

# ANE Competency Training 2024

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# 1. Introduction



Welcome and thank you for joining us for this training. This training is designed to meet the basic training requirements for staff providing direct care in a community setting.

## 2. Why does this training matter?

Every effort should be made to prevent abuse, neglect and exploitation (ANE) and training is the first step in prevention.

Federal and State requirements mandate Medicaid service providers have knowledge of ANE. All people have the right to be free from ANE.

### 3. Navigating this Training



Use the main menu icon and the forward and back arrow buttons at the top left to navigate. Select blue underlined words or hover your mouse over graphics as directed for additional information or to open important resources. Note that a glossary of terms is also included at the end of the presentation.

You will need to scroll down to access content on some pages in this presentation. Please be sure to read all material on each page by scrolling down as needed.

After completing this presentation, you must return to the **ANE Competency Training course page**, score at least an **80%** on the final exam, and complete an online course evaluation to receive the certificate of completion for this course.

## 4. Organization of Content

This training is organized into the following four sections.

### Section I: Acts that Constitute ANE



### Section II: Recognizing ANE



### Section III: ANE Risk Factors



### Section IV: Methods to Address ANE



### Section V: Trauma



## 5. Learning Objectives



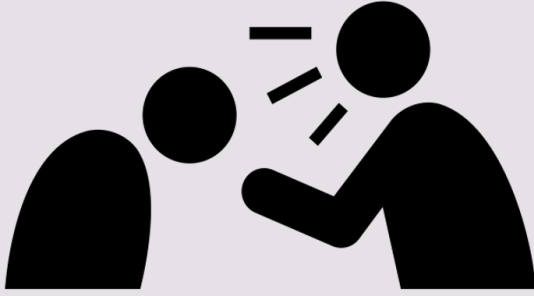
After successfully completing this training, you will be able to:

**define** types of abuse, neglect, exploitation, and unexplained (unusual) death;

**recognize** acts of ANE, signs and symptoms of ANE, risk factors for ANE, and perpetrator characteristics; and

**identify** methods to address ANE, reporting requirements, and prevention strategies.

## 6. Section I: Acts that Constitute ANE



*This section of the training focuses on acts that constitute ANE.*

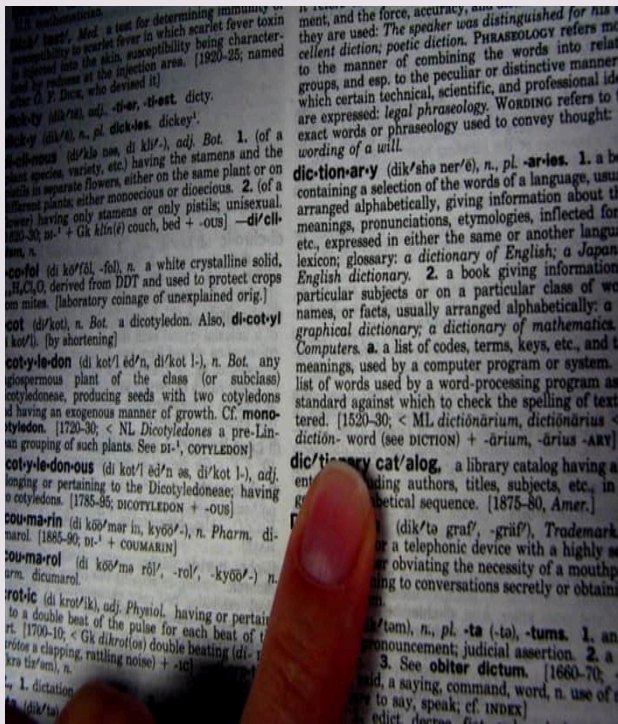
*Please select "Next" to continue.*

## 7. General Meaning of ANE

What do the words abuse, neglect and exploitation mean?

To get started with this training, ask yourself how you currently define abuse, neglect, and exploitation. Then, see the definitions on the pages that follow.

## 8. Definitions



While this training focuses primarily on the definition of abuse, neglect, and exploitation for settings where HHSC Provider Investigations are conducted, as described in:

-Title 26 Part 1 Chapter 711 Investigations of Individuals Receiving Services from Certain Providers-

this training is provided for multiple programs, so program definitions may vary in other settings, such as (but not limited to)

## Home and Community-based Services (HCS)

Texas Home Living (TxHmL)

## Nursing Facilities Definitions

## Assisted Living Facilities Definitions

## Adult Foster Care Definitions

Please review the applicable rule chapters provided in the resources section at the end of this training and check with your manager about any program-specific definitions for your specific program.

## 9. Physical Abuse

While definitions among different programs can vary, 26 TAC Chapter 711 defines physical abuse as an act or failure to act:

- Performed **knowingly**, **recklessly**, or **intentionally**, including incitement to act, which caused or placed an individual receiving services at risk of physical injury or death
- An act of **Inappropriate or excessive force** or corporal (physical) punishment, REGARDLESS of whether the act results in a physical injury to an individual receiving services;
- The use of **physical, mechanical, or chemical restraints** or **seclusion** on an individual receiving services not in compliance with federal and state laws and regulations.

### Examples of Physical Abuse

Intentionally administering medication in a way not prescribed by the physician

Grabbing a person who is visually impaired and scaring them

Rough physical handling of a person

Intentionally bathing a person in very hot water

Not following the dietary restrictions of a person

Note: This is not an all-inclusive list

## 10. Verbal or Emotional Abuse

Any act(s) of verbal or other communication, including gestures, to:

**Harass, intimidate, humiliate, or degrade** an individual receiving services; or threats of physical or emotional harm against an individual receiving services. It must result in

- Significant impairment to her or his physical, mental, or emotional health;
- Substantial **physical, mental, or emotional distress** as identified by an appropriate medical professional; or
- Be of such a serious nature that a reasonable person would consider it causing significant impairment to the physical, mental, or emotional health of the victim.

**Note:** Although verbal or emotional abuse is defined as willful, it is also important to be aware of any unintentional distress an insensitive comment could cause. Many people receiving services have experienced past abuse or trauma. As a part of the person's daily life you play an important role, being aware of how your words and actions can impact the person, having quality interactions and focusing on that person's strengths are all ways you can help.



### Examples of Verbal/Emotional Abuse

HHSC Provider Investigations, in 26 Texas Administrative Code §711.17, defines, when the alleged perpetrator is a direct provider, Verbal/Emotional abuse as:

The willful infliction of an act or repeated acts of verbal or other communication, including gestures to harass, intimidate, humiliate, or degrade an individual receiving services ; or

Threats of physical or emotional harm against an individual receiving services.

In order to meet the definition, the act or communication must result in an individual receiving services experiencing:

Significant impairment to his or her physical, mental, or emotional health;

Substantial physical, mental, or emotional distress as identified by an appropriate medical professional; or

Be of such a serious nature that a reasonable person would consider it causing significant impairment to the physical, mental, or emotional health of the victim.

# 11. Learning Check 1

*Capture your answers to the following questions on paper, then proceed to the next page to see the correct answer.*

1. 26 TAC Chapter 711 defines \_\_\_\_\_ as:

an act or failure to act performed knowingly, recklessly, or intentionally, including incitement to act, that caused or may have caused physical injury or death to an individual receiving services;

an act of inappropriate or excessive force or corporal punishment, regardless of whether the act results in a physical injury to an individual receiving services; or

the improper use of chemical or bodily restraints, or seclusion on an individual receiving services not in compliance with federal and state laws, and regulations.

Select One:

A) Verbal/emotional abuse

B) Physical abuse

C) Sexual abuse

D) Neglect

E) Exploitation

2. 26 TAC Code §711.17 defines \_\_\_\_\_ as:

the willful infliction of an act(s) of verbal or other communication, including gestures, to harass, intimidate, humiliate or degrade an individual receiving services; or

threats of physical or emotional harm against an individual receiving services, in a way that results in the individual experiencing: significant impairment to physical, mental, or emotional health; substantial physical, mental, or emotional distress as identified by an appropriate medical professional.

Select One:

A) Verbal/emotional abuse

B) Physical abuse

C) Sexual abuse

D) Neglect

E) Exploitation

3. Which of these is a form of physical abuse?

Select One:

A) Accidentally failing to follow dietary restrictions

B) Intentionally grabbing someone with a visual impairment to scare them

C) A gentle tap

D) Intentionally bathing a person in very hot water

E) Both b and d

4. People with disabilities have the right to be free from ANE.

A) True

B) False

5. Screaming and yelling can be abuse.

A) True

B) False

6. Using medication in a way that is not prescribed by the physician for the convenience of the caregiver is a form of abuse.

A) True

B) False

7. Locking a person away from others and preventing the person from leaving is a form of abuse by seclusion.

A) True

B) False

8. Telling an individual that they are chubby to embarrass them or tease them is a form of verbal abuse.

A) True

B) False

**Select Next to see the correct answers to these questions**

## 12. Learning Check One With Answer

1. 26 TAC Chapter 711 defines \_\_\_\_\_ as:

an act or failure to act performed knowingly, recklessly, or intentionally, including incitement to act, that caused or may have caused physical injury or death to an individual receiving services;

an act of inappropriate or excessive force or corporal punishment, regardless of whether the act results in a physical injury to an individual receiving services; or

the improper use of chemical or bodily restraints, or seclusion on an individual receiving services not in compliance with federal and state laws, and regulations.

Select One:

A) Verbal/emotional abuse

B) Physical abuse

C) Sexual abuse

D) Neglect

E) Exploitation

Answer: B

\* The definition includes "May have caused physical injury or death." The act or failure to act does not need to have actually cause injury or death. It could have put the individual them at the risk of injury or death.

2. 26 TAC Code §711.17 defines \_\_\_\_\_ as

the willful infliction of an act(s) of verbal or other communication, including gestures, to harass, intimidate, humiliate or degrade an individual receiving services; or threats of physical or emotional harm against an individual receiving services, In a way that results in the individual experiencing:

- significant impairment to physical, mental, or emotional health;
- substantial physical, mental, or emotional distress as identified by an appropriate medical professional.

Select One:

A) Verbal/emotional abuse

B) Physical abuse

C) Sexual abuse

D) Neglect

E) Exploitation

Answer: A

\* To meet this definition, the individual has to have experienced an impairment or distress due to the harassment, humiliation, or degradation for the behavior to be reportable to HHSC/DFPS as emotional or verbal abuse. Providers frequently have standards for staff conduct/professionalism that require internal reporting of verbal/emotional abuse that does not result in impairment or distress as well.

3. Which of these is a form of physical abuse?

Select One:

A) Accidentally failing to follow dietary restrictions

B) Intentionally grabbing someone with a visual impairment to scare them

C) A gentle tap

D) Intentionally bathing a person in very hot water

E) Both b and d

Answer: E

\* Both B and D are both acts that are knowingly, recklessly, or intentionally committed, that may result in injury or death.

4. People with disabilities have the right to be free from ANE.

A) True

B) False

Answer: True

\*Federal and State law, as well as the Texas Administrative Code protect people who have disabilities from abuse, neglect, and exploitation.

5. Screaming and yelling can be abuse.

A) True

B) False

Answer: A

\* Screaming and yelling that causes impairment or distress to an individual can be considered verbal/emotional abuse

6. Using medication in a way that is not prescribed by the physician for the convenience of the caregiver is a form of abuse.

A) True

B) False

Answer: A

\* Improper use of a medication on an individual in an attempt to chemically restrain or isolate is an example of physical abuse.

7. Locking a person away from others and preventing the person from leaving is a form of abuse by seclusion.

A) True

B) False

Answer: A

\* Like improperly chemically restraining an individual is abuse above, improperly physically confining or isolating them is also considered abuse.

8. Telling an individual that they are chubby to embarrass them or tease them can be a form of verbal abuse.

A) True

B) False

Answer: A

\* When a person is intentionally harassed, humiliated, or degraded, and it results in that person experiencing physical, mental, or emotional impairment or distress it would be considered verbal/emotional abuse.

# 13. Sexual Abuse

## Sexual Abuse

Sexual abuse, when the alleged perpetrator is a direct provider of services, is defined as any sexual activity, including but not limited to:

- **Kissing, hugging, stroking, or fondling** an individual receiving services with sexual intent;
- **Engaging in** with an individual receiving services:
  - \* Sexual conduct
  - \* Any activity that is obscene
- In the presence of an individual receiving services:
  - \* Engaging in or displaying any activity that is obscene
  - \* Requesting, soliciting, or compelling another person to engage in any activity that is obscene
- Committing sexual exploitation

# 14. Sexual Exploitation

Sexual exploitation **is**:

- A pattern, practice, or scheme of conduct against an individual receiving services, which may include sexual contact, that can reasonably be construed as being for the purposes of sexual arousal or gratification or sexual abuse of any person.
- Committing sexual assault or aggravated sexual assault.
- Causing, permitting, encouraging, engaging in, or allowing the photographing, filming, videotaping, if the depiction of an individual receiving services is in a way that is obscene or pornographic.

Sexual exploitation **is not**:

- Consensual sexual activity between a service provider, staff member, volunteer, or controlling person, and an adult receiving services if the consensual sexual relationship **began prior to** the direct provider becoming a direct provider.

The definition of sexual exploitation against a person receiving services can be found in 26 TAC Section 711.13. A description of sexual conduct can be found in Texas Penal Code Chapter 43 , and definitions for sexual assault can be found in Texas Penal Code Chapter Section 22

## 15. Consent

- According to Chapter 22 of the Texas Penal Code, in order for sexual activity to be considered legal, consent must be given by:
- A person who is old enough to legally agree to sex (an adult aged 17 or over)
- A person who is mentally capable of understanding the activity
- A person who is fully conscious and aware of the activity
- A person who has not been intoxicated or drugged against their will
- A person who has not been threatened or coerced

## 16. Learning Check 2

*Capture your answer to the following question on paper, then proceed to the next page to see the correct answer.*

1. \_\_\_\_\_ is defined as kissing, hugging, stroking, fondling, with sexual intent or engaging in sexual conduct or an obscene act with an individual receiving services; requesting, soliciting, or compelling an individual receiving services to engage in sexual conduct or an obscene act; or engaging in, displaying, requesting, soliciting or compelling another person to engage in an activity that is obscene in the presence of an individual receiving services; committing sexual exploitation or sexual assault.

Select One:

A) Physical Abuse

B) Sexual abuse

C) Neglect

D) Exploitation

E) Verbal Abuse

Select Next to see the answer to this question

## 17. Learning Check Two with Answer

1. \_\_\_\_\_ is defined as kissing, hugging, stroking, fondling, with sexual intent or engaging in sexual conduct or an obscene act with an individual receiving services; requesting, soliciting, or compelling an individual receiving services to engage in sexual conduct or an obscene act; or engaging in, displaying, requesting, soliciting or compelling another person to engage in an activity that is obscene in the presence of an individual receiving services; committing sexual exploitation or sexual assault.

Select One:

A) Physical Abuse

B) Sexual abuse

C) Neglect

D) Exploitation

E) Verbal Abuse

Answer: B

\* Note: Displaying an obscene act in front of an individual being served can be considered sexual abuse without the served individual actively participating in it.

## 18. Neglect

When the alleged perpetrator is a service provider, staff member, volunteer, or controlling person for an individual receiving services in or from a:

- facility,
- local authority,
- community center,
- HCS waiver program, or
- TxHmL waiver program provider

Neglect is defined as a negligent act or omission which caused or may have caused physical or emotional injury or death to an individual receiving services or which placed an individual receiving services at risk of physical or emotional injury or death.

When the alleged perpetrator is a direct provider to an individual receiving services **from any service provider other than above:**

Neglect is defined as a negligent act or omission which caused physical or emotional injury or death to an individual receiving services.

### Examples of Neglect:

- Failure to establish or carry out an appropriate individual program plan or treatment plan
- Failure to provide adequate nutrition, clothing, or health care to an individual
- Failure to provide a safe environment for a specific individual receiving services, including the failure to maintain adequate numbers of appropriately trained staff

Some neglect situations may also include:

- Not assisting a person in personal hygiene tasks even though it was your assignment
- Not adjusting the temperature of a person's dwelling based on their needs
- Not complying with a person's dietary restrictions, intentionally
- Not accessing necessary medical equipment for a person

## 19. Learning Check 3

*Capture your answer to the following questions on paper, then proceed to the next page to see the correct answer.*

1. Anna tells her attendant that she needs to go to the bathroom. The attendant is cooking in the kitchen, and yells aggressively from the kitchen "Anna shut up!" The attendant walks past Anna again to get something from the bedroom, and Anna says she needs to go to the bathroom. The attendant is still busy and tells Anna to hold on and that she will help her when she is done. When the attendant is finally done cooking 30 minutes later, she finally come back to Anna, who has already urinated in her brief. The attendant then says to Anna, "You're disgusting!" Anna is left sitting in her wheelchair in a soiled brief, while the attendant goes back to her cooking because Anna doesn't need to go to the bathroom anymore.

This scenario is best described as:

- A) Sexual abuse
- B ) Neglect
- C) exploitation
- D) Verbal abuse
- E) Both B and D

2. Nina is an older adult who has cerebral palsy and lives in a group home with 3 other individuals. Nina must follow a low sodium diet as a means of controlling her blood pressure. At dinnertime Nina explains to staff that she should not eat hot dogs and french fries because they are too high in sodium. A staff person tells Nina salt won't hurt her and that special diets are only for babies. She then tells Nina to go to her room and go to bed hungry so the other residents can eat in peace.

This scenario is best described as:

- A) Sexual abuse
- B) Neglect
- C) Exploitation
- D) Verbal abuse
- E) Both B and D

3. \_\_\_\_\_ is a negligent act or omission that caused physical or emotional injury or death to a person or placed a person at risk of physical or emotional injury or death.

Select One:

- A) Verbal Abuse
- B) Physical abuse
- C) Sexual abuse
- D) Neglect
- E) Exploitation

4. Failing to carry out a treatment for a person that was ordered by the doctor can be considered an instance of ANE.

- A) True
- B) False

**Select Next to see the answers to these questions**

## 20. Learning Check 3 with Answers

1. Anna tells her attendant that she needs to go to the bathroom. The attendant is cooking in the kitchen, and yells aggressively from the kitchen "Anna shut up!" The attendant walks past Anna again to get something from the bedroom, and Anna says she needs to go to the bathroom. The attendant is still busy and tells Anna to hold on and that she will help her when she is done. When the attendant is finally done cooking 30 minutes later, she finally come back to Anna, who has already urinated in her brief. The attendant then says to Anna, "You're disgusting!" Anna is left sitting in her wheelchair in a soiled brief, while the attendant goes back to her cooking because Anna doesn't need to go to the bathroom anymore.

This scenario is best described as:

A) Sexual abuse

B ) Neglect

C) exploitation

D) Verbal abuse

E) Both B and D

Answer: E

\* Not taking Anna to the bathroom and leaving her sitting in her soiled briefs is Neglect, and degrading her by telling her "you are disgusting" for having soiled briefs is Verbal Abuse.

2. Nina is an older adult who has cerebral palsy and lives in a group home with 3 other individuals. Nina must follow a low sodium diet as a means of controlling her blood pressure. At dinnertime Nina explains to staff that she should not eat hot dogs and french fries because they are too high in sodium. A staff person tells Nina salt won't hurt her and that special diets are only for babies. She then tells Nina to go to her room and go to bed hungry so the other residents can eat in peace.

This scenario is best described as:

A) Sexual abuse

B) Neglect

C) Exploitation

D) Verbal abuse

E) Both B and D

Answer: E

\* Knowingly refusing to serve Nina low sodium food per her diet, and not feeding her at all is neglect. Humiliating Nina by calling calling her a baby in front of everyone and telling her to go to bed is emotional/verbal abuse.

3. \_\_\_\_\_ is a negligent act or omission that caused physical or emotional injury or death to a person or placed a person at risk of physical or emotional injury or death.

Select One:

A) Verbal Abuse

B) Physical abuse

C) Sexual abuse

D) Neglect

E) Exploitation

Answer: D

\* A person placed at risk of physical or emotional injury or death has been neglected even if it does not result in actual physical or emotional injury or death.

4. Failing to carry out a treatment for a person that was ordered by the doctor can be considered an instance of ANE.

A) True

B) False

Answer: True

\* Not carrying out a treatment ordered by a doctor could place a person at risk of physical or emotional injury.

## 21. Exploitation

Exploitation is defined as the illegal or improper act or process of using an individual receiving services or the resources of an individual receiving services for monetary or personal benefit, profit, or gain, and does not include:

- **Theft** as defined in Chapter 31 of the Texas Penal code
- allegations of exploitation less than \$25.00; and
- a loan, which includes money or property given to someone to use for a period of time with an understanding that it will be paid back or returned, made by an individual receiving services to a direct provider in a community provider setting.

### Examples of Exploitation

- Coercing a person to give you their Social Security or SSI (Supplemental Security Income) checks
- Forcing a person to perform duties that are clearly assigned to staff members
- Using a person as a source of entertainment, for example, putting them on your social media outlets
- Knowingly allowing a person receiving services to be unfairly solicited and manipulated by a third party

Note: *This is not an all-inclusive list.*

## 22. Restrictive Interventions

Restrictive interventions are those which restrict an individual's rights, freedom to move, or behave. They include, but are not limited to:

- Mechanical restraints or protective devices
- Manual holds
- Seclusion
- Psychotropic medication
- Limitations on access
- Intensive staffing to control the occurrence of certain behaviors.
- Restrictive interventions and other actions taken in accordance with the rules of Department of State Health Services (DSHS) or Health and Human Services Commission (HHSC) would not be considered ANE.
- Restrictive interventions and other actions that a direct provider may reasonably believe to be immediately necessary to avoid imminent harm to self, persons receiving services, or other persons would not be considered ANE.

**Note:** Even when all protocol is followed for restrictive interventions it is still possible that the intervention may be traumatizing to the individual receiving services.

Service providers should work together with people who are close to the individual to find ways to avoid restrictive interventions whenever possible.

## 23. Unexplained Death

### Unexplained (Unusual) Death

Unexplained (unusual) death is defined as a death with unknown causes including:

- Deaths not caused by a previously identified diagnosis, or
- Deaths that occur during or after an unusual incident.
- Unexplained or unusual deaths can be a red flag for abuse, neglect, or exploitation.

While all deaths are currently reported, in some settings deaths which are unexplained or unusual receive additional attention. This is why it is important to understand what qualifies as an unexplained or unusual death.

Note: Unexplained death is not a DFPS or an HHSC Provider Investigation term. It is a term chosen federally by the Centers for Medicare and Medicaid Services (CMS) that is utilized in multiple programs.

## 24. Learning Check 4

*Capture your answers to the following questions on paper, then proceed to the next page to see the correct answer.*

1. \_\_\_\_\_ is defined as the illegal or improper act or process of using an individual receiving services or the resources of an individual receiving services for monetary or personal benefit, profit, or gain.

Select One:

- A) Verbal abuse
- B) Physical abuse
- C) Sexual abuse
- D) Neglect
- E) Exploitation

2. An example of exploitation is:

Select One:

- A) Protecting a person from scams, fraudulent, dishonest, or unfair business practices or trades, or unwanted solicitations
- B) Making sure that the person is not required to perform staff member duties
- C) Using a person as a source of entertainment
- D) Politely declining a valuable gift from a person
- E) None of the above

3. Which of the following are examples of restrictive interventions?

Select One:

- A) Use of medication to calm a person down before a medical procedure
- B) Grabbing a person from behind to prevent them from running out into the street
- C) Limiting access to certain areas of the person's home
- D) Helmets to prevent self-injury
- E) All of the above

4. Joseph is a 32 year old male with an intellectual disability who lived alone in an apartment with CFC PAS/HAB supports. Joseph was found unresponsive in his bed when staff entered to wake him up and get him ready for work. Joseph had high blood pressure that had been well controlled by medication for several years. Is this an unexplained (unusual) death?

- A) Yes
- B) No

5. Anna is a 67 year old woman with uncontrolled diabetes which has resulted in organ failure. Anna lives with her younger sister. Anna's older sister, who also had diabetes died 2 years ago from a stroke. Anna is regularly admitted to the hospital to care for her condition. Anna's sister found Anna collapsed in her room last night and she was pronounced dead at the hospital this morning. Is this an unexplained (unusual) death?

- A) Yes
- B) No

6. Using the previous example about Anna, consider that Anna's younger sister was recently involved in an allegation of abuse against Anna. Based on this new information, could this be considered an unexplained (unusual) death?

- A) Yes
- N) No

## 25. Learning Check 4 With Answers

1. \_\_\_\_\_ is defined as the illegal or improper act or process of using an individual receiving services or the resources of an individual receiving services for monetary or personal benefit, profit, or gain.

Select One:

- A) Verbal abuse
- B) Physical abuse
- C) Sexual abuse
- D) Neglect
- E) Exploitation

Answer: E

\* Exploitation of a person receiving services' resources is different from simply stealing from them (theft), which would be reported to provider management/law enforcement.

2. An example of exploitation is:

Select One:

- A) Protecting a person from scams, fraudulent, dishonest, or unfair business practices or trades, or unwanted solicitations
- B) Making sure that the person is not required to perform staff member duties
- C) Using a person as a source of entertainment
- D) Politely declining a valuable gift from a person
- E) None of the above

Answer: C

\* Example: Staff encouraging individuals in a residential facility to fight each other for the entertainment of the staff.

3. Which of the following are examples of restrictive interventions?

Select One:

- A) Use of medication to calm a person down before a medical procedure
- B) Grabbing a person from behind to prevent them from running out into the street
- C) Limiting access to certain areas of the person's home
- D) Helmets to prevent self-injury
- E) All of the above

Answer: E

\* The above examples can be completed to protect the safety of the individual if done appropriately in conjunction with their plan of care. But used inappropriately, such as limiting a person's access to parts of their home unnecessarily, isolating them from interaction with others, could be physical abuse..

4. Joseph is a 32 year old male with an intellectual disability who lived alone in an apartment with CFC PAS/HAB supports. Joseph was found unresponsive in his bed when staff entered to wake him up and get him ready for work. Joseph had high blood pressure that had been well controlled by medication for several years. Is this an unexplained (unusual) death?

- A) Yes
- B) No

Answer: A

\* If Joseph's high blood pressure was well controlled, he was being given it as prescribed, and was healthy enough to work, his sudden overnight death would be considered unexplained/unusual.

5. Anna is a 67 year old woman with uncontrolled diabetes which has resulted in organ failure. Anna lives with her younger sister. Anna's older sister, who also had diabetes died 2 years ago from a stroke. Anna is regularly admitted to the hospital to care for her condition. Anna's sister found Anna collapsed in her room last night and she was pronounced dead at the hospital this morning. Is this an unexplained (unusual) death?

- A) Yes

B) No

Answer: B

\* With her family, medical, and hospital visit history there is no information here to suggest at this point that her death was unusual or unexplained.

6. Using the previous example about Anna, consider that Anna's younger sister was recently involved in an allegation of abuse against Anna. Based on this new information, could this be considered an unexplained (unusual) death?

A) Yes

N) No

Answer: Yes

\* Having been found by her sister, who has had a previous allegation of physical abuse against her, there is reason to look further into the cause and manner of her death.

## 26. Section II: Recognizing ANE



This section of the training focuses on recognizing Abuse,  
Neglect, and Exploitation

## 27. Recognizing ANE

- Older people (65 and older), children, and people with disabilities may show different signs of abuse than others.
  - The signs of ANE vary from person to person, so make sure to note and report if a person you serve is acting **OUT OF THE ORDINARY**.
  - Texas law requires anyone who suspects ANE to report it to the proper authorities.
  - You don't have to be certain ANE is occurring but if you suspect it you must report it and allow the professionals to investigate.
  - Reports of ANE should be made to the appropriate phone number, web address, or Web Portal address for the provider involved as described in Section IV
- Methods of Addressing ANE

## 27.1. Signs and Symptoms of Physical Abuse

### Signs and Symptoms of Physical Abuse

Potential indicators of physical abuse:

- Unexplained signs of injury, such as bruises, black eyes, burns, welts, lacerations, and rope marks
- Bone fractures, broken bones, and skull fractures
- Open wounds, cuts, punctures, untreated injuries in various stages of healing Sprains, dislocations, and internal injuries/bleeding
- Broken eyeglasses/frames, physical signs of being subjected to punishment, and signs of being restrained
- Trouble walking or sitting
- Injuries that appear to have a pattern such as marks from a hand or belt
- Laboratory findings of medication overdose or underutilization of prescribed drugs
- A person's report of being hit, slapped, kicked, or mistreated
- A person's sudden change in behavior or personality
- A person's report of being physically abused.

As a person who provides services, you have regular contact with the person receiving services. Often you are a person they trust, and they might reveal things to you that they may not reveal to other people in their lives.

As such you have a responsibility to listen and take any allegation they report to you seriously and to report any suspicion of ANE.

### Signs and Symptoms of Neglect

Potential indicators of **neglect**:

- Dehydration,
- Malnutrition,
- Untreated bed sores,
- Weight loss and poor personal hygiene
- Unattended or untreated health problems
- Unsanitary conditions (examples):
  - \* Dirty
  - \* Lice on the person
  - \* Soiled bedding Fecal/urine smell
- A person's report of being neglected

## 27.3. Signs and Symptoms of Exploitation

### Signs and Symptoms of Exploitation

Potential indicators of **exploitation**:

- Abrupt changes in a will or other financial documents;
- Unexplained disappearance of funds or valuable possessions;
- Discovery of a person's signature being forged for financial transactions or for the titles of his/her possessions;
- A person's report of financial exploitation

**HHSC Provider Investigations does not** investigate allegations of theft as described in Texas Penal Code Chapter 31 .Allegations of theft in settings where PI investigates are referred to law enforcement.

### Signs and Symptoms of Sexual Abuse

Potential indicators of **sexual abuse**:

- Pregnancy
- Sexually transmitted infection (STI)
- Anal or vaginal soreness
- Depression, eating disorders or post-traumatic stress disorder (PTSD)
- Poor physical health
- Changes in eating habits, drastic weight gain or loss
- A person's report of being sexually abused.

## 27.5. ANE Signs and Symptoms: Additional Considerations

### ANE Signs and Symptoms: Additional Considerations

In addition to the signs and symptoms of ANE mentioned so far, there are some additional considerations to remember:

- People experiencing abuse may not disclose it
- People who are receiving services may show less obvious signs of distress
- Their behavior may be attributed to their diagnosis (Mental health, IDD, or Dementia) instead of ANE
- A perpetrator may be the primary caregiver for the individual

## 28. Learning Check 5

*Capture your answers to the following questions on paper, then proceed to the next page to see the correct answer.*

1. If a person suddenly changes their banking practices or financial documents, it may be a warning sign of financial abuse.

A) True

B) False

2. A drastically decreased appetite and quick weight loss may be a sign of abuse.

A) True

B) False

3. What are some signs and symptoms of ANE?

Select One:

A) Unexplained signs of injury, including sprains and bruising

B) Dehydration, malnutrition, or weight loss

C) Frequent argument and/or tensions between the person and their caregiver

D) Any change in behavior or personality

E) All of the above

4. Jason is an older adult with an intellectual disability. He recently told his attendant that his checking account did not have enough money to cover his bills. His attendant began exploring and discovered a large withdrawal was made from his account during a time that one of his caregivers was running errands with Jason. Jason says he knows nothing about the withdrawal of funds. This scenario is best described as:

Select One:

A) Physical abuse

B) Neglect

C) Exploitation

D) All of the above

E) None of the above

## 29. Learning Check 5 With Answers

1. If a person suddenly changes their banking practices or financial documents, it may be a warning sign of financial abuse.

A) True

B) False

Answer: A

\* This could be a sign that someone is exerting pressure on the individual to change the individual's accounts to make it more likely that their resources will be exploited.

2. A drastically decreased appetite and quick weight loss may be a sign of abuse.

A) True

B) False

Answer: A

\* It can be a both a sign of abuse and neglect

3. What are some signs and symptoms of ANE?

Select One:

A) Unexplained signs of injury, including sprains and bruising

B) Dehydration, malnutrition, or weight loss

C) Frequent argument and/or tensions between the person and their caregiver

D) Any change in behavior or personality

E) All of the above

Answer: E

\* Changes in perceived cognitive ability can potentially occur due to conditions, such as urinary tract infections , which can be the result of poor provider caregiving, such as not changing soiled adult briefs, and insufficient attention to the individual's hydration.

4. Jason is an older adult with an intellectual disability. He recently told his attendant that his checking account did not have enough money to cover his bills. His attendant began exploring and discovered a large withdrawal was made from his account during a time that one of his caregivers was running errands with Jason. Jason says he knows nothing about the withdrawal of funds. This scenario is best described as:

Select One:

A) Physical abuse

B) Neglect

C) Exploitation

D) All of the above

E) None of the above

Answer: C

\* The attendant, entrusted by the individual to use their account to pay for the costs of items while running errands, used the individual's resources without consent for the attendant's personal gain.

## 30. Behavioral Signs of ANE



- Being emotionally upset or agitated
- Being extremely withdrawn and non-communicative or non-responsive unusual behavior
- Frequent arguments and/or tensions between the person and others

## 30.1. Behavioral Signs of ANE Continued

### Behavior Signs of ANE - Continued

Although many of these behaviors can be attributed to other causes, when unexplained consider if they might be a sign of ANE or trauma.

- Appearing restless, uneasy, angry, or showing a lack of interest in once enjoyable activities
- Displays sexual knowledge or interest in sexual acts inappropriate to his or her experience, or exhibits inappropriately seductive behaviors
- Sleep difficulties, including an increase in nightmares
- Is always watchful and "on alert," as if waiting for something bad to happen.
- Shies away from touch or flinches at sudden movement
- Makes strong efforts to avoid a specific person or location without an obvious reason
- Wears or is dressed in inappropriate clothing, such as long-sleeved shirts on hot days
- Doesn't want to change clothing in front of others
- Runs away or refuses to participate in physical activities
- Regressive behaviors depending on age, such as thumb-sucking or bed-wetting
- Drug or alcohol abuse

## 31. Learning Check 6

*Capture your answers to the following questions on paper, then proceed to the next page to see the correct answer.*

1. Which of the following could be a sign of abuse?

Select One:

- A) Withdrawn behavior or reluctance to be left alone with a person or people
- B) Running away and/or refusal to participate in physical activities
- C) Regressive behaviors depending on age such as thumb-sucking or bed-wetting
- D) Sexual knowledge, language, and/or behaviors that are unusual and inappropriate for their age
- E) All of the above

2. Kelsey is a 32 year old woman with cerebral palsy and an intellectual disability. Last month she began waking up every morning around 3 A.M. with nightmares and also began experiencing toileting accidents for the first time in many years. This is a potential sign of:

Select One:

- A) Physical abuse
- B) Sexual abuse
- C) Trauma
- D) A medical issue
- E) All of the above

3. Which of the following are possible signs of trauma related to abuse?

Select One:

- A) Lack of interest in once enjoyable activities
- B) Sleep difficulties, including an increase in nightmares
- C) Uncontrollable anxiety, anger and/or depression
- D) Avoidance of specific people
- E) All of the above

## 32. Learning Check 6 With Answers

1. Which of the following could be a sign of abuse?

Select One:

- A) Withdrawn behavior or reluctance to be left alone with a person
- B) Running away and/or refusal to participate in physical activities
- C) Regressive behaviors depending on age such as thumb-sucking or bed-wetting
- D) Sexual knowledge, language, and/or behaviors that are unusual and inappropriate for their age
- E) All of the above

Answer: E

\* Individuals who have been abused may be afraid to or unable to make an outcry against an abuser. The abuse they experienced may not be visible to an observer. These behaviors can help to identify potential abuse, neglect and exploitation.

2. Kelsey is a 32 year old woman with cerebral palsy and an intellectual disability. Last month she began waking up every morning around 3 A.M. with nightmares and also began experiencing toileting accidents for the first time in many years. This is a potential sign of:

Select One:

- A) Physical abuse
- B) Sexual abuse
- C) Trauma
- D) A medical issue
- E) All of the above

Answer: E

\* While there could be a purely medical explanation to the sleeplessness, agitation and incontinence the individual is experiencing, it could also include a reaction to trauma related to physical/sexual abuse.

3. Which of the following are possible signs of trauma related to abuse?

Select one:

- A) Lack of interest in once enjoyable activities
- B) Sleep difficulties, including an increase in nightmares
- C) Uncontrollable anxiety, anger and/or depression
- D) Avoidance of specific people
- E) All of the above

Answer: E

\* Individuals many times will not openly discuss trauma they have experienced. These are observable behaviors of potential trauma that can inform both investigations of abuse they may have experienced and efforts to provide them with needed care.

## 33. Perpetrator of ANE

A **perpetrator** is a person who has committed or is alleged to have committed an act of abuse, neglect, or exploitation.

Perpetrators can be anyone:

- Direct care worker
- Person's parent or grandparent
- Doctor
- Stranger

Individual HHSC waivers, programs, and settings have different entities investigate ANE by certain perpetrator types. Be sure to check for the appropriate investigating body for your program.

- Example: HCS and TxHmL has HHSC Provider Investigations (PI) investigate perpetrators who are service providers, staff members, volunteers, or controlling people.

While any of these people could be a perpetrator of ANE, another investigative body may have authority instead of HHSC Provider Investigations. The entity receiving the report will forward it to the correct investigative area.

For example, a report on a doctor, as a licensed medical professional, submitted to the Texas Medical Board.

### Perpetrator Characteristics

Some (but not all) characteristics a perpetrator of ANE may exhibit include:

- Refusing to allow visitors to see a person alone or other socially isolating practices
- Experiencing a lot of stress and burn out, or may lack a support system
- Refusing to complete necessary personal tasks for the individual
- Using a person's resources, such as their vehicle, money or belongings, without consent
- Showing a devaluing and degrading attitude towards a person receiving services
- Excessive use of alcohol and other substances
- Untreated mental illness

## 34. Learning Check 7

*Capture your answers to the following questions on paper, then proceed to the next page to see the correct answer.*

1. Which is NOT a behavior of a person who may be committing abuse, neglect or exploitation?

- A) Socially isolating the person
- B) Completing necessary personal tasks
- C) Using the individual's vehicle, money, or other resources without consent
- D) Actions that suggest a devaluing and degrading attitude towards a person.
- E) All of the above

2. While anyone can be a perpetrator of ANE, ALL reports of abuse, neglect, and exploitation by ALL perpetrator types are made by calling the same DFPS Abuse hotline at 1-800-252-5400, or reporting to the DFPS hotline website.

- A) True
- B) False

3. Staff who are under a lot of stress and are feeling burned out are less likely to abuse or neglect the persons in their care.

- A) True
- B) False

## 35. Learning Check 7 With Answers

1. Which is NOT a behavior of a person who may be committing abuse, neglect or exploitation?

- A) Socially isolating the person
- B) Completing necessary personal tasks
- C) Using the individual's vehicle, money, or other resources without consent
- D) Actions that suggest a devaluing and degrading attitude towards a person.
- E) All of the above

Answer: B

\* Answer A is an example of physical abuse by isolation, Answer C is an example of Exploitation, and answer D is an example of verbal/emotional abuse

2. While anyone can be a perpetrator of ANE, ALL reports of abuse, neglect, and exploitation by ALL perpetrator types are made by calling the same DFPS Abuse hotline at 1-800-252-5400, or reporting to the DFPS hotline website.

- A) True
- B) False

ANSWER: B

\* As the training mentioned, where ANE is reported can vary by setting and program, and non-emergency reports can also be made via internet form submission. Be sure to verify which method your program uses to report ANE.

3. Staff who are under a lot of stress and are feeling burned out are less likely to abuse or neglect the persons in their care.

- A) True
- B) False

Answer: False

\* Caregiver stress and burnout has been shown to increase the likelihood they will abuse or neglect the individuals in their care.

## 36. Section III: ANE Risk Factors



*This section of the training focuses on ANE risk factors*

### Risk Factors for ANE

- People with disabilities are **four to ten times** more likely to be abused than their peers without disabilities.
- ANE is more likely to occur between people receiving services when staff do not provide adequate oversight.

The following people are considered at risk for ANE:

- People who are socially isolated
- People who are unable to perform daily tasks independently
- People with limited mobility or limited physical functioning
- People who rely on others for support
- People with lower IQs
- People who are unable to speak or have limited verbal communication
- People with uncontrolled mental health conditions

## 37. Learning Check 8

*Capture your answers to the following questions on paper, then proceed to the next page to see the correct answer.*

1. People with disabilities are four to ten times more likely to be abused than their peers without disabilities.

A) True

B) False

2. People with limited mobility or who are experiencing a significant decline in their physical functioning are at higher risk for ANE.

A) True

B) False

3. Peer-on-peer abuse among people with disabilities can be the result of insufficient staff oversight.

A) True

B) False

4. What is a risk factor for persons to be abused?

Select One:

A) Being socially active within the community

B) Strong communication skills

C) Ability to do daily tasks independently

D) Obtaining successful treatment for mental health conditions

E) None of the above

## 38. Learning Check 8 With Answers

1. People with disabilities are four to ten times more likely to be abused than their peers without disabilities.

A) True

B) False

Answer: A

\* Persons with disabilities are more likely to need the assistance of others such as family caregivers as well as paid providers to maintain their independence, which can increase the possibility of abuse, neglect, and exploitation.

2. People with limited mobility or who are experiencing a significant decline in their physical functioning are at higher risk for ANE.

A) True

B) False

Answer: A)

\* These individuals are more reliant on the assistance of others to complete activities of daily living, which can increase the risk of ANE.

3. Peer-on-peer abuse among people with disabilities can be the result of insufficient staff oversight.

A) True

B) False

Answer: A)

\* With insufficient and competent staff providing care and assistance to persons with disabilities, it is more likely that inappropriate, abusive behaviors a person in care may engage in against another individual will be prevented.

4. What is a risk factor for persons to be abused?

Select One:

A) Being socially active within the community

B) Strong communication skills

C) Ability to do daily tasks independently

D) Obtaining successful treatment for mental health conditions

E) None of the above

Answer: E)

\* Answers A through D help an individual become less vulnerable to abuse.

## 39. Section IV: Methods to Address ANE



### Reporting Requirements

In Texas, service providers are required to report suspected abuse, neglect, and exploitation. This is a general training meant to apply to staff across multiple programs. Reports by telephone and online are made to intake locations based on the program serving the alleged victim.

The following pages discuss where reports should be made but is not necessarily an exhaustive list for all settings or programs.

## 40. Long Term Care Providers Reporting to TULIP

### Long-Term Care Provider Programs That Report to CII and TULIP

If you suspect Abuse, Neglect, or Exploitation in the following programs:

1. HCSSA (Home Health and Hospice)
2. Licensed Nursing Facilities and Skilled Nursing Facilities
3. Assisted Living Facilities
4. Day Activity and Health Services (DAHS)
5. Licensed Intermediate Care Facilities for Persons with an Intellectual Disability
6. Non-Licensed Intermediate Care Facilities for Persons with an Intellectual Disability
7. Individualized Skills and Socialization

**Call Complaint and Incident Intake** (CII) at 800-458-9858 **or**

**Submit incidents online** to HHSC in the TULIP Portal (effective 9/1/23) at: <https://txhhs.my.site.com/TULIP/s/login/?ec=302&startURL=%2FTULIP%2Fs%2F>.

- Check with your manager to see if and when your program uses TULIP.

# 41. Reporting to Texas Abuse Hotline

## Reporting to the Texas Abuse Hotline

The Texas Abuse Hotline is answered by DFPS Statewide Intake. It is the number to report abuse, neglect, or exploitation of children, the elderly, or people with disabilities in Texas. ANE in in some HHSC programs is also reported to Statewide Intake (SWI).

Staff who answer this general number are trained to refer reporters to a different number as necessary. If you are unsure about what number to call speak with the supervisor for the specific program you are working in.

### From SWI:

If you know or suspect that any person receiving services is being or has been abused, neglected, or exploited, you must:

Report such knowledge or suspicion to DFPS IMMEDIATELY by: calling the

DFPS toll-free number at 1 (800) 252-5400 or

using the internet at <http://www.txabusehotline.org>

**Note: Do not use the website to report urgent or emergency situations.** Instead, call the toll-free number if the situation is urgent and needs to be investigated within 24 hours, or call **911** or your local law enforcement agency if an emergency or life-threatening situation exists that must be dealt with immediately.

If you ever need this information, you will want to have it readily available. We suggest saving the phone number and the email into your personal phone.

## 42. ALFs and Nursing Home Reporting

### Assisted Living Facilities

For an individual who resides in a licensed assisted living facility, in accordance with Title 26 Part 1 Chapter 553 (Licensing Standards for Assisted Living Facilities) Subchapter G, if there is suspicion of ANE, it must be reported to HHSC Complaint and Incident Intake (CII) immediately after knowledge or suspicion. Some individuals who receive DBMD services reside in licensed assisted living facilities, and would also be referred to CII.

Call CII at 800-458-9858, or

Email CII: [ciicomplaints@hhsc.state.tx.us](mailto:ciicomplaints@hhsc.state.tx.us)

### Nursing Facilities

Based on Title 26 Chapter 554 Subchapter G §554.602(a)1, abuse, neglect, and exploitation of persons residing in nursing facilities must be reported:

immediately, but no later than 2 hours after the allegation, to facility management and HHSC if the allegations involve abuse, or result in bodily injury, or

within 24 hours if the events causing the allegation do not involve abuse and do not result in serious bodily injury.

Report ANE in Nursing Facilities to the HHS Complaint intake section at:

**1-800-458-9858** or via the HHS website.

## 43. CLASS and DBMD Reporting

### CLASS and DBMD Reporting

If a program provider, service provider, staff person, volunteer, or controlling person knows or suspects that an individual is being or has been abused, neglected, or exploited, the program provider must report or ensure that the person with knowledge or suspicion reports the allegation of abuse, neglect, or exploitation to DFPS SWI immediately, but not later than 24 hours, after having knowledge or suspicion by:

Calling the DFPS Abuse Hotline toll-free telephone number, 1-800-252-5400; or Using the DFPS Abuse Hotline website:

<https://www.txabusehotline.org>

## 44. HCS and TxHmL Reporting

### HCS and TxHmL Reporting

If a program provider, staff member, service provider, volunteer, or controlling person knows or suspects an individual is being or has been abused, neglected, or exploited, the program provider must report or ensure that the person with knowledge or suspicion reports the allegation of abuse, neglect, or exploitation to DFPS immediately, but not later than one hour after having knowledge or suspicion, by:

Calling the DFPS Abuse Hotline toll-free telephone number, 1-800-647-7418\* (\*this is a different number from the main SWI number);

Using the DFPS Abuse Hotline website: <https://www.txabusehotline.org>

Per 26 TAC 565.31(b) and 26 TAC 559.241 program providers must report ANE by an Individualized Skills and Socialization provider to HHSC Complaint and Incident Intake (CII) at 800-458-9858

## 45. When to Call

### When to Call



When do I report ANE by phone instead of reporting it online?

- Anytime you believe your situation requires action or intervention in less than 24 hours to secure the safety of the person/victim

These situations include, but are not limited to:

- Serious injury
- Immediate need for medical treatment
- Sexual abuse where the abuser will have access to the victim
- When a vulnerable person is likely to be left alone with a suspected perpetrator

Calling instead of reporting online is also helpful because it allows the intake worker to ask follow-up questions that you may be able to answer.

## 46. Who else do I call?

### Who else do I call?

Reporting abuse to the Texas Abuse Hotline does not take the place of reporting to other agencies when appropriate.

- Law enforcement should also be contacted if illegal activity other than just ANE has occurred or is suspected.
- If immediate emergency medical care is needed, call **911**.
- Other entities may need to be contacted when necessary to protect the individual from further abuse, neglect, or exploitation. Check with your specific program to see what other entities to contact.
- Many HHSC programs require that the program be informed of ANE allegations. It is important for you to ask your supervisor or manager who needs to be contacted in your program.
- Whenever possible and appropriate you should play a supporting role with the individual as they take the necessary steps.
- One helpful option is to make calls together with the individual.

## 47. Helpful Reporting Hints from DFPS/HHSC

### Helpful Reporting Hints from DFPS/HHSC

If you have any doubts about whether abuse, neglect, or exploitation has occurred, call the appropriate DFPS or HHSC hotline. The hotline representatives can advise you on whether the signs you observed are ANE.

When you call the DFPS or HHSC hotline you will be asked for the following information:

- What happened
- The people involved
- Name, age, date of birth, Medicaid number, and address of the person receiving services
- Brief description of the situation and the vulnerable person receiving services
- Current injuries, medical problems, or behavioral problems
- Safety concerns
- Details about the alleged perpetrator
- The service provider's name, address, and contact information
- Your name and contact information (you have the option to remain confidential if you prefer)
- Explain how you know about the situation
- Names and phone numbers of relatives, neighbors, and friends who might have knowledge of the situation.

## 48. Learning Check 9

*Capture your answers to the following questions on paper, then proceed to the next page to see the correct answer.*

1. Which of the following are appropriate entities to report ANE to?

Select One:

- A) 911, in an emergency situation
- B) DFPS Texas Abuse Hotline
- C) HHSC Complaint & Incident Intake (CII)
- D) A best friend
- E) A, B and C

2. The State of Texas requires anyone with suspicions to report suspected ANE.

- A) True
- B) False

3. Going online to the Department of Family and Protective Services (DFPS) Texas Abuse Hotline or calling the DFPS toll-free number are both ways to report ANE for certain programs.

- A) True
- B) False

4. Thomas is a 54 year old man who lives with his father in a duplex. Thomas' father provides paid care to Thomas in the evenings. This morning, Thomas had multiple large bruises on his face and body when he arrived at his day program. When you questioned him about it, he reluctantly told you that his father pushed him down the stairs when he was mad. Thomas will be returning home to his father this evening. What should you do?

Select One:

- A) Complete a report at <http://www.txabusehotline.org>
- B) Call the Texas Abuse Hotline 1-800-252-5400 as appropriate
- C) Call the HHSC Complaint & Incident Intake (CII) as appropriate
- D) B or C, as appropriate

5. You must report a suspicion of ANE, even if there is not absolute certainty ANE occurred.

- A) True
- B) False

6. An employer must first report an incidence of ANE to HHSC in writing.

- A) True
- B) False

7. Helpful information to have on hand when reporting to DFPS can include: the name, age, and address of the person receiving services.

- A) True
- B) False

## 49. Learning Check 9 With Answers

1. Which of the following are appropriate entities to report ANE to?

Select One:

- A) 911, in an emergency situation
- B) DFPS Texas Abuse Hotline
- C) HHSC Complaint & Incident Intake (CII)
- D) A best friend
- E) A, B and C

ANSWER: E

\* Law enforcement should be contacted if illegal activity other than just ANE has occurred or is suspected. If immediate emergency medical care is needed, call **911**.

2. The State of Texas requires anyone with suspicions to report suspected ANE.

- A) True
- B) False

Answer: A

\* Anyone who suspects ANE is required to report it. There are no exceptions.

3. Going online to the Department of Family and Protective Services (DFPS) Texas Abuse Hotline or calling the DFPS toll-free number are both ways to report ANE for certain programs.

- A) True
- B) False

Answer: A

\* This is accurate for programs that are required to report to DFPS. Other programs report to HHSC CII and or the online TULIP reporting system. Check with your program to verify where to report.

4. Thomas is a 54 year old man who lives with his father in a duplex. Thomas' father provides paid care to Thomas in the evenings. This morning, Thomas had multiple large bruises on his face and body when he arrived at his day program. When you questioned him about it, he reluctantly told you that his father pushed him down the stairs when he was mad. Thomas will be returning home to his father this evening. What should you do?

Select One:

- A) Complete a report at <http://www.txabusehotline.org>
- B) Call the Texas Abuse Hotline 1-800-252-5400 as appropriate
- C) Call the HHSC Complaint & Incident Intake (CII) as appropriate
- D) B or C, as appropriate

ANSWER: D

\* This alleged abuse must be called in, rather than sent to the online reporting system, since Thomas' father returns home today, and Thomas is in danger of further abuse upon his return. An internet report may not be read and responded to the same day.

5. You must report a suspicion of ANE, even if there is not absolute certainty ANE occurred.

- A) True
- B) False

Answer: A

\* A person reporter of ANE is required to report a suspicion of ANE. Definitive proof or certainty is not required.

6. An employer must first report an incidence of ANE to HHSC in writing.

- A) True
- B) False

Answer: B)

\* Call the toll-free number if the situation is urgent and needs to be investigated within 24 hours. Reporting ANE in writing is an option for non-urgent allegations not requiring investigation within 24 hours,

7. Helpful information to have on hand when reporting to DFPS can include: the name, age, and address of the person receiving services.

A) True

B) False

Answer: A)

\* Providing this information will help investigators respond to the report in a thorough and timely manner.

## 50. After Reporting

### After Reporting

- Preserve and protect any evidence related to the allegation.
- Do what you can to protect the individual (without putting yourself at risk) and ensure their safety.
- Cooperate with the investigator during the investigation including being responsive to the investigator or intake worker.
- DFPS might give you instructions on how to preserve and protect the evidence, but if not do your best to do so.
- Protecting the individual is the primary focus at this stage but you should not put yourself at risk to protect the individual.
- One of the primary ways in these community programs to protect the individual is to prevent contact with their abuser when possible.

Note: Some programs, for example in managed care, have specific procedures requiring the investigator to contact appropriate staff. Staff may also have timeframes within which they must respond. If you are unsure if the timeframes to respond apply to you, speak with a supervisor in your program.

# 51. Documentation

## Documentation

To assist in an investigation seeking to protect an individual who is an alleged victim of ANE, complete the following activities, as appropriate:

- Write down what happened regarding the ANE incident, or any suspicions, including verbal conversations, times, and dates.
- Keep copies of any written documents, filed reports of the ANE, and any documents received from oversight agencies.
- Visit a doctor with the person receiving services who sustained injuries from suspected ANE to be able to document those injuries.
- Ask the person receiving services for consent to take pictures of any suspected injuries, such as bruises, sustained related to the ANE suspicion or incident.

## 52. Prevention Strategies

### Prevention Strategies

- Establish appropriate and positive working relationships with people receiving services, to increase the likelihood that you will pick up on signs and symptoms of ANE.
- Make sure, to the best of your ability, that persons receiving services have supportive and trustworthy adults, **other than their parents and caregivers**, who can identify and report ANE.
- Work as a team of care providers to reduce stress on caregivers.
- Teach persons receiving services the names for their body parts to help them express if inappropriate behavior is occurring.

## 53. Learning Check 10

*Capture your answers to the following questions on paper, then proceed to the next page to see the correct answer.*

1. Which of the following is a good way to document any concerns about ANE?

Select One:

- A) Keep written notes of what happened and the date it happened, including documenting any verbal conversations about any concerns.
- B) Keep copies of any written documents filed reporting the ANE and any documents received from oversight agencies.
- C) Take pictures of any suspected injuries, with consent from the person to do so.
- D) Take person to the doctor to document injuries related to ANE.
- E) All of the above

2. It is important for staff to create a trusting relationship with a person so they will be more likely to know if ANE has occurred.

- A) True
- B) False

3. Teaching persons accurate names for body parts can help them report sexual abuse.

- A) True
- B) False

4. Having other supportive adults in a person's life besides parents and caregivers, who can identify abuse and report it is one way to prevent ANE.

- A) True
- B) False

## 54. Learning Check 10 With Answers

1. Which of the following is a good way to document any concerns about ANE?

Select One:

A) Keep written notes of what happened and the date it happened, including documenting any verbal conversations about any concerns.

B) Keep copies of any written documents filed reporting the ANE and any documents received from oversight agencies.

C) Take pictures of any suspected injuries, with consent from the person to do so.

D) Take person to the doctor to document injuries related to ANE.

E) All of the above

Answer: E

\* ANE investigators collect several forms of evidence in order to determine if ANE has occurred. Having written notes, collecting copies of documents, taking timely photos of injuries when they are observed, getting a medical examination, and providing the information to the investigator can be very helpful in reaching an investigation disposition that will help protect clients receiving services.

2. It is important for staff to create a trusting relationship with a person so they will be more likely to know if ANE has occurred.

A) True

B) False

Answer: A

\* Building rapport and trust with clients can help them feel safe discussing ANE they may have experienced.

3. Teaching persons accurate names for body parts can help them report sexual abuse.

A) True

B) False

Answer: A

\* Clients who have a limited ability to communicate will be better able to accurately discuss abuse they may have suffered if they understand the names of their body parts that may have been abused.

4. Having other supportive adults in a person's life besides parents and caregivers, who can identify abuse and report it is one way to prevent ANE.

A) True

B) False

Answer: A

\* Parents, other relatives, and caregivers are many times the perpetrators of ANE against an individual. They may seek to isolate the individual from others to hide their actions. Having people in the lives of individuals not directly involved in their care can increase the likelihood that the impact of ANE will be observed, and that the individual has someone they feel safe to discuss it with.

## 55. Section V: Trauma



## Trauma Definition

Trauma is an emotional response which results in feelings of fear, threat to life, horror, and helplessness.

It comes from experiences that are physically or emotionally harmful, life threatening, and has lasting effects on the person.

These effects can include mental, physical, social, emotional, and spiritual well-being.

The effects of trauma directly impact the way someone interacts and communicates with others, especially when put under challenging circumstances.

- Trauma is based on the person's experience of the event;
- We all experience things differently. What is traumatizing to one person, may not be to another.
- When someone is traumatized, or having a trauma response, they may act "weird" or "irrational".

## 56. Big Trauma Little Trauma Examples

### Examples of Big "T" and Little "t" Traumas

#### "Big T" Trauma

Sexual Abuse

Physical Abuse

Neglect

Death of a loved one

Natural disaster

#### "Little T" Trauma

Family Arguments

Minor Injury

Social Exclusion/Bullying

Loss of a favorite staff person

Change in foster care or group home placements

Note: trauma and level of trauma is based on the person's experience of the event

- Abuse, neglect, and exploitation can all cause trauma for people whether big or little.
- Evidence now concludes that repeated exposure to little "t" traumas can cause more emotional harm than exposure to a single big "T" traumatic event.
- In thinking about the people you serve, do you think they have likely experienced either Big T or Little t trauma in their lives?
- People with disabilities experience these traumas at a much higher rate than those without disabilities, which is why it is important to use trauma informed practices every day.

## 57. Ways to Help

### Ways to Help



- Approach the person by trying to determine "what happened to him/her?", instead of asking "what's wrong with him/her?"
- Focus on building a trusting relationship by supporting the person rather than making choices for him or her.
- Remember that behavior is a form of communication and try to determine what the person is trying to tell you through the behavior.
- Instead of simply trying to change or manage a person's behavior, consider seeking consultation by a mental health professional and getting a comprehensive mental health evaluation.
- Be the friend you would want to have.
- Don't give up on the person!
- Recognize that people with disabilities experience mental illness, including the impact of trauma, and they can recover.
- Recognize when you need to step back and take care of yourself so that you will be able to have a positive impact on the person you are trying to support.

Note: This training only provides an introduction to the idea of trauma informed care. Additional resources are provided at the end of this training if you wish to learn more about trauma or preventing burnout.

## 58. Learning Check 11

*Capture your answers to the following questions on paper, then proceed to the next page to see the correct answer.*

1. Little "t" traumas are no big deal, especially when compared to Big "T" traumas.

- A) True
- B) False

2. People typically exhibit challenging behavior when they want to make you mad or make your day more difficult.

- A) True
- B) False

3. Trauma is:

Select One:

- A) An emotional response
- B) Unfortunate, but not important to my work
- C) Based on the person's experience
- D) An overreaction to an event
- E) Both A and C

## 59. Learning Check 11 with Answers

1. Little "t" traumas are no big deal, especially when compared to Big "T" traumas.

A) True

B) False

Answer: B)

\* Repeated exposure to little "t" traumas can cause more emotional harm than exposure to a single big "T" traumatic event.

2. People typically exhibit challenging behavior when they want to make you mad or make your day more difficult.

A) True

B) False

Answer: B)

3. Trauma is:

Select One:

A) An emotional response

B) Unfortunate, but not important to my work

C) Based on the person's experience

D) An overreaction to an event

E) Both A and C

Answer: E)

\* Understanding of the personal trauma a person receiving services has experienced helps a caregiver better understand the best way to care for and protect them.

## 60. Thank You

By taking this training you have taken an important step in protecting the people we serve from abuse, neglect, and exploitation!

# 61. Resources

## Texas Administrative Code:

Title 26 Part 1 Chapter 711 Investigations of Individuals Receiving Services from Certain Providers

Title 26 Part 1 Chapter 565 Home and Community-Based Services program (HCS) and Community First Choice (CFC) Certification Standards

Title 26 Part 1 Chapter 566 Texas Home Living (TxHmL) and Community First Choice (CFC) Certification Standards

Title 25 Part 1 Chapter 259 Community Living Assistance and Support Services and Community First Choice Services

Title 26 Part 1 Chapter 260 Deaf Blind with Multiple Disabilities (DBMD) Program and Community First Choice Services

Title 26 Part 1 Chapter 275 Consumer Managed Personal Attendant Care Services Program (CMPAS)

Title 26 Part 1 Chapter 559 Subchapter H Subchapter H Day Activity and Health Services Requirements- Individualized Skills and Socialization Provider Requirements

## Other Texas Resources:

- Texas Penal Code 22.011, 22.021, 43.01 and 43.21: <http://www.statutes.legis.state.tx.us/Docs/PE/htm/PE.22.htm>
- Texas Attorney General's Office - Elder Abuse: <https://www.texasattorneygeneral.gov/seniors/elder-abuse>

The Department of Family and Protective Services Report Abuse: [https://www.dfps.state.tx.us/Contact\\_Us/report\\_abuse.asp](https://www.dfps.state.tx.us/Contact_Us/report_abuse.asp)

UT Health Science Center San Antonio- Mental Health Wellness for Individuals with IDD web-based training: [www.mhwidd.com](http://www.mhwidd.com)

## National Resources:

Mayo Clinic Health Lifestyle: Stress Management: <https://www.mayoclinic.org/healthy-lifestyle/stress-management/in-depth/caregiver-stress/art-20044784>

- American Psychological Association: <http://www.apa.org/topics/sexual-abuse/> <http://www.apa.org/pi/families/resources/understanding-child-abuse.aspx>