allegation.
- Assist the individual to be as comfortable as possible by locating a private place to speak with the individual.
- Remain calm and composed, do not over-react, or let your emotions interfere with the individual talking.
- Be non-judgmental - respect everything the individual says without judgment.
- Offer support and comfort to the individual in speaking about his/her situation.
- Go at a pace the individual is comfortable with.
- Do not ask questions of the individual specific to the allegation - at this time, you are receiving information - if needed, ask open-ended questions. At the time of disclosure, it is critical that no leading questions be asked and the alleged victim communicate the facts using language, gestures, signing that is self-generated (the alleged victim's communication system). Only use "open ended" questions rather than "closed ended" or leading questions. Interviews with leading questions will not be accepted by the justice system.
- Do not introduce new words or words that the individual did not use. Let the individual use his/her words to tell the story. Do not correct terminology or introduce words the individual does not understand. Avoid the temptation to complete the individual's sentences or fill in words.
- Ask clarifying questions - who, what, where, when and how (avoid the question "why").
- In writing an account of the conversation, the witness should immediately write down the exact words said, quoting as much as possible. Be specific and document everything.
- Immediately report the disclosure to your supervisor.

F. Techniques for Interviewing

This is a supplementary resource researched and developed to provide guidelines about distinguishing between leading and non-leading questioning and provides sample scripts.

1. Leading Questions – Non-Leading Questions

It is important to distinguish between leading and non-leading questions as interviews should be phrased with questions that are non-leading or open-ended.

Leading questions are questions that suggest the answer or contain the information the interviewer is looking for. For example, this question is leading:

- You were at bowling on Saturday afternoon, weren't you?

It suggests that the person was at bowling on Saturday afternoon. The same question in a **non-leading** form would be:

- Where were you on Saturday afternoon?

This form of question is **non-leading** because it does not suggest to the interviewee the answer the interviewer hopes to get.

Leading questions can usually be answered with a **yes or no** format, while non-leading questions are **open-ended**. Typically, non-leading questions begin with Where, Who, What, When, and How.

2. Sample Scripts

The following are examples of **non-leading questions**; this script will assist in ensuring that statements are not contaminated:

- "Please tell me what happened."
- "What you are telling me is very important."
- "What happened next?"

If clarification is required, ask questions in this format:

- "Where did it happen?"
- "Who was there?"
- "What was said to you?"

Questions must NOT:

a. Contain the answers.

As in: “Did it happen in your room?” or “Did he/she tell you not to tell?”

Example: A participant approaches you and tells you they were yelled at.

- Leading question: Was (name of staff) the one who yelled at you?
- Non-leading question: Did anyone treat you disrespectfully?
- Leading question: Did they tell you not to tell anyone?
- Non-leading question: What did they tell you?

b. Be choices of answers.

As in: “Did he/she touch you on the thigh or on your chest?” or “Did this happen in the bed or on the floor?”

Example: A participant tells you that a meal was denied to them.

- Leading question: Was it breakfast, lunch or dinner?
- Non-leading question: What meal time was it?
- Leading question: Did you tell the staff or anyone else?
- Non-leading question: Did you tell anyone your concern?
- Leading question: Were you mad or angry?
- Non-leading question: How did you feel?

c. Name the person before the victim identifies him/her.

As in: “Did Jack touch you?” or “I have been told Marilyn made you feel bad?”

Example: A participant tells you of trouble in the home.

- Leading: Did you have an argument with the staff?
- Non-leading: Are you having a problem with anyone?
- Leading: Did the staff tell you to keep your fighting a secret?
- Non-leading: Has anyone asked you to keep a secret?

d. Describe the alleged offense.

As in: “Did he tell you to rub his leg?” or “Did he touch you on your breast?”

Example: A participant tells you that staff took away their radio last night.

- Leading: Did the staff take away your radio because you did something wrong?
- Non-leading: What happened to your radio?

e. Contain your assumptions.

As in: “I want you to tell me how Scott hurt you?” or “This happened in the kitchen, right?”

Example: A participant tells you a staff called them names.

- Leading: Did the staff call you names that hurt your feelings?
- Non-leading: What did the staff say?

f. Be overly complex.

As in: “Did you not know the person?” or “Were you alone, and did you know him?”

Example: A participant tells you someone hurt them last night. Avoid the use of negatives and avoid asking two questions in one.

- Simple: Were you alone?
- Simple: Did you know him?

SECTION I: BACKGROUND & TOOLS FOR ADMINISTRATORS

These materials were adapted from the following sources:*

<http://www.ualberta.ca/~jpdasddc/bulletin/articles/coles1990.html>

J.P. Das Developmental Disabilities Centre - Developmental Disabilities Bulletin – Volume 18.2 (1990) (12/31/08)

<http://www.farnorthernrc.org/mylifemychoice/Implementation%20Tips.htm>

My Life My Choice Sexuality and Disability Resources – Policy Standards Implementation Tips (12/31/08)

<http://www.turningforward.org/documents/INVESTIGATIONGUIDELINES.pdf>
(12/31/08)

* These websites were referenced in 2009, but are subject to change.

G. Conducting Internal Investigations

1. Introduction

An investigation is the systematic collection of facts for the purpose of describing and explaining an event. Facts have the ability to help describe or explain what happened. The manner in which facts are collected can affect how those facts are accepted.

It is very important that working relationships between co-workers, staff, and management develop before an investigation arises, to minimize fear of reporting. People will talk to each other if they feel safe in doing so. Many people feel they are at risk when reporting an incident. Express thanks to those people involved in the investigation to show appreciation for their courage to speak up and commitment to the process.

Speed with which information is collected is an important factor in collecting facts and organizing an investigation. Delay in an investigation can result in changed evidence (inadvertently or by manipulation). Interviews of witnesses will change with delay due to loss of accurate memory (especially during/after a stressful event).

2. Evidence

Evidence obtained may take a variety of forms:

- Verbal statements (interviews) or written information from people directly involved or any witnesses.
- Physical evidence should be secured at the location or removed immediately (i.e. documents, or clothing and linens in cases of alleged sexual abuse). Physical examination may produce physical evidence. Document these results. Please note in cases of police investigations, any touching or moving of evidence may render it useless.
- Documents related directly to the event, or which are circumstantial (i.e. incident reports, medication reports, progress notes, statements by people involved). If it is necessary to make notes on documents, do not do so on originals.

3. Investigation Strategies

- Develop an investigation plan.
- Attempt to conduct interviews in the following order:
 - The alleged victim or the person making the report.
 - The alleged perpetrator.
 - Any witnesses to the event or circumstances leading up to or following the event.
 - Anyone else identified during the interview process.
- Develop a time frame.
- Prepare questions in advance as much as possible.
- Interview witnesses separately.
- During all interviews take minutes, if more than one person is involved with an interview, prior to that interview determine who will ask the questions and who will record the answers.
- Avoid hearsay and opinion evidence.
- Ask for facts upon which to draw conclusions, don't accept conclusions as fact.

4. Considerations for Interviews

Prior to an interview, assess the individual's capabilities and limitations, consider:

- Assess the ability of the person to understand and verbalize concepts so that questions can be phrased at the correct level.
- Use concrete words rather than abstract words.
- Break down large complex questions.
- Ask the alleged victim if they want an advocate at the interview.

Prior to an interview consider these guidelines:

- Interviews should take place in a private area, free from interruptions, distractions, and phone calls.
- Present the role of each individual present (make introductions if necessary).
- Explain the relevant policies/procedures – abuse and confidentiality.
- Develop a rapport with the individual.
- Use CREDO- compassion, respect, empathy, dignity, and openness to their needs.
- Invite the individual to have as much control over the interview as possible by following the following guidelines:
 - Let the individual know that the interview will be written down in order to get the information accurate and they may be re-interviewed.
 - Use language the alleged victim understands.

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- Avoid leading questions. These are questions which give details about the situation and require a yes or no answer.
- Ask one question at a time. Do not double up on questions.
- Directed questions that require only a “Yes” and “No” are okay when the alleged victim is unable to engage in more complicated interviewing style.
- Interviewing individuals with speech and language limitations - ask yes, no and pass questions. Use the communication system that the individual uses (pictures, augmented etc.). If necessary, use cards with pictures and ask the individual to point to the answer.
- Be aware of your voice, tone, words, and demeanor. Be aware of body language. Speak slowly, but do not overly hesitate. Allow time for the interviewee to consider and answer questions. Significant time may be needed to understand the question and formulate a response. Listen carefully and attentively to answers.
- The last questions can be: “Is there anything else I should know?” “Do you have anything else to say?”

5. Findings and Recommendations

- Do not draw conclusions until all witnesses have been interviewed, all physical evidence has been reviewed, and all documents have been read.
- Review evidence for consistency and similarity. Is there supporting evidence (prior indications or other similar situations)? How can differences in witness reports be reconciled? What is the relationship of the witness to the victim? To the alleged perpetrator?
- **Conclusions to investigations include:**
 - the allegation was **founded** – evidence supported the allegation or **unfounded** – evidence did not support the allegation
 - Rationale for decision
 - Recommendations

6. Writing a Final Report

Use a consistent format when writing a summary of the investigation.
Include:

- A description of the incident with the date, time, location, and persons involved.
- Describe the investigation procedure used.
- Summarize the facts.
- Reference any actions taken on behalf of the victim.
- Report the conclusions (based on facts not projections).
- Reference to past disciplinary actions regarding the perpetrator in related allegations if appropriate.
- Include recommendations in the report.
- Any additional relevant information.

SECTION I: BACKGROUND & TOOLS FOR ADMINISTRATORS

These materials were adapted from the following sources:*

<http://www.ualberta.ca/~jpdasddc/bulletin/articles/coles1990.html>

J.P. Das Developmental Disabilities Centre - Developmental Disabilities Bulletin – Volume 18.2 (1990) (12/31/08)

<http://www.farnorthernrc.org/mylifemychoice/Implementation%20Tips.htm>

My Life My Choice Sexuality and Disability Resources – Policy Standards Implementation Tips (12/31/08)

<http://www.turningforward.org/documents/INVESTIGATIONGUIDELINES.pdf>

(12/31/08)

*These websites were referenced in 2009, but are subject to change.

H. Sample Template for a Final Report

**Abuse Protocol
Final Report**

Date: _____

Organization Name: _____

Date of Alleged Incident: _____

Description of Alleged Incident: _____

Time of Incident: _____

Parties Involved: _____

Witnesses: (full names, and positions if applicable) _____

Specific Location of Alleged Incident: _____

SECTION I: BACKGROUND & TOOLS FOR ADMINISTRATORS

Summary of Investigation Process: _____

Any relevant past disciplinary actions: _____

Actions taken on behalf of the victim: _____

Outcome of Investigation: _____

Recommendations to prevent similar incidents: _____

Executive Director or Designate Signature: _____

Note: This template meets the criteria for the final report according to the *Participant Abuse Policy - Revised*.

SECTION I: BACKGROUND & TOOLS FOR ADMINISTRATION

DUE DILIGENCE CHECKLIST

The manager of the Community-Based Organization in reviewing the organization's response to allegations of abuse as per their Abuse Policy may use the Due Diligence Checklist as a guide. Do not leave any of the boxes blank. If a section is not applicable, please mark "n/a" in the box.

PROCESS	YES
Immediate Actions when Responding to Allegations of Abuse	
<ul style="list-style-type: none"> Immediate safety of the alleged victim and others ensured. Call police and enlist others as required to stop the abuse. Requested medical examination in cases of allegations of sexual and physical abuse or whenever relevant physical evidence may be present. 	
Reporting Protocol	
<ul style="list-style-type: none"> Has requested/generated signed statements/reports re: allegation of abuse. Has notified CLD case manager of all allegations of abuse within 24 hours of the allegation being made. Has notified the Board Chairperson of the report of allegation of abuse within 24 hours. Ensures the police are notified within 24 hours of receiving allegations of physical and sexual abuse. Confidentiality and consent issues are considered as per policy in regards to sharing information. Communication and actions with respect towards alleged perpetrator are in line with policy. 	
Initial Review	
<ul style="list-style-type: none"> Initial review completed in consultation with CLD and Board Chairperson. Determined internal investigation membership as per nature of incident. Review team made a decision about reporting to the police within 24 hours. Immediate discipline actions considered by organization and followed through if appropriate. 	
Internal Investigation	
<ul style="list-style-type: none"> If the allegation has been reported to the police, the police are notified that an internal investigation will be conducted prior to commencing the investigation. 	
Outcome of investigation	
<ul style="list-style-type: none"> The final report summarizes the outcome of the investigation and is completed within 30 days of start of internal investigation. The final report is placed on the Allegation file. A copy of the final report is provided to CLD. The perpetrator is informed of internal investigation outcome. 	
Documentation	
<ul style="list-style-type: none"> Has ensured adherence to documentation requirements as per policy. 	
Confidentiality	
<ul style="list-style-type: none"> Has ensured adherence to confidentiality requirements as per policy. 	
Considerations	
<ul style="list-style-type: none"> Alleged victim advised of use of advocate. 	
<ul style="list-style-type: none"> Alleged perpetrator and witnesses advised that a third party can be present with them at their interviews. 	
<ul style="list-style-type: none"> Alleged victim is provided opportunity for counselling. 	

Signed:

CBO Manager

Date

Section I.J. Manager's Decision Making Tree: Allegations of Abuse

Allegation of Participant Abuse is Reported:

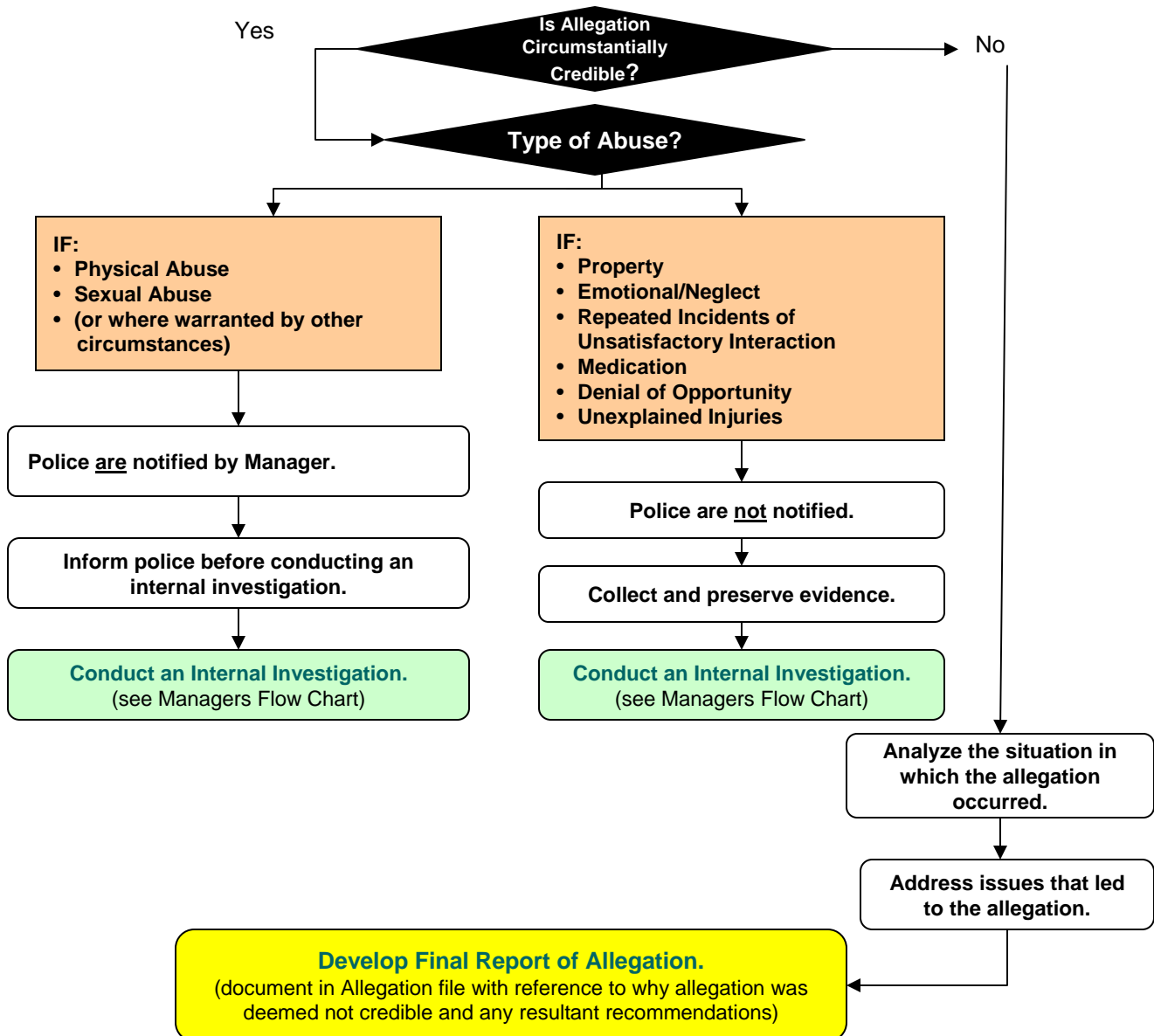
- All allegations of participant abuse are to be immediately reported to designated position within the CBO as per the agency abuse policy.
- Allegations are written and signed.

Manager:

- Immediately assesses safety risks.
- Ensures provision of medical examination within 24 hours if required. Preserve any evidence.
- Ensures the safety of all parties.
- Reports the allegation to the Board Chairperson or designate, and CLD community services worker within 24 hours.
- If alleged victim is < 16 years of age, informs Child & Family Services.
- If appropriate, provides information to the alleged victim regarding their right to report the incident to police and their right to support and advocacy.

Initial Review is Conducted By the Manager, Board Chairperson and CLD CSW:

- Purpose of the review is to determine whether the allegation is credible, the type of abuse, and whether the allegation will be reported to police (per decision tree below). If police are to be notified, this should occur within 24 hours of receiving the allegation.



Section I.J. Manager's Flow Chart: Internal Investigation into an Allegation of Participant Abuse

An Internal Investigation into an allegation of participant abuse is required:

- An internal investigation is conducted in all credible cases of alleged abuse, or where unexplained injury has occurred or where there have been repeated documented instances of inappropriate interactions.

Manager, Board Chair and CLD CSW determine who will conduct the investigation:

- In all cases of sexual or physical abuse, or where there have been repeated documented instances of unsatisfactory interactions with participants, the internal investigation committee shall be composed of the manager of the agency, a Board representative, and the CLD community services worker.
- In all other cases of abuse or where unexplained injury has occurred the initial review committee may decide the internal investigation is conducted by the agency manager.

Investigation Actions

STEP 1:

Conduct Interviews:

- Arrange for and interview the alleged victim, witnesses, the alleged perpetrator. Get signed and dated statements.

Alleged Victim:

- If possible, interview the alleged victim and get their signed statement.
- Offer advocate.

Witnesses:

- If someone other than the alleged victim brought forward the allegation;
- Interview the person making the allegation report and get their signed statement and list of witnesses,
 - Advise re: rights to third party support (e.g. union),
 - Make arrangements to interview witnesses.

Alleged Perpetrator:

- Notify alleged perpetrator of allegation in writing.
- Make arrangements to interview alleged perpetrator.
- Advise re: rights to third party support (e.g. union).

STEP 2:

Review Evidence:

- Interview statements
- Physical evidence
- Medical evidence

STEP 3:

Decision is made whether the allegation is founded or unfounded:

- Final report generated with findings.
- Final report copy to CLD, advise Board Chair of findings.

Founded

Allegation is founded
or unfounded?

Unfounded

Manager takes necessary action with the perpetrator. Communicates the outcome with victim/advocate.

Manager communicates the outcome with alleged perpetrator and victim.

K. Principles of Adult Learning

As a facilitator of training it will help to know how adults learn best in creating an environment that encourages and supports learning. Here are some key points to consider:

1. Adults learn best when they are treated with respect.

- Foster a spirit of collaboration in training. Collaboration in the adult training is frequently founded on the idea that the roles of trainers and learners can be interchangeable. Although trainers have the overall responsibility for leading a learning activity, in adult learning settings each person has something to teach and to learn from the other. Adult learning is a cooperative situation that respects and draws upon the knowledge that each person brings to the learning setting.
- Promote individuals to ask questions and discuss issues with each other.

2. Most adults learn through reflection on their own experience, and the experience of others.

- Avoid lengthy one-way lectures.
- Instead of only giving examples, ask individuals to offer examples from their own experience.
- Use groups to promote engagement and encourage cooperation and collaboration among learners. Adult learners will both learn from and teach their peers.
- Relay questions asked by individuals. Rather than answering each question, open the question to the group to invite responses by others. Use interactive methods such as case studies.

3. Adults are able to take responsibility for their own learning.

- Encourage individuals to talk about what interests or intrigues them about the topic.
- Provide individuals with the opportunity to identify their learning needs.

4. Adults are more receptive to training that is clearly related to problems they face.

- Provide opportunities for the group to share how the topic of abuse affects their life and work.
- Include opportunities for individuals to apply the learnings to real life situations.

5. Most adults learn best when the environment is personal and informal.

- Promote interpersonal connections with each other.

6. Adults retain information better when they have a chance to consolidate their learning.

- Include opportunities to review concepts.
- Include exercises or discussions that review and combine two or more different concepts from the training.
- Provide “mnemonic devices” or memory cues to help learners retain multiple pieces of information.
- Encourage participants to make (or provide them with) cue cards with the most critical concepts from the training.

These materials were adapted from the following sources:*

Institutional Abuse Prevention Training Manual Working to Establish Dignity for All, Institutional Abuse Prevention Project Interhospital Domestic Violence Committee Saskatchewan, March 1995

<http://www.literacy.ca/?q=literacy/literacyprofessionals/principles>, Principles of Adult Learning (11/7/2008)

*These websites were referenced in 2009, but are subject to change.

L. Tips for Effective Training

Competence and confidence are an ideal mixture in the workplace. Staff with these traits can motivate others to work together and create a safe and productive environment. How can this be done? Establishing an effective training program is the best way to start. These tips will help you make the most of your investment in training.

Tip 1: Define why you are conducting the training, and be clear about the objectives of the training.

Tip 2: Support the transfer of knowledge by providing follow-up supporting materials like handouts or other resources to the training. Training is not just a one-time event.

Tip 3: Ask questions to encourage participation. Avoid closed questions that elicit a “yes” or “no” response. Ask open-ended questions to encourage individuals to think, start a discussion, and bring out opinions.

Tip 4: Use variety. The more ways you present information, the more likely those individuals will learn and retain. Vary the pace and style of your training. Recognizing a range of activities will appeal to individuals’ varied learning styles.

Tip 5: Use repetition. Review materials. Recap previous sessions before continuing with new material.

Tip 6: Administer small doses. Most people get “burned out” if the sessions are too lengthy. Consider spreading out the topics, a little at a time, across a time frame.

Tip 7: Apply knowledge right away. It’s too easy to forget something if you don’t use it. Follow up training with case scenarios or group discussion to elicit feedback on the application of the knowledge.

Tip 8: Make it interesting. Add interactive elements whenever you can. Group projects and discussions help accomplish this objective.

Tip 9: Involve everyone in training. Valuing and including have a positive effect on the team dynamic. When everyone receives training, then you’ve accomplished one of the main goals of training: a strong, knowledgeable staff. The attitudes from such an environment give rise to teamwork as well as excellence.

SECTION I: BACKGROUND & TOOLS FOR ADMINISTRATORS

These materials were adapted from the following sources:*

http://ecmweb.com/mag/electric_ten_tips_effective_2/ (12/30/ 2008)

<http://knol.google.com/k/justin-beller/building-effective-training-in-five/2ep2isbzwjlem/2> Building Effective Training in Five Easy Steps (12/22/2008)

<http://www.calpro-online.org/ERIC/docs/pab00008.pdf> Using Adult Learning Principles in Adult Basic and Literacy Education – Practice Application Brief

http://ecmweb.com/mag/electric_ten_tips_effective_2/ - Ten Tips for an Effective Training Program (12/22/2008)

*These websites were referenced in 2009, but are subject to change.

A. Orientation/Review for Staff to the *Participant Abuse Policy – Revised*

Introduction to Presentation:

The presentation that follows, **Orientation/Review for Staff to the *Participant Abuse Policy-Revised*** is a power point presentation that can either be used in a power point format or hand-out format of the slides. We have added in speaker notes for presenters use. The purpose of the presentation is to:

- Increase the staff's awareness of their role in abuse prevention,
- increase staff ability in recognizing abuse and responding to abuse, as well as,
- increase the staff's awareness of the organization's responsibility in abuse prevention and response to abuse.

The contents of this package were developed based upon the *Participant Abuse Policy – Revised* guidelines. You may add agency specific policy information into the presentation sections that apply.

This presentation is intended to meet the criteria for 5.1 and 5.2 of the *Participant Abuse Policy – Revised*.

We recommend that you request that staff read your organization's abuse policy prior to the training session.

B. Guiding Principles for the *Participant Abuse Policy - Revised*

- The organization is committed to providing a safe environment for participants.
- Abuse will not be tolerated.
- We are all responsible to stop abuse when we see it.
- All actions taken by people associated with the organization are to be respectful of the dignity of those they serve and in their best interests.
- The paramount responsibility of the organization is toward the people it serves.
- The rights of individuals as defined under the Charter of Rights and Freedoms and Canadian law will be upheld.
- The responsibility of the organization is to ensure ongoing participant safety as well as the protection of any victim of alleged abuse from further victimization insofar as the organization has the power to do so.
- Staff and others associated with the organization shall report allegations of abuse without fear of retaliation within the organization.
- In the event of abuse allegations, the organization shall respond in an appropriate, timely and ethical manner.
- Participants are entitled to knowledge and education that will help prevent the likelihood of abuse.
- Supports provided to participants are positive and respectful as per the policies outlined in the *Comprehensive Personal Planning and Support Policy*.
- The organization will provide leadership regarding the prevention of abuse and create a positive learning environment to remove barriers to reporting.
- Staff will take responsibility to learn about prevention and the abuse policy.
- Those supporting individuals with intellectual disabilities in any capacity have ethical responsibility to take reasonable action to reduce the risk of mistreatment.

The above principles are from the *Participant Abuse Policy – Revised*.

C. Understanding Risk - Strategies to Reduce the Risk of Abuse

Note: This supplementary resource can be used for increasing the knowledge of staff in understanding the factors that increase the risk of abuse of persons with disabilities as well as provide an opportunity for brainstorming ideas for actions to reduce the risks within the organization. In order to complete the suggested activities: a flip chart, markers, pens and paper will be required.

1. Understanding the Prevalence of Abuse of Persons with Disabilities

Most people with disabilities will experience in their lifetime some form of sexual assault or abuse (Sobsey & Varnhagen, 1989). People with intellectual disabilities are at the highest risk of abuse (Sobsey & Doe, 1991).

It is important to note that the very fact of having a disability increases the probability of being abused.

A study conducted in Alberta found that 80% of people with intellectual disabilities living in the community are physically or sexually abused, cheated or robbed.

Suggested Activity: Large Group Brainstorming Exercise: Ask the group to come up with ideas of why individuals with disabilities may be more at risk for abuse. Write the ideas down on a flip chart.

Advise that research suggests that several factors are associated with an increased risk of abuse (add to list if not present):

- **Power imbalances** inherent in relationship when reliant on others for support which contributes to a potential lack of control.
- **Negative public attitudes toward disability** – devaluing the person with a disability. Viewing the deficits and needs of the individual rather than from a positive perspective of capacities and gifts.
- **Reliance on others** for physical support and daily living care places the individual in a potentially more vulnerable position.
- **Limited opportunities** to develop social skills through typical social connections.
- **Learning to be compliant** – lack of choice-making and lowered self esteem.
- **Limited knowledge** about relationships, boundaries, sexuality etc. contributes to the chance of being a victim.
- **Isolation - lack of inclusion** - limited opportunities to expand relationships in an individual's life contributes to vulnerabilities.

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- **Nature of Disability** – the type and level of disability impacts the individual's dependency as well as skills in various areas, some examples:
 - individuals with expressive and receptive (understanding) skills deficits
 - individual's verbal vs. performance skills
 - Individuals with medical conditions
- **Communication Skills** – decreased verbal skills or being non-verbal can increase vulnerability, decrease credibility, and increase use of challenging behaviour to communicate.

2. Strategies to Reduce the Risk of Abuse

Advise that there are ways that we all can reduce the risk of abuse within the organization.

Suggested activity: Small group exercise – Select factors from the brainstorming exercise and/or the list above and ask groups to brainstorm what actions staff in your organization could do to reduce the risk of abuse. Ask the groups to present to the larger group and ask if the points below (if not present) are possible actions within your organization.

Possible actions/strategies to reduce the factors that increase the risks of abuse:

Power imbalances

- One approach is to move from a protective role to that of an empowerment role. The practice of supported decision making supports empowerment.
- Providing ongoing educational opportunities for participants on the prevention of abuse. The lack of knowledge and information can contribute to an individual's vulnerability. Knowledge is power and helps reduce the risk of abuse.

Negative attitudes

- Recognizing individuals with intellectual disabilities as valued members of society, with strengths and abilities.
- Being a positive role model in the community to help change negative attitudes.
- Supporting persons in a dignified and respectful manner.

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Reliance on others for physical support and daily living care

- Support persons to ask permission to touch prior to touching, and ask permission and respect the answer before entering a person's bedroom.
- Encouraging and supporting the skill development in daily living activities.
- Promoting independence, when support is required providing this support in a respectful and dignified way.

Limited opportunities to develop social skills through typical social connections

- Supporting individuals to develop relationships with natural supports (non-paid), and make connections in the community which provides opportunities to develop social skills.

Learning to be compliant – lack of choice-making and lowered self esteem

- Sometimes individuals have limited experience in choice making. Supporting individuals in choice-making empowers individuals, promotes independence, and helps boost self esteem. Ask in what ways can I build in choice today for an individual through a support role.
- Helping promote a quality life that is person centered based on their interests, dreams, and desires.

Limited knowledge about relationships, boundaries, sexuality contributes to the chance of being a victim

- Providing educational opportunities for individuals in sexuality, boundaries, social skills development.
- Providing support and assistance to individuals to take courses or classes in the community – asking what are the barriers to this individual taking this course and then asking what can I do or the organization to assist the individual to be in the course, whether it be arranging rides, helping with forms, attending with the individual etc.

Isolation - lack of inclusion

- Strengthen the individual's presence in regular community life, as neighbors, coworkers, volunteers and/or friends.
- Promoting and strengthening relationships with natural supports (non-paid). Natural supports help the individual to be associated with being part of one's community - hockey fans, football fans, coffee shop, and community recreational center.

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Nature of Disability

- Knowing the individual's strengths and deficits and providing support in respectful and dignified ways.

Communication Skills

- Assisting the individuals to develop communication skills.
- Exploring communication systems for individuals who are non-verbal.
- Responding to individuals that is based on an understanding of what their behaviour is trying to communicate.

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These materials were adapted from the following sources:*

[http://www.phac-aspc.gc.ca/ncfv- cnivf/familyviolence/html/fvdisabiliterature_e.html](http://www.phac-aspc.gc.ca/ncfv-cnivf/familyviolence/html/fvdisabiliterature_e.html)
Violence and People with Disabilities: A Review of the Literature (12/2/2008)

Working Together to Support People; Abuse Protocol, Level 1 Training,
Community Living Division, Ministry of Social Services

http://www.pdd.org/docs/prov/Training_Manual_Jan2004.pdf Abuse Prevention
and Response: Training Manual, Persons with Developmental Disabilities, Abuse
Prevention, and Response Committee, Alberta (11/28/2008)

*These websites were referenced in 2009, but are subject to change.

D. Fact Sheets About Abuse – Definitions, Examples, Physical and Behavioural Indicators

Physical Abuse

Definition of Physical Abuse: Any act that causes or has potential to cause physical injury. Including but not limited to infliction of bodily pain by one or more instances of striking, shoving, slapping, pinching, choking or kicking. May include the use of restraining techniques outside of *Comprehensive Personal Planning and Support Policy* guidelines. (Definition from the *Participant Abuse Policy – Revised*)

Additional examples may include but are not limited to: Squeezing, pushing, pulling, jerking, shaking, biting, hair pulling, choking, and throwing objects at a person.

Potential Physical Indicators	Potential Behavioural Indicators
<ul style="list-style-type: none"> • Verbal report of physical abuse. • Unusual and unexplained bruises, burns, bites, lacerations, welts, skin discolorations. • Unexplained or inconsistent explanation of injuries. • Frequent absences from the workplace and returning with bruises and/or injuries. • Imprints to the skin potentially caused from an instrument. • Sudden onset of complaints - males most frequently complain of stomach aches – females most frequently report headaches. • Ear or eye injuries. • Symmetrical grip marks, evidence of physical restraint. • Injury to the scalp from hair pulling. • Unexplained fractures, strains, or sprains. • Dental injuries. 	<p>Sudden or unexpected changes in behaviour such as:</p> <ul style="list-style-type: none"> • Reluctance to go home or to another specific environment. • Behavioural extremes such as aggression, withdrawal, defiance, passivity. • Avoidance of a particular person. • Fearfulness of a particular person. • Sleep disturbance. • Changes in appetite. • Changes in daily routine. • Unusual mood swings. • Self abuse. • Excessive compliance. • Regression to more infantile behaviours. • Frightened of physical or social contact.

Physical assault is criminal under the Criminal Code of Canada.

Note: The presence of indicators of abuse is not proof abuse has taken place. Abuse is one possibility that should be considered. There are other potential causes for the presence of indicators, for example, bruising may be the result of a fall.

Sexual Abuse

Definition of Sexual Abuse: Any form of exploitative sexual behaviour or unwanted sexual touch including but not limited to harassment or acts of sexual assault. (Definition from the *Participant Abuse Policy – Revised*)

Additional examples may include but are not limited to:

- sexual harassment includes any conduct, comment, gesture or contact of a sexual nature that is likely to offend or humiliate the person, sexual remarks and sexual jokes
- acts of sexual touch, penetration
- forced viewing or participation in pornography
- any sexual activity between a participant and a support provider is inappropriate even with consent due to nature of relationship and issues of power inherent to the relationship

Potential Physical Indicators	Potential Behavioural Indicators
<ul style="list-style-type: none"> • Verbal report of sexual abuse. • Existence of sexually transmitted disease. • Pregnancy. • Stained, torn or bloody underclothes. • Trauma or bruising to breasts, buttocks, lower abdomen, thighs, genital or anal areas. • Unexplained accumulation of money or gifts. • Re-occurring physical ailments and complaints (i.e., stomach aches, headaches, sore throats). • Redness, swelling, pain, itching in the genital area. • Repeated infections and discharge. • Pain or itching in the genital area or throat; difficulty going to the bathroom or swallowing. • Incontinence. • Vaginal or rectal bleeding. 	<p>Sudden or unexpected changes in behaviour such as:</p> <ul style="list-style-type: none"> • Sleep disturbances. • Changes in eating patterns. • Inappropriate or unusual sexual behaviour or knowledge. • Changes in social patterns. • Withdrawal from others. • Aggressive and disruptive behaviours. • Going to bed fully clothed. • Excessive compliance with requests. • Running away, refusing to return. • Low self-esteem. • Excessively critical of self. • Extreme attention to hygienic needs. • Regressive toileting and personal grooming skills. • Lack of attachment to caregivers or family. • Excessive masturbation. • Simulated sexual acts with peers or sexual attention to pets and animals. • Compulsive sexual behaviour (i.e. grabbing breast or genitals, indiscriminately removing clothing).

Sexual Assault is criminal under the Criminal Code of Canada.

Note: The presence of indicators of abuse is not proof abuse has taken place. Abuse is one possibility that should be considered. There are other potential causes for the presence of indicators, for example, medical conditions.

Emotional Abuse

Definition of Emotional Abuse: Acts or omissions that cause or could cause emotional pain. Including but not limited to acts or omissions that are disrespectful, rejecting, intimidating, criticising, threatening or harassing. Also includes verbal and written expressions, and yelling, screaming and swearing at others. (Definition from the *Participant Abuse Policy – Revised*)

Additional examples may include but are not limited to:

- jokes about habits/faults/disability
- belittling references, demeaning language
- treating the adult as a child
- threatening to have the person moved
- threatening to send someone to an institution or threatening violence/isolation/retaliation
- blaming the person for their failings
- insults, name calling
- excessive or repeated demands upon the person that they can not meet

Potential Physical Indicators	Potential Behavioural Indicators
<ul style="list-style-type: none"> • Verbal report of emotional abuse. • Expressions of shame or guilt. • Withdrawal. • Passivity. • Fearfulness. • Symptoms of depression. • Eating disorders. • Suicide attempts. 	<p>Sudden or unexpected changes in behaviour such as;</p> <ul style="list-style-type: none"> • Challenging or extreme behaviours. • Lowered self esteem. • Avoiding eye contact with support persons. • Excessive compliance. • Withdrawal from others. • Changes in sleep pattern. • Poor peer relations; name calling, swearing, intense teasing. • Sudden fear of person or place. • Running away, reluctance to go home. • Deterioration in social skills. • Self Abuse.

Some Criminal Code of Canada provisions that may apply in cases of emotional abuse include: threats, denial of rights, intimidation and harassment which police will determine. Other forms of emotional abuse are breaches of professional ethics and the abuse policy of an organization.

Note: The presence of indicators of abuse is not proof abuse has taken place. Abuse is one possibility that should be considered. There are other potential causes for the presence of indicators, for example, side effects of medications.

Neglect

Definition of Neglect: Failure to provide or make available the necessary supports that may result in physical or emotional harm or loss to the participant or their estate. Including but not limited to food, clothing, shelter, hygiene, medical care, and support or supervision appropriate to the participant’s age, development, or situation. May be caused by an action or a failure to act, and may or may not be intentional. (Definition from the *Participant Abuse Policy – Revised*)

Additional examples may include but are not limited to:

- inattention to safety precautions including the need for support
- abandonment
- removing aides such as wheelchairs, dentures, communication devices, hearing aides
- failure to provide timely repairs for aides such as wheelchairs, communication devices, hearing aides
- leaving the individual’s medical problems untreated
- failure to provide the support and assistance required in daily living skills
- failure to use the participant’s communication devices

Potential Physical Indicators	Potential Behavioural Indicators
<ul style="list-style-type: none"> • Verbal report of neglect. • Evidence of poor hygiene. • Dehydration. • Malnourishment. • Bedsores or skin rashes related to unchanged bedding, urine soaked attends or linens. • Lack of recommended/needed assistive devices such as dentures, eyeglasses, hearing aide, walker, wheelchair. • Untreated medical conditions. • Lack of clothing, improperly clothed for weather conditions. • Enuresis. • Inadequate or no lunch. 	<p>Sudden or unexpected changes in behaviour such as;</p> <ul style="list-style-type: none"> • Withdrawal or mood swings. • Sudden fear of person or place. • Changes in sleep pattern. • Sudden onset of nightmares. • Poor peer relations; name calling, swearing, intense teasing. • Deterioration in social skills.

Neglect is a form of abuse that breaches professional ethics and the abuse policy of an organization. The Criminal Code of Canada makes provisions that may apply in cases of severe forms of neglect such as failure to provide the necessities of life.

Note: The presence of indicators of abuse is not proof abuse has taken place. Abuse is one possibility that should be considered. There are other potential causes for the presence of indicators, for example, the person may have eaten their lunch on the way to work.

Property Abuse

Definition of Property Abuse: Misuse of an individual's funds or assets, including but not limited to unauthorized use of bank accounts or denial of personal possessions. (Definition from the *Participant Abuse Policy – Revised*)

Additional examples may include but are not limited to:

- staff taking money from a participant’s envelope, bank account, wallet etc. for his/her own use
- taking away a participant’s personal possessions
- borrowing participant’s belongings without their knowledge and consent.

Potential Physical Indicators	Potential Behavioural Indicators
<ul style="list-style-type: none"> • Verbal report of property abuse. • Individual complains that personal items are missing. • Money is missing. • Receipts indicate unusual or inappropriate purchases. • No control over personal funds or bank accounts. • No access to personal funds. • No records or incomplete records kept on spending and purchases. 	<p>Sudden or unexpected changes in behaviour such as:</p> <ul style="list-style-type: none"> • Aggression. • Withdrawal/avoidance. • Challenging behaviour. • Running away • Verbal aggression.

Property abuse can be acts that are criminal under the Criminal Code of Canada (theft). Other forms of property abuse are breaches of professional ethics and the abuse policy of an organization.

Note: The presence of indicators of abuse is not proof abuse has taken place. Abuse is one possibility that should be considered. There are other potential causes for the presence of indicators, for example, a math error in the calculation of personal funds.

Medication Abuse

Definition of Medication Abuse: Non-compliance with policies and procedures relating to medication administration, including but not limited to withholding medication, over-medication, inappropriate use of medication, repeated medication errors. (Definition from the *Participant Abuse Policy – Revised*)

Additional examples may include but are not limited to:

- denying access to health information
- inappropriate use of PRN's – administering under circumstances that are not indicated
- administering medications that are not prescribed for the individual
- repeatedly making medication errors
- not administering medications that are prescribed for the individual

Potential Physical Indicators	Potential Behavioural Indicators
<ul style="list-style-type: none"> • Excessive drowsiness, slurred speech. • Medication not being given as ordered by the physician. • Administration of medications that are not prescribed. 	<ul style="list-style-type: none"> • Uncharacteristic behaviours.

Medication abuse is a breach of professional ethics and of the abuse policy of an organization.

Note: The presence of indicators of abuse is not proof abuse has taken place. Abuse is one possibility that should be considered. There are other potential causes for the presence of indicators, for example, the person may have had a stroke.

Denial of Opportunity

Definition of Denial of Opportunity: Unreasonable denial of opportunity, or intentional withholding of access to available opportunity or choices to meet needs for economic, spiritual, mental, or personal growth and satisfaction. (Definition from the *Participant Abuse Policy – Revised*)

Additional examples may include but are not limited to:

- refusal to allow participation in a leisure activity due to something the individual did earlier in the day
- denying access to family and friends
- denial to attend church
- intentionally withholding opportunities that the individual has enjoyed in the past
- not supporting or attempting to assist an individual to access community activities due to their needs – whether this is due to mobility or assistance needs
- not supporting or attempting to assist an individual to access services in the community due to past actions or mistakes made

Potential Physical Indicators	Potential Behavioral Indicators
<ul style="list-style-type: none"> • Verbal report of denial of opportunity. • Observations of denials of opportunity. 	<p>Sudden or unexpected changes in behaviour such as:</p> <ul style="list-style-type: none"> • Expressions of frustration or anger (verbal or behavioural). • Loss of interest in pursuing goals and activities. • Withdrawal from others. • Running away.

Denial of Opportunity is a breach of professional ethics and of the abuse policy of an organization.

Note: The presence of indicators of abuse is not proof abuse has taken place. Abuse is one possibility that should be considered. There are other potential causes for the presence of indicators, for example, the person may be suffering from depression from a loss of a family member and has lost interest in their goals and activities.

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These materials were adapted from the following sources:*

Recognizing Abuse & Neglect: Disabled Persons Protection Commission:
<http://www.mass.gov/?pageID=dppcterminal&L=3&LO=Home&L1=Recognizing+Abuse> (11/17/2008)

Creating a Safe Environment (pgs 23-25) APSH Proprietor Manual, Ministry of Social Services, January 2005

Abuse Fact Sheets,
<http://www.ilrctbay.com/upload/custom/abuse/sontent/factsheets.htm>
(1/19/2009)

Common Signs and Symptoms of Abuse, Neglect, and Exploitation, agency for persons with disabilities, <http://www.apd.myflorida.com/zero-tolerance/symptoms.htm>, (11/17/2008)

Working Together to Support People, Level One Training Manual, Community Living Division, Ministry of Social Services, Saskatchewan

Abuse of Older Adults, Department of Justice, <http://canada.justice.gc.ca/eng/pi/fv-vf/old-age.html> (11/17/2008)

Participant Abuse Policy- Revised Document: Definitions of abuse (pgs. 5-6), Community Living Division, Ministry of Social Service (2009)

*These websites were referenced in 2009, but are subject to change.

E. Case Examples

Jack recently had the opportunity to work in the community. This is creating schedule problems at home. His support person contacted the day program who operates the work program to ask that he return to the centre programming. What do you think? What actions could be taken to address this situation?

Blake was recently prescribed a medication that has adverse side effects if not taken 1 hour prior to meals. Blake has been receiving this medication at meal time, as the staff are busy prior to meals. What do you think? What actions could be taken to address this situation?

Barb is a young woman who does not speak and uses an electronic communication device. She lives with three other young women. Staff training was provided in the use of the communication device. The device takes a lot of time to use. Consequently, Barb's device is often not used. What do you think? What actions could be taken to address this situation?

Jane is a 25 year old woman with a mild intellectual disability, who lives in a group home and attends the local workshop. In the mornings she wants to have 2 cups of coffee at breakfast. The rule in the house is that everyone can have only one cup in the morning. What do you think? What actions could be taken to address this situation?

E. Case Examples Cont'd

Beth lives in a group home with 4 other women, the women usually go out together with a support person to community outings. Recently Beth has displayed challenging behaviour that has disrupted many community activities. Beth stays home now most of the time when her roommates go out. What do you think? What actions could be taken to address this situation?

Kendra who lives in a group home is dating a man who also lives in a group home. They see each other at work, but want to go out together to a movie or supper and are told no. What do you think? What actions could be taken to address this situation?

After a disagreement with her support person, Mary is told she can not go to the dance this evening. What do you think? What actions could be taken to address this situation?

Josh has a portable stereo that he plays loudly in his room. Staff has spoken to Josh in the past of how disruptive his music can be to others in the home. Today, the staff removes his portable stereo and puts it in the staff room. What do you think? What actions could be taken to address this situation?

E. Case Examples Cont'd

Jocelyn receives a DVD player for Christmas with some movies. When she returned from the holidays, staff notices she is tired in the mornings from spending a lot of time in her room watching movies. The staff member removes the movies. What do you think? What actions could be taken to address this situation?

Barney has a bad day at work and is sent home, later in the day he is told he can not go out that night due to his behaviour in the day. What do you think? What actions could be taken to address this situation?

Bob is a 26 year old man who recently moved and lives with three other men who receive 24 hour support. At home and out in the community the support provider calls the men kids and boys. Bob is upset. What do you think? What actions could be taken to address this situation?

Sue is a 40 year old woman who used to live independently with intermittent supports and now lives in a residence with four other women supported by 24 hour staff. Sue is described as continually talking to the staff about ideas to participate in new activities in the community. The staff do not respond to assisting her because in the past she either did not follow through after the staff planned the activities or things did not work out. What do you think? What actions could be taken to address this situation?

F. Guidelines When Receiving a Disclosure of Abuse

Tips for the Immediate Response to a Disclosure of Abuse

If an individual discloses abuse, provide support by:

- Ensure the safety and well being of the individual and get medical attention for the individual if required. (See actions with respect to victims in the abuse policy.)
- Do not promise to keep the information you receive a secret. Ask the individual for their consent to report the disclosure. If the individual does not provide consent, you must tell the individual you will report the disclosure if it involves a staff as defined by the *Participant Abuse Policy – Revised*. If the alleged perpetrator is not a staff as defined by the policy, inform the individual that the allegation will be reported to Community Living Division.
- Be prepared to listen immediately to the allegation.
- Assist the individual to be as comfortable as possible by locating a private place to speak with the individual.
- Remain calm and composed, do not over-react, or let your emotions interfere with the individual talking.
- Be non-judgmental - respect everything the individual says without judgment.
- Offer support and comfort to the individual in speaking about his/her situation.
- Go at a pace the individual is comfortable with.
- Do not ask questions of the individual specific to the allegation. At this time, you are receiving information. If needed, ask open-ended questions. At the time of disclosure it is critical that no leading questions be asked and the alleged victim communicate the facts using language, gestures, signing that is self-generated (the alleged victim's communication system). Only use "open ended" questions rather than "closed ended" or leading questions. Interviews with leading questions will not be accepted by the justice system.
- Do not introduce new words or words that the individual did not use. Let the individual use his/her words to tell the story. Do not correct terminology or introduce words the individual does not understand. Avoid the temptation to complete the individual's sentences or fill in words.
- Ask clarifying questions - who, what, where, when and how (avoid the question "why").
- In writing an account of the conversation, the witness should immediately write down the exact words said, quoting as much as possible. Be specific and document everything.
- Immediately report the disclosure to your supervisor.

G. Techniques for Interviewing

Techniques for Interviewing is a supplementary resource researched and primarily developed to provide guidelines when interviewing an individual in an internal investigation which would not be a staff role. However, it is being included in the staff training section as it can also be used in staff training as a supplementary resource to develop skills in asking non-leading questions. It is recommended that you consider your organizational structure prior to including this in your staff training. If you provide this training to staff, caution the staff that the role at the time of disclosure is a supportive and receiving of information role and not an investigative role. However it may be necessary to ask a few questions which should follow an open-ended and non-leading format.

1. Leading Questions – Non-Leading Questions

It is important to distinguish between leading and non-leading questions as interviews should be phrased with questions that are non-leading or open-ended.

Leading questions are questions that suggest the answer or contain the information the interviewer is looking for. For example, this question is leading:

- You were at bowling on Saturday afternoon, weren't you?

It suggests that the person was at bowling on Saturday afternoon. The same question in a **non-leading** form would be:

- Where were you on Saturday afternoon?

This form of question is non-leading because it does not suggest to the interviewee the answer the interviewer hopes to get.

Leading questions can usually be answered with a **yes or no** format, while non-leading questions are **open-ended**. Typically, non-leading questions begin with Where, Who, What, When, and How.

2. Sample Scripts

The following are examples of **non-leading questions**; this script will assist in ensuring that statements are not contaminated:

- “Please tell me what happened.”
- “What you are telling me is very important.”
- “What happened next?”

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If clarification is required, ask questions in this format:

- “Where did it happen?”
- “Who was there?”
- “What was said to you?”

Questions must NOT:

a. Contain the answers.

As in: “Did it happen in your room?” or “Did he/she tell you not to tell?”

Example: A participant approaches you and tells you they were yelled at.

- Leading question: Was (name of staff) the one who yelled at you?
- Non-leading question: Did anyone treat you disrespectfully?
- Leading question: Did they tell you not to tell anyone?
- Non-leading question: What did they tell you?

b. Be choices of answers.

As in: “Did he/she touch you on the thigh or on your chest?” or “Did this happen in the bed or on the floor?”

Example: A participant tells you that a meal was denied to them.

- Leading question: Was it breakfast, lunch, or dinner?
- Non-leading question: What meal time was it?
- Leading question: Did you tell the staff or anyone else?
- Non-leading question: Did you tell anyone your concern?
- Leading question: Were you mad or angry?
- Non-leading question: How did you feel?

c. Name the person before the victim identifies him/her.

As in: “Did Jack touch you?” or “I have been told Marilyn made you feel bad?”

Example: A participant tells you of trouble in the home.

- Leading: Did you have an argument with the staff?
- Non-leading: Are you having a problem with anyone?
- Leading: Did the staff tell you to keep your fighting a secret?
- Non-leading: Has anyone asked you to keep a secret?

d. Describe the alleged offense.

As in: “Did he tell you to rub his leg?” or “Did he touch you on your breast?”

Example: A participant tells you that staff took away their radio last night.

- Leading: Did the staff take away your radio because you did something wrong?
- Non-leading: What happened to your radio?

e. Contain your assumptions.

As in: “I want you to tell me how Scott hurt you?” or “This happened in the kitchen, right?”

Example: A participant tells you a staff called them names.

- Leading: Did the staff call you names that hurt your feelings?
- Non-leading: What did the staff say?

f. Be overly complex.

As in: “Did you not know the person?” or “Were you alone, and did you know him?”

Example: A participant tells you someone hurt them last night. Avoid the use of negatives and avoid asking two questions in one.

- Simple: Were you alone?
- Simple: Did you know him?

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These materials were adapted from the following sources:*

<http://www.ualberta.ca/~jpdasddc/bulletin/articles/coles1990.html>

J.P. Das Developmental Disabilities Centre - Developmental Disabilities Bulletin – Volume 18.2 (1990) (12/31/08)

<http://www.farnorthernnc.org/mylifemychoice/Implementation%20Tips.html>

My Life My Choice Sexuality and Disability Resources – Policy Standards Implementation Tips (12/31/08)

<http://www.turningforward.org/documents/INVESTIGATIONGUIDELINES.pdf>
(12/31/08)

*These websites were referenced in 2009, but are subject to change.

A. Sample Abuse Prevention Resources for Participants

Introduction to the Sample Resources

This supplementary resource was included for organizations to consider in support of the abuse prevention actions in Section 5 of the *Participant Abuse Policy – Revised*.

As indicated in the research, a cornerstone to abuse prevention and a best practice standard is providing ongoing educational opportunities for participants to increase their understanding and awareness about: what is abuse, rights, responsibilities, and to teach skills in choice making, discrimination skills, boundaries, and sexuality.

The following section contains copies of the materials developed and implemented by organizations in the Province of Saskatchewan for participant education in abuse prevention as well as materials from Alberta. These organizations graciously agreed to share copies of their materials and agreed these documents could be used for reference or templates by other organizations when considering their own needs and plans for abuse prevention. The organization's name has been re-placed with (agency name) in all documents. Lastly, there is an adapted copy of a pamphlet used in Alberta for the education of persons with disabilities about abuse.

Sample Resources

1. Sample from Bea Fisher Centre, Lloydminster

The following was provided by the Bea Fisher Centre, Lloydminster, taken directly from pages 14-17 of the Individual's Handbook which is provided to each participant when they enter services and reviewed thereafter on annual basis.

Rights

1. The right to be treated like an adult - to be treated with respect.
2. Protection under the Canadian Charter of Rights and Freedom - to have the same rights as every other Canadian.
3. The right to make informed choices and decisions in your life.
 - Be told things that help you make decisions.
 - To make choices about where to live and work.
 - To make choices about whom your friends are.
4. The right to support.
 - To get help when you need it.
 - To have enough money.
5. The right to speak for yourself and to be listened to.
 - To say what you think.
 - To have people listen to you.
6. The right to community access.
 - To get services in your community.
 - To be a part of the community for jobs and recreation.
7. The right to privacy.
 - To spend time alone.
 - People ask for my okay before entering my room or touching my things.
8. The right to safety and protection.
 - To feel safe when using services.
9. The right to good services.
 - To have service providers you can count on.

Your Responsibilities

1. To know that everyone else has rights also.
2. To be a responsible adult.
3. To treat staff, peers, and community members that way you want to be treated.
4. To respect other people's belongings; example, car, movies, homes.

Abuse Protocol

What does this mean?

- You have the right to fair treatment.
- You have the right to not be abused.
- You are not allowed to hurt others.

What is Abuse?

- Abuse is when you are hurt by someone.

These things are abuse:

- Hurting someone's body by hitting, kicking, biting, pinching, throwing, shaking.
- Saying mean things to someone; e.g. calling names.
- Touching or pointing to private parts if someone says no.
- Touching private parts without asking.
- Talking about private parts if someone says no.
- Stealing someone's things.
- Not providing food, clothing, or shelter for people.

Other things that could be abuse:

- If someone does something or says something that makes you feel bad, it might be abuse.

Tell someone you trust

Who could you tell?

- (Agency name) staff.
- Family.

What will your agency do about abuse?

- Help keep you safe.
- Help stop the abuse.
- Write down what happened.
- Tell your guardian.
- Phone your Social Worker.
- Phone the Police.
- Get help to talk about your feelings.

What if you are not sure it is abuse?

- If something doesn't feel right, tell (agency name)
- (Agency name) will help you know if there was any abuse.

What if you see someone else being abused?

- Help the person be safe.
- Tell the (agency name) staff or someone you trust.
- Stay calm.

2. Sample from Redvers Activity Centre, Redvers

The following was provided by Redvers Activity Centre, Redvers, taken directly from policy 3, 4, 5 and 26 from Program Participant Policy and Procedure Manual which is reviewed with the participant when they enter services and thereafter on an annual basis as well as on as needed basis.

Policy 3: Subject – Individual Rights

Policy: Individual rights are rights that you have as a person. These rights protect your personal growth, mental, emotional, and physical well being. Some examples of individual rights are:

1. the right to your own Personal Program Plan which includes vocational, residential, educational, and/or social programs.
2. the right to be happy, respected, and an important person.
3. the right to have only as much help as you need to live your own life.
4. the right not to be hurt, abused, or mistreated.
5. the right to dream, explore, and say your feelings.
6. The right to speak and be listened to.
7. the right to make choices.
8. the right to learn new things.
9. the right to be respected.
10. the right to say what happens to you and your body.
11. the right to see a doctor and get doctor's help.
12. the right to proper food, clothes, and housing.
13. the right to go to church and the church activities of your choice.

Policy 4: Subject – Residential Rights

Statement: (Agency name) has group homes and supportive living programs. Our goal is to help you live as independently as possible. As an individual in a residential program, you will be asked to take part in activities of daily living to the best of your ability; i.e., cooking, shopping, dusting, vacuuming, and cleaning your own room.

Policy: You have the right:

1. to live in a clean, safe, and comfortable home.
2. to live in a home which is best-suited to fit your needs and abilities.
3. to privacy in your home and your room.
4. to your own things; i.e., books, TV, bike, furniture, etc.
5. to decorate your room.
6. to be a part of plans and activities made within the home; i.e., what to eat, what kinds of activities to do.
7. to have friends and family call you on the phone or visit you in your home.
8. to help make the rules for where you live. Some examples of rules may be:
 - i. Knocking on someone's door before entering her/his room.
 - ii. Asking someone's permission before touching her/his things.
 - iii. Not opening or reading someone else's mail.

Policy 5: Subject – Vocational Rights

Policy: You have the right to take part in the different programs or vocational opportunities at (agency name).

You have the right:

1. to take part in meaningful activities and programs.
2. to apply for a job, to work and earn money.
3. to learn new skills so you can do more for yourself.
4. to 2 coffee breaks a day (15 minutes each).
5. to a lunch break for one half hour or 1 hour long.
6. to work 8 hours or less a day, 5 days per week.
7. to be paid a fair wage when working in an employment area.
8. to refuse to work.

Policy 26: Subject - Abuse

Statement: (Agency Name) is responsible to keep you safe and to protect you from abuse. Abuse is when someone does something to someone else that hurts or is wrong. There are many kinds of abuse. To help you understand the different kinds of abuse, they are explained in the definition pages of the Abuse Policy.

Policy: (Agency name) has policies and rules about abuse for participants and staff. These policies and rules explain:

1. how to identify abuse.
2. how to report abuse if you are abused by another individual or a staff.
3. how to report abuse if you are abused by another individual or a staff.
4. what will happen if you are abused?
5. what will happen if you abuse someone?

The rights of the victim and the individual who is abused will be protected.

SECTION III: RESOURCES TO RAISE PARTICIPANT AWARENESS

Procedure: If you feel that you or someone else is being abused, you should:

1. tell the person is doing the abuse to stop.
2. write down on a piece of paper every time the abuse happens. If you need help writing it down, ask someone you trust to help you. The person should write down in the words you use. Make sure you include:
 - who was abused.
 - what happened.
 - where is happened.
 - when is happened.
 - who did it.
 - who saw it happen.
3. talk to someone you trust about what is happening.
 - If you are abused, your family will be called and told what happened only if you want them to know.
 - If you are abused physically or sexually, you will have to see a doctor right away.
 - In serious situations, the Police will be called to help solve the problem.

Definitions: The kinds of abuse are:

1. **Physical Abuse:** Physical abuse is when someone hurts or harms your body on purpose.

Some examples are:

- hitting or slapping.
- kicking

Some other types of physical abuse may be:

- tipping your wheelchair.
- taking your white cane.
- filling the bathtub with water that is too hot.

2. **Sexual Abuse:** Sexual abuse happens when someone touches you on your private parts or does something sexual to you without permission.

Some examples of sexual abuse are:

- someone forcefully hugging or kissing you.
- someone saying things that make you feel uncomfortable.
- someone doing sexual things to your body that you do not want her/him to do.
- someone making you do things to her/his body that you do not want to do.

Sexual abuse may also be if someone comes into your “purple circle” without you saying OK and touches your private parts. Your purple circle is your private circle. No one should touch you unless you want to be touched. (You should not touch anyone unless she/he wants to be touched).

3. **Emotional Abuse:** Emotional abuse hurts your feelings. It causes invisible pain.

Some examples of emotional abuse are:

- someone making you feel sad or lonely on purpose.
- not speaking or listening to a person.

4. **Verbal Abuse:** Verbal abuse is a form of emotional abuse. Verbal abuse is things a person says.

Some examples of verbal abuse are:

- someone always yelling or screaming at you.
- someone using bad words when talking to you.
- someone making fun of you or calling you names.

5. **Property Abuse:** Property abuse is when someone uses and/or takes your things without you saying it's OK.

Some examples of property abuse are:

- Stealing.
- damaging or destroying someone else's property.

SECTION III: RESOURCES TO RAISE PARTICIPANT AWARENESS

6. **Medication Abuse:** Medication abuse is when you are not given your medication or someone gives you too much medication. It also includes not being taken to the doctor when you need to see one.
7. **Denial of Opportunity:** Denial of opportunity means that you are not given a chance to grow personally, mentally, emotionally, or physically. Denial of opportunity does not allow you to learn to do more things for yourself.
8. **Neglect:** Neglect means that someone does not give you your basic needs, care, and attention.

Some examples of neglect are:

- not giving you anything to eat or drink.
- not letting or helping you to bath or shower.
- not letting or helping you to use the bathroom.
- ignoring you on purpose.
- leaving you alone without the proper care.

3. Sample from Mallard Diversified Services, Wadena

The following was provided by Mallard Diversified Services, Wadena, taken directly from the Employee/Resident manual pages 1-6. These materials are used in training participants using role play, informal question and answer sessions, and group meetings.

EMPLOYEE/RESIDENT MANUAL

Rights and Responsibilities

Every person has rights. Rights are sometimes called "human rights", and there are rules to make sure we are treated fairly. You also have the responsibility to treat other people fairly, too. You need to know about your rights because rights are part of your life every day. You use your rights every time you make a choice or a decision - like what to buy, or who to be friends with.

Most of the time, people you know listen to you and respect your rights. A person who does not respect your rights can hurt you or make you feel scared or stupid. You might think you have to do what that person says, but you don't. Sometimes you should do what a person says because it is for your safety, but lots of time, you have choices.

What are rights?

Having rights means other people must respect the choices you make. They must listen to you. All people have the same rights. You must respect other people's rights, too. The law in Canada protects your rights. If people won't let you have your rights, the law can help fix the problem. Example: Someone cannot touch you if you do not want to be touched. You have the right to make your own choices. Other people cannot make choices for you that you don't like.

What are the rights I need to know about first?

The first rights you should know about are:

- **The right to make your own choices.**

This means that you can make decisions about your own life. Sometimes you make decisions by yourself. Sometimes you make decisions with other people. Parents, friends, supervisors, or caregivers can help you understand what your choices are. They can give you ideas and help you decide, but you still have the right to decide what is best for you.

- **The right to get information that you can understand.**

Making decisions is not always easy. Sometimes you don't know what is going on. Sometimes you don't have the information you need to make a good decision. And sometimes, other people can force you to make choices you are not sure about. You have the right to ask questions and the right to know what your choices are. Be sure if you ask someone a question they use words you understand to answer it. Keep asking the person to explain until you understand. Ask someone you trust to read or explain your choices to you.

- **The right to choose what happens to your body.**

You have the right to say what happens to your body. This means that no one can touch you if you don't want them to. If someone touches you in a way you don't like, maybe on a part of your body that is private, or if someone hits you, or tries to make you do something with your body that you don't want to do, he or she is breaking the law.

You have the right to say "Stop", leave, and call the police, no matter who it is. Later, you should talk to someone you trust about what happened.

SECTION III: RESOURCES TO RAISE PARTICIPANT AWARENESS

- **The right to know what you are signing, before you sign it.**

You can be asked to show you agree with something by signing a paper. This is called giving your consent. Never sign a paper when you do not understand what it says. Get someone you trust to explain what is on the paper, and then decide if you want to sign it.

You have the right to refuse to sign something. You can sign it later when you know what it says, or you can decide not to sign it. It is up to you.

- **The right to food, clothes, and a place to live.**

You have the right to get money to pay for your food, clothes, and a place to live. If you cannot pay for these things, and if you do not get it already, you can apply for money from the Ministry of Social Services. This money will help you pay for food, clothes, and a place to live.

Just because you have rights doesn't mean you can do whatever you want. Along with your rights, you have responsibilities. Responsibilities are rules that are just as important as rights. When you make your own choices you are responsible for them, and you must accept the results. Rights and responsibilities go together. Example: If you say you will do a job, you have the responsibility to do the work. If you do not do the work, you could lose your job.

- **Examples of some rights and responsibilities.**

You have the right to choose how and where you spend each day. If you are working, you have the responsibility to do the work your boss asks you to, or you will not get paid.

You have the right to live where you want to and move somewhere else if you want to. You have a responsibility to keep your house clean and pay your rent on time.

You have the right to have people treat you with care and to respect your feelings. You have the responsibility to treat others with respect and dignity.

You have the right to be by yourself when you want to be, and the responsibility to let others know if you are supposed to be somewhere (ex. work).

SECTION III: RESOURCES TO RAISE PARTICIPANT AWARENESS

You have the right to be with people who do not have disabilities and the right to be with those who do. Your responsibility is to choose to be with the people you want to be with.

You have the right to go places and be with people. Your responsibility is to act appropriately in public.

You have the right to spend your own money, and the responsibility to pay bills.

You have the right to choose and wear your own clothes, and the responsibility to wear seasonally appropriate, clean clothes.

You have the right to have a safe place to keep your belongings. Your responsibility is to put your things away when you are not using them.

Besides the rights you have all the time, you have rights that you only need at certain times. For example, you have rights when you go to the doctor, when you look for an apartment, or when you work at a job. You have many other rights that are not listed here, but you can read the Saskatchewan Human Rights Code or get someone to read it for you if you want. People who treat you unfairly may not be doing it on purpose. They may not know you want to make your own decision. You must explain to them what you want. If they still don't listen, you must tell someone else about it.

Who do you talk to if you have a problem?

You need to talk to someone you trust. The first person you should talk to is the person you are having the problem with. You could ask someone you trust (a friend, a family member, one of the staff, etc.) to sit in on the meeting if you think you need help talking to the person you are having trouble with. If this does not work, then you should talk to your supervisor, either at the work shop or the group home. If you are still not happy with the result, talk to the Executive Director. The last place you can go is to the board of (Agency name).

4. Sample from Persons with Developmental Disabilities, Alberta

The following was adapted from the content of the abuse pamphlet (March 2005) that Person with Developmental Disabilities (PDD), Alberta Provincial Board distributes for the education of persons with disabilities about abuse prevention.

I feel good about me

When I do things in my community, I feel good about me.

I can do things that make me feel good, such as:

- I have a job.
- I do things with others who like the same things as me.
- People in the community see the things I can do. They respect me.

When I do things in my community, good things happen:

- I feel good about myself.
- I stand up for my **rights**.
- I can say no if I want.
- I know people who care for me.
- I can go to people for help.
- I can help other people to stay safe.

A **right** is something all of us should be able to have or do, such as:

- I can pick what I want.
- I am safe.
- I have enough food.

When we care, we help keep each other safe.

When we care, we are good to each other.

People should be good to me.

People should not be bad to me.

It is wrong to be bad to me

When people are bad to me, I need to tell them to stop.

- Sometimes when people are bad to me, I need help.
- Other people can help make it stop.

Here are some times when I may need help:

- Someone yells at me.
- A person hits me.
- Someone says they will hit me.
- Someone takes my things.
- Someone calls me names that make me feel bad.
- A person touches my private parts when I tell them not to.

I tell when someone is bad to me

It is OK to tell

- I can tell someone I trust.
- I can tell friends, family, or a boss.
- I can tell CLD.
- I can tell the police.
- The person I tell should help me.

If they do not, then I go to another person.

- I will tell people until I get help.

What happens when I tell?

- I will not be in trouble.
- Someone will listen.
- They will find out what happened.
- They will help make a plan.
- The plan will help me stay safe.

Who Can I Talk to?

Name of someone I trust

Phone number