



# Iowa Dependent Adult Abuse

**Two (2.0) Contact Hours**

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**Note:** This course fulfills the requirement for mandatory reporters of obtaining two hours of training relating to the identification and reporting dependent adult abuse within six months of initial employment or self-employment. Thereafter, an additional minimum of at least two hours of child and dependent adult abuse training is required every five years.

This course is based on Diana Nicholls-Blomme's Curriculum #163 (2012) and updated in 2015 from <https://www.iowaaging.gov/mandatory-reporter-curriculum>.

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## **Acknowledgements**

***RN.com acknowledges the valuable contributions of...***

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Approval has been granted to use Diana's material in this course presentation as well as all graphic images.

*...Nadine Salmon, RN, BSN, IBCLC, original course author.*

### **Purpose and Objectives**

This course is designed to educate healthcare professionals about their role and responsibilities as mandatory reporters of dependent adult abuse, as required by State of Iowa Code. Dependent adult abuse is defined and the role of the mandatory reporter explored in detail.

#### ***After successful completion of this course, you will be able to:***

1. Describe the role of mandatory reporters of dependent adult abuse in Iowa.
2. Outline the categories of dependent adult abuse identified in Iowa State Code.
3. Review the physical, behavioral and environmental indicators of abuse in dependent adults, as defined in the Iowa Code.
4. Identify characteristics of perpetrators of dependent adult abuse.
5. Identify the process to follow in reporting dependent adult abuse in Iowa.
6. Identify the legal ramifications of failing to report dependent adult abuse in Iowa.

### **Warning!**

**Graphic images in this course are provided by the Iowa Department of Public Health and may be disturbing, but are useful in illustrating the extent of abuse in Iowa.**

### **Introduction**

Dependent adult maltreatment is a significant public health problem. Each year, hundreds of thousands of dependent adults are abused, neglected or financially exploited.

An estimated 1.8 million dependent adults are abused each year in the U.S. This is one in twenty dependent adults. Sixteen-hundred cases of dependent adult abuse are reported annually in Iowa. These statistics are likely an underestimate because many victims are unable or afraid to tell the police, family, or friends about the violence.

According to the code of Iowa, any person who believes that a dependent adult has suffered abuse should report the suspected abuse to the Department of Human Services. The Iowa Department of Inspections & Appeals (DIA) consider **all staff of all licensed facilities and programs** in Iowa as mandatory reporters, regardless of their job duties. This includes plant operations, environmental services, dietary, receptionists, etc.

Mandatory reporters are required by law to report suspected abuse.

**Note that Iowa's law is dependent adult abuse, not elder abuse.**

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## **Iowa Law**

Iowa Code sections 235B.3(2) (Community) requires all of the following people to report suspected dependent adult abuse to the Department of Human Services (DHS) or the Department of Inspections and Appeals (DIA):

- A member of the staff of a community mental health center
- A peace officer
- An in-home homemaker-home health aide
- An individual employed as an outreach person
- A health practitioner
- A member of the staff or an employee of a community supervised apartment living arrangement, sheltered workshop, or work activity center
- A social worker
- A certified psychologist

Any other person who believes that a dependent adult has suffered abuse may make a report of the suspected abuse to DHS.

An employee of a financial institution may report suspected financial exploitation of a dependent adult.

Mandatory reporters may also report suspected abuse outside the scope of their professional practice, as permissive reporters.

### **What Is Dependent Adult Abuse?**

“Dependent adult” abuse allegations involve people who are aged 18 or over and who are unable to protect the person’s own interests or unable to adequately perform or obtain services necessary to meet essential human needs due to physical or mental conditions. This requires assistance from other people (Iowa Department of Human Services, 2014).

"Caretaker" means a related or non-related person who has the responsibility for the protection, care, or custody of a dependent adult as a result of assuming the responsibility voluntarily, by contract, through employment, or by order of the court (Iowa Department of Human Services, 2014).

There are, however, certain situations that are not classified as dependent adult abuse. These situations include:

- Failure to provide care if the caretaker lacks the financial means or access to care.
- Refusal of medical treatment or care based on religious beliefs.
- Withholding, withdrawal or refusing medical treatment based on terminal illness.
- Domestic abuse when the victim is not a dependent adult.
- Persons incarcerated in a penal setting.

### **What Is Dependent Adult Abuse?**

“According to the Iowa Department of Human Services (2014), "Dependent adult abuse" means any of the following as a result of the willful or negligent acts or omissions of a caretaker:

- Physical injury to, or which is at variance with the history given of the injury, or unreasonable

confinement, unreasonable punishment, or assault of a dependent adult.

- The commission of a sexual offense under Iowa Code 709 or section 726.2 with or against a dependent adult.
- Exploitation of a dependent adult which means taking unfair advantage of a dependent adult or the adult's physical or financial resources for one's own personal or pecuniary profit, without the informed consent of the dependent adult, including theft, by the use of undue influence, harassment, duress, deception, false representation, or false pretensions.
- The deprivation of the minimum food, shelter, clothing, supervision, physical or mental health care, or other care necessary to maintain a dependent adult's life or health.
- The deprivation of the minimum food, shelter, clothing, supervision, physical, or mental health care, and other care necessary to maintain a dependent adult's life or health as a result of the acts or omissions of the dependent adult.
- Sexual exploitation of a dependent adult who is a resident of a healthcare facility, as defined in section 135C.1, by a caretaker providing services to or employed by the healthcare facility, whether within the healthcare facility or at a location outside of the healthcare facility.

Dependent adult abuse does not include allegations involving:

- Domestic abuse in a situation where the victim is not "dependent."
- People who are legally incarcerated in a penal setting, either in a local jail or in the custody of the Department of Corrections

### **National Estimates of Elder Abuse**

According to the National Center of Elder Abuse (2014), the most recent major studies on incidence reported that:

- 7.6%–10% of study participants experienced abuse in the prior year
- 1 in 10 adults experiencing abuse did not include financial abuse
- 2.1 million older Americans are victims of elder abuse, neglect, or exploitation (Administration on Aging (2014)

Elder abuse is one of the most under recognized and under reported social problems in the United States. It is far less likely to be reported than child abuse because of the lack of public awareness. Nationally, it is estimated that over 55% of elder abuse is due to self-neglect. 14% of elder abuse is physical in nature and 12.3% of elder abuse involves financial abuse.

Iowa has an increasing percentage of people who are aged 60 or over.

**Approximately 14 million U.S. adults aged 65 and over and 19 million U.S adults aged 18 to 64 have a disability (National Center of Elder Abuse, 2014). This is about 20% of the population. In addition, persons with disabilities are 4-10 times more likely to become victims of violence, abuse or neglect than persons without disabilities.**

### **Iowa Department of Inspections and Appeals: Abuse Statistics**

From January to June of 2014, the Iowa Department of Human Services released the following statistics on dependent adult abuse in Iowa:

	Reported	Accepted
<b>Physical</b>	<b>415</b>	<b>157</b>
<b>Sexual</b>	<b>80</b>	<b>16</b>
<b>Exploitation</b>	<b>577</b>	<b>127</b>
<b>Denial-Caretaker</b>	<b>1366</b>	<b>428</b>
<b>Denial-Self</b>	<b>805</b>	<b>257</b>
<b>Total Allegations</b>	<b>3243</b>	<b>985</b>

(Department of Human Services, 2014)

### **Profile of Elder Abuse Victims**

Elder abuse, which encompasses dependent adult abuse, is a growing concern in the United States today.

According to national statistics, the incidence of elder abuse varies by race or ethnicity. Of people over the age of 60, the percentages of abuse victims in Iowa are 66% white, 18.7% African American and 10% Hispanic.

Dependent adult abuse is often the result of willful misconduct, gross negligence or reckless acts or omissions by the caregiver, and is often the totality of circumstances that promotes abuse.

Common characteristics of elder abuse victims include:

- Female
- Advanced age
- Dependent
- Problem drinker
- Intergenerational conflict
- Internalizing the blame
- Isolation

(Iowa Aging, 2014)

### **Profile of the Dependent Adult Abuser**

There are some common traits and characteristics frequently displayed in an abuser. Although these traits do not apply to each and every single abuser, they do apply to a majority of them.

**Denial:** In many cases, the abuser will act as if nothing happened, in order to excuse his/her behavior. If they do admit their actions, it is always the fault of the victim. They justify their actions by claiming that they were provoked. Abusers commonly do not respond well to counseling because they are unable to understand their anger or confusion.

**Abusive men and women:** They tend to feel inadequate and depressed. Abusive men and women generally come off to the outsider as arrogant and overly self-confident. This is in fact a defense mechanism they use to hide their dislike for themselves.

**Jealousy and possessiveness:** An abuser feels jealous and over-possessive of their victim. They

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often demand to know their victims whereabouts at all times, get insanely jealous at the slightest hint of someone else getting any of their victims attention, and become very hostile at the thought of losing their "property".

**Domination and emotional attachment:** An abuser expects and demands complete control and submittance on the part of the victim. The abuser may also have been abused and the cycle of violence is perpetuated.

**Manipulation:** An abuser can use guilt to manipulate a victim into remaining in an abusive situation. Often, they use threats of suicide and harm themselves, so that the victim will feel responsible.

**Alcohol and drug abuse:** Abusers tend to lean towards drugs and/or alcohol as an "escape". However, the effects of the drugs and alcohol make the attacks much more intense. Many interviewed abusers, accused of murder, use alcohol and drugs as their alibi. "I did not know what I was doing" or "I can't remember" are very common excuses.

### **Profile of the Dependent Adult Abuser**

Types of offenders:

- Well-intentioned, but overwhelmed caregiver
- Well-intentioned, but ignorant caregiver
- Unwilling and uncaring caregiver
- An abusive or sadistic personality

### **The Dependent Adult Abuser**

**Men are more likely to be abusive to persons with disabilities than women.**

Disturbingly, the perpetrator of dependent adult abuse is most often the adult children (37% of abusers) of the abused adult, followed by spouses (13%) and other family members (11%).

As a reminder, according to the Iowa Department of Human Services (2014), caretaker means a related or non-related person who has the responsibility for the protection, care, or custody of a dependent adult as a result of assuming the responsibility voluntarily, by contract, through employment, or by order of the court.

Research suggests that exposure to violence in the family of origin increases the likelihood of involvement in a violent relationship later in life. This is known as Trauma Reactive Syndrome or intergeneration transmission of violence.

### **Why Does Abuse Occur?**

The cycle of abuse is a complicated interplay of many factors and circumstances.

There are many reasons why abuse occurs:

- Retaliation
- Violence is a way of life
- Unresolved conflict
- Lack of close family ties
- Lack of financial resources
- Resentment of dependency
- Increased life expectancy

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- History of Mental or emotional problems
- Unemployment
- History of alcohol and drug abuse
- Long distance caregiver

Unemployment and financial constraints limit the choices of caregivers, who are often forced to reside in high crime areas, further increasing the risk of abuse.

**Women with disabilities are victims of abuse more frequently than women without disabilities.**

### **Reasons for Underreporting of Abuse**

Researchers estimate that only 1 in 14 incidents of elder abuse actually come to the attention of law enforcement or human service agencies. There is wide consensus that currently a clear picture of the incidence and prevalence of elder abuse in the United States is sadly lacking. There are many reasons why dependent adult abuse is not reported, including lack of public awareness.

**Victims will put up with almost anything to prevent being institutionalized.**

### **Reasons for Underreporting of Abuse**

Other reasons why abuse is under-reported include:

- Family secrecy: Some cultures believe whatever happens within a family is no one's business
- Self-blame
- Isolation fear
- Embarrassment: The dependent adult may be ashamed or embarrassed to be neglected, abused or financially exploited by a trusted family member
- Self-confidence: Persons who have never been self-confident are not likely to ask for help when they become dependent
- History of abuse: Persons who have been abused or neglected their entire lives expect to be neglected and abused and would never consider that someone would want to help them and often reject help if offered
- Abused dependent adults may have had either law enforcement or government agencies try to help in the past and the abuse, neglect or exploitation became worse when law enforcement or agency representatives were not around
- Dependent adults often promise the abuser they will not tell anyone so the abuser will not inflict more abuse either on them or other loved ones including pets
- Some abusers threaten to withhold care or necessities if the abused dependent adult tells anyone about the abuse
- The dependent adult may fear being placed in a nursing home

(Iowa Aging, 2014)

### **Indicators of Possible Abuse**

The following physical, behavioral, and environmental indicators are listed as signs of possible dependent adult abuse for you to consider in making your report.

These lists are examples and are not all-inclusive.

### **Environment:**

- No food in the house or rotted, infested food. Lack of proper food storage, special dietary foods not available and inadequate cooking facilities or equipment.
- Clothes extremely dirty, not dressed appropriately for the weather, inadequate or ill-fitting clothing, wearing all of one's clothing at once.
- Housing dilapidated or in poor repair, fallen steps, high grass, rotted porch, leaking roof, utilities cut off or lack of heat in winter. Doors or windows made out of cardboard, unvented gas heaters or chimney in poor repair. No fuel for heating or fuel stored dangerously, lack of water or contaminated water and gross accumulation of garbage. A cluttered environment with lack of access to essential rooms and lack of access to community resources. May live on the street or have a large number of pets with no apparent means of care.
- Income is limited or non-existent and there are unpaid bills. Income does not meet monthly expenditures. The dependent adult signs checks over to others or has a sudden change in money management habits, such as sudden withdrawals or closing out of bank accounts.
- There is social isolation: no TV, radio, telephone, newspapers or magazines. No friends or family visits and there is no means of transportation available, or elders are physically unable to get out and shop, pay bills, etc.

### **Indicators of Possible Abuse**

#### **Physical Condition:**

- Lack of medical care, and lack of personal cleanliness and grooming. May have swollen eyes or ankles, decayed teeth or no teeth and bites, fleas, sores, lesions, lacerations on the skin. There may be multiple or repeated or untreated injuries that are incompatible with the explanation of how the injuries occurred. There may also be untreated pressure sores and signs of confinement (ligature marks). The individual may show signs of obesity, malnourishment or dehydration. Tremors may be present and there may be difficulty in communication. The abused dependent adult may have broken glasses frames or lenses, be drunk or overly medicated, or may be found lying in urine, feces or old food. There may be no use of limbs and lack of mobility.

#### **Behavior:**

- Intentional physical self-abuse, suicidal statements, persistent lying, does not follow medication directions, refuses needed medical attention or refuses to accept services offered by others. Threatens or attacks others physically or verbally, may refuse to accept presence of visitor or refuse to open door. May deny obvious problems (medical conditions, etc.) and have depression, anxiety or hostility. The individual may appear withdrawn, reclusive, suspicious, timid, unresponsive and refuse to discuss the situation. Displays lack of trust in family as well as in others. Denies any wrong-doing, medically or otherwise. Displays unjustified pride in self-sufficiency, may procrastinate or present with hallucinations, confusion or delusions. Disorientation as to place and time, forgetful, lonely, angry or fearful. The person may have a diminished mental capacity, vague health complaints and a longing for death.

### **Types of Abuse**

As defined in Iowa Code section 235, "dependent adult abuse" includes five categories of abuse as the result of the willful or negligent acts or omissions of a caretaker:

- Physical abuse (including assault and unreasonable confinement or punishment)

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- Sexual abuse
- Sexual exploitation
- Financial exploitation
- Denial of critical care (neglect)

### **Types of Abuse: Physical Abuse**

“Physical abuse” includes one of the following, as a result of the willful or negligent acts or omissions of a caretaker:

- Physical injury to a dependent adult
- Injury to a dependent adult which is at a variance with the history given
- Unreasonable confinement of a dependent adult
- Unreasonable punishment of a dependent adult
- Assault of a dependent adult

An "assault" is committed by a caretaker when, without justification, the person does any of the following:

- Any act which is intended to cause pain or injury to, or which is intended to result in physical contact which will be insulting or offensive to another, coupled with the apparent ability to execute the act.
- Any act which is intended to place another in fear of immediate physical contact, which will be painful, injurious, insulting, or offensive, coupled with the apparent ability to execute the act.
- Intentionally points any firearm toward another, or displays in a threatening manner any dangerous weapon toward another.

### **Note!**

**There does not have to be an injury to constitute physical abuse.**

### **Types of Abuse: Sexual Abuse**

“Sexual abuse” means the commission of a sexual offense under Iowa Code Chapter 709 or Iowa Code section 726.2 with or against a dependent adult as a result of the willful or negligent acts or omissions of a caretaker.

Sexual abuse includes the following subcategories:

- First degree sexual abuse
- Second degree sexual abuse
- Third degree sexual abuse
- Indecent exposure
- Assault with intent to commit sexual abuse and incest
- Sexual exploitation by a counselor or therapist
- Invasion of privacy, nudity
- Incest

### **Alarming Stats!**

**99% of persons with developmental disabilities have had no sex education.**

**83% of women and 32% of men with developmental disabilities have experienced sexual assault.**

### **Types of Abuse: Sexual Abuse**

Sexual abuse differs with advancing age and frailty due to the following reasons:

- Dependent adults often lack a strong support system.
- Dependent adults often associate sexual abuse with feelings of shame and guilt.
- Sexual abuse in the dependent adult may complicate an existing illness.
- There is often a longer recovery time when dealing with sexual abuse in the dependent adult.
- There is an increased chance of sustaining serious injury as the risk of genital tearing and bruising, infections and pelvic fractures increase with advancing age.

### **Types of Abuse: Sexual Exploitation**

Sexual exploitation by a caretaker means any consensual or non-consensual sexual conduct with a dependent adult. This includes but is not limited to kissing; touching the clothed or unclothed inner thigh, breast, groin, buttock, anus, pubes, or genitals; or a sex act as defined in section 702.17.

Sexual exploitation also includes the transmission, display, or taking of electronic images of the unclothed breast, groin, buttock, anus, pubes, or genitals of a dependent adult by a caretaker, for a purpose not related to treatment or diagnosis.

Sexual exploitation does not include touching which is part of a necessary examination, treatment, or care by a caretaker acting within the scope of the practice or employment of the caretaker; the exchange of a brief touch or hug between the dependent adult and a caretaker for the purpose of reassurance, comfort, or casual friendship; or touching between spouses.

The purpose of sexual exploitation is the arousal and satisfaction of the sexual desires of the caretaker, and is not spontaneous or accidental.

### **Types of Abuse: Financial Exploitation**

“Financial exploitation” is the act or process of:

- Knowingly taking unfair advantage of a dependent adult or the adult’s physical or financial resources for one’s own personal profit without the informed consent of the dependent adult, including theft.
- By the use of undue influence, harassment, duress, deception, false representation, or false pretenses.
- As a result of the willful or negligent acts or omissions of a caretaker.

Financial exploitation includes the misuse of the funds, assets, medication or property of the dependent adult.

Financial exploitation occurs when the caretaker knowingly takes unfair advantage of resources by misappropriating funds belonging to the dependent adult, for personal profit, without the informed consent of the dependent adult.

### **Types of Abuse: Denial of Critical Care (Neglect)**

Denial of critical care means the deprivation of the minimum food, shelter, clothing, supervision, physical or mental health care, or other care necessary to maintain a dependent adult's life or health, as a result of the willful or negligent acts or omissions of a caretaker.

This includes the following subcategories:

- Denial of or failure to provide adequate food
- Denial of or failure to provide adequate shelter
- Denial of or failure to provide adequate clothing
- Denial of or failure to provide adequate medical care
- Denial of or failure to provide adequate mental health care
- Denial of or failure to meet emotional needs necessary for normal functioning
- Denial of or failure to provide proper supervision
- Denial of or failure to provide adequate physical care

**Note: The right to self-determine is an important basic human right when dealing with adults, regardless of mental status.**

### **Types of Abuse: Neglect**

Neglect means the deprivation of the minimum food, shelter, clothing, supervision, physical or mental health care, or other care necessary to maintain a dependent adult's life or physical or mental health.

Dependent adult abuse in healthcare facilities, assisted living programs, elder group homes, and adult day service programs does *NOT* include the following circumstances:

- The dependent adult declines medical treatment because the adult holds a belief or is an adherent of a religion whose tenets and practices call for reliance on spiritual means in place of reliance on medical treatment.
- The dependent adult's caretaker declines medical treatment acting in accordance with the dependent adult's stated or implied consent.
- A dependent adult or the adult's next of kin or guardian requests withholding or withdrawing of health care from the adult who is terminally ill, in the opinion of a licensed physician, pursuant to the applicable procedures under Iowa Code chapters 125, 144A, 222, 229, or 633.

### **Communicating with Victims of Abuse**

Iowa Aging (2014) lists suggestions which may help make communication easier to overcome communication barriers:

1. Use clear and simple language
2. Ask open-ended, one-part questions
3. Be an attentive listener and allow for periods of silence
4. Allow sufficient time so that there is no time pressure
5. Use explanations that progress from simple to complex
6. Allow eye contact, but do not force it

7. Allow plenty of space to move around: medication may induce restlessness
8. Keep background noise to a minimum
9. Sit facing other person to help them identify visual cues

## **Communicating with Victims of Abuse**

### **Ways to Ask about Abuse if Approached**

Iowa Aging (2014) states three ways to ask about abuse: be direct, universalize the question, or use a gradual/exploratory method. The first is to be direct when asking about abuse. Ask the person non-threatening questions and respond empathetically. Another approach to questioning abuse is to universalize the question by first telling them that many people are hurt by someone they know. Then ask them if it is happening to them. The last approach is to ask exploratory questions that start with how things are going then gradually asking about stresses, anyone around them who is strict, everyone feels afraid, ever called names, anyone around them ever hurt, feel safe in home, and finally asking if there is a concern for safety.

It is important to respond to an abuse victim with support. Listen to them and let them tell their story. Empathize with them and ensure them it is not their fault. Offer your help and discuss a safety plan.

There are six things that should **not** be done when communicating with victims (Iowa Aging, 2014):

1. Do not talk to the victim while others are present
2. Do not blame the victim
3. Do not tell the victim it is not that bad or minimize the pain
4. Do not check out the story with the abuser
5. Do not demand that the victim take a certain course of action
6. Do not think you have failed if you did not fix the situation

### **Types of Abuse Reporters: Mandatory Reporters**

According to Iowa law, there are two types of reporters in the state of Iowa, namely mandatory reporters and permissive reporters.

#### **Mandatory Reporters:**

Iowa Code sections 235B.3(2) and 235E.2 require all of the following people to report suspected dependent adult abuse to the Department of Human Services (DHS) or the Department of Inspections and Appeals if the person in the course of employment examines, attends, counsels, or treats a dependent adult and reasonably believes the dependent adult has suffered abuse:

- A member of the staff of a community mental health center
- A staff member or employee of a healthcare facility, elder group home, assisted living program or adult day services programs
- A peace officer
- An in-home homemaker or home health aide
- A person employed as an outreach person
- A health practitioner
- A member of the staff or an employee of a community supervised apartment living arrangement,

sheltered workshop, or work activity center

- A social worker
- A certified psychologist

### **Types of Abuse Reporters: Permissive Reporters**

A permissive reporter is any person who believes that a dependent adult has suffered abuse. Such an individual may make a report of the suspected abuse to DHS.

A permissive reporter can also be a mandatory reporter who is off duty when reporting suspected abuse outside the scope of their professional practice.

An employee of a financial institution may report suspected financial exploitation of a dependent adult, as a permissive reporter.

### **How to Report Dependent Adult Abuse**

It is a law that mandatory reporters who suspect that a dependent adult is abused report the abuse. Depending on whether the abuse is identified in the community (Iowa Code Section 235B.3(2)) or in a facility or program (Iowa Code Section 235E.2), the process for reporting is slight different.

Community abuse reports must be made to the central intake number 1-800-362-2178. The local phone numbers and fax numbers can be found at the DHS website: <http://dhs.iowa.gov/#>. Click on "Report Abuse & Fraud."

The mandatory reporter must report the incidence within 24 hours and also make a report in writing within 48 hours after the oral report (DHS Intake Form 470-0657), Suspected Dependent Adult Abuse Report form may be used. Dependent Adult Abuse Notice of Intake Decision form (Form 470-3944), will be sent to the mandatory reporter indicating whether the report was accepted for referral or rejected. This is normally received within 10 business days (Iowa, 2014).

### **How to Report Dependent Adult Abuse**

If the abuse occurred in a licensed healthcare facility, hospital, elder group home, assisted living or adult day services program, you should report it to the Department of Inspections and Appeals (DIA). Make the report to DHS or DIA by one of the following:

- **Telephone:** 1-877-686-0027
- **Fax the report to:** 515-281-7106
- **Email:** [Webmaster@dia.iowa.gov](mailto:Webmaster@dia.iowa.gov)
- **Mail report to:** Iowa Department of Inspections and Appeals  
Health Facilities Division/Compliant Unit  
Lucas State Office Building  
321 East 12th Street  
Des Moines, Iowa 50319-0083

When reporting suspected dependent adult abuse to DIA, an oral report must be made within 24 hours or the next business day. Federal law requires a written report within 5 business days.

If a mandatory reporter has a reason to believe that immediate protection for the dependent adult is advisable, he or she needs to make an oral report to the appropriate law enforcement agency. A county attorney or law enforcement agency that receives a report of dependent adult abuse must

refer it to DHS (Iowa Code 235E.2(10) & IAC 52.6).

**With the community reporting, a verbal report should be made within 24 hours (DHS Intake Form 470-0657) and a written report must be submitted within 48 hours (Suspected Dependent Adult Abuse Report 470-2441 Written Report).**

### **When to Report Abuse**

When a mandatory reporter suspects abuse, he or she must report the abuse immediately, and then notify the person in charge or the designated agent.

If the mandatory reporter is a staff member or employee, he or she must also immediately notify the person in charge or the person's designated agent. "Immediately" means within 24 hours from the time the mandatory reporter suspects abuse of a dependent adult. The employer or supervisor of a mandatory abuse reporter shall not apply any policy, work rule, or other requirement that interferes with the person making a report of dependent adult abuse or that results in the failure of another person to make the report.

Law enforcement should also be notified if appropriate.

**It is a CRIME if you are a mandatory reporter who knowingly and willingly fails to report abuse that occurs while you are working on the job!**

### **Evaluation Process**

There are four types of jurisdiction over the formal evaluation/investigation of alleged dependent adult abuse cases: Department of Human Services (DHS) for abuse in the community, Department of Inspection and Appeals for abuse in a facility or program, Law Enforcement, and Joint Investigations. Immediately upon receipt of a report of dependent adult abuse, DHS shall:

- Make an oral report to the Central Abuse Registry.
- Forward a copy of the report to the Registry.
- Notify the local county attorney of the receipt of the report.
- Commence an appropriate evaluation or assessment.

Upon receipt of a report of suspected dependent adult abuse, the Central Abuse Registry searches its records. If Registry records reveal any previous report of dependent adult abuse involving the same adult, the Registry immediately notifies the appropriate DHS office or law enforcement agency of this fact.

### **Evaluation Process**

The evaluation or assessment shall include all of the following:

Identification of the nature, extent, and cause of the adult abuse, if any, to the dependent adult named in the report.

- The identification of the person or persons responsible for the adult abuse.
- A determination of whether other dependent adults in the same residence have been subjected to adult abuse.
- A critical examination of the residential environment of the dependent adult named in the report, and the dependent adult's relationship with caretakers and other adults in the same residence.

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- A critical explanation of all other pertinent matters.

The DHS will then evaluate the report and notify the reporter whether or not the report will be accepted for further evaluation and assessment.

**The primary purpose of the evaluation or assessment is the protection of the dependent adult named in the report.**

### **Handling Dependent Adult Abuse Information**

Iowa Code section 235B.6 provides that confidentiality of dependent adult information shall be maintained, except as specifically authorized.

DHS must withhold the name of the person who made the report of suspected dependent adult abuse. Only the court or the Central Abuse Registry may allow the release of that person's name.

### **Retention of Records**

#### **Founded Reports:**

A founded report is one in which the abuse is conclusively determined by a preponderance of evidence. This type of report is maintained on the Central Abuse Registry for 10 years and then sealed.

The only exception to this is when the dependent adult is responsible for self-denial of critical care. In such a case, the DHS will keep the report in the local office, not on the Central Registry. These reports are termed "assessments" rather than "evaluations."

#### **Confirmed, Not Registered Reports:**

A report that is confirmed, not registered is a report of abuse that the DHS has found to be minor, isolated and unlikely to re-occur. This type of report is not entered on the Central Abuse Registry, but rather maintained in the local office for 5 years and then destroyed, unless a subsequent report is founded. If there is a subsequent report committed by the same caretaker within 5 years, the original report will be kept in the local office and sealed 10 years after the subsequent report.

#### **Unfounded Reports:**

An unfounded report is one in which the DHS has determined by a preponderance of evidence, that the alleged abuse has not occurred. Unfounded reports are destroyed after one year- DHS only (Iowa Aging, 2014).

### **How to Prevent Abuse**

Abuse can be prevented by doing criminal background checks prior to hiring a new employee who will care for dependent adults. Abuse can be prevented by raising public awareness by working with local area agency on aging or the Department of Aging on the public awareness campaign (Iowa Aging, 2014). It is important for people to be aware of the dependent adult abuse hotline:

- **Abuse in the Community- DHS:** 1-800-362-2178
- **Abuse in the Facilities or Programs- DIA:** 1-877-686-0027
- **Medicaid Fraud- DIA:** 515-281-5717 or 515-281-7086
- **Information on Elder Abuse - LifeLong Links:** 1-866-486-7887

## How to Prevent Abuse

### Ten tips for preventing abuse from Iowa Aging (2014):

1. Assess the person for signs of abuse and neglect
2. Assess the family at risk for abuse or neglect, and intervene as necessary before abuse occurs
3. Develop a trusting relationship with the older adult and their relatives
4. Offer guidance in caregiving
5. Provide information about community resources and alternative living arrangements before an older person moves in with an adult child
6. Encourage the caretaker to join a self-help group or to utilize respite services
7. Emphasize the importance of social involvement
8. Report suspected abuse accurately
9. Consult a social worker about referring the person to community agencies or providing alternative living arrangements
10. The dependent or older adult may need to consider relocation in order to prevent abuse or neglect

### 2014 Legislative Changes

On July 1, 2014, Elder Abuse Relief (Iowa Code Chapter 235F) became effective. This code defined elder abuse and created a law for civil elder abuse relief. There is no law that mandated reporting of elder abuse currently. But if elder abuse is suspected, contact **LifeLong Links** at 1-866-486-7887 for support and services available.

### Conclusion

Iowa has a sizeable population of adults who are dependent, and dependent adult abuse continues to remain a serious problem. Despite strategic efforts to diminish the problem, underreporting allows victims of abuse to continue to suffer.

These adults depend on professionals for provision of services and protection against abuse. Healthcare professionals have a moral obligation to report suspected abuse, and they can make a significant contribution to the welfare of dependent adults in their care by observing for any signs of abuse.

Remember, dependent adults depend on you to be their advocate and protector.

### Resources

#### Iowa CareGivers

1231 8th Street, #236

West Des Moines, IA 50265

Phone: (515) 223-2805

Fax 515-226-3214

[http://www.iowacaregivers.org/contact\\_us/contact\\_us.php#.VIItNOVZR6mA](http://www.iowacaregivers.org/contact_us/contact_us.php#.VIItNOVZR6mA)



## **National Adult Protective Services Association (NAPSA)**

920 S. Spring Street  
Springfield, IL 62704  
Phone: (217) 523-4431  
<http://www.napsa-now.org>

## **National Center on Elder Abuse**

c/o University of Southern California Keck School of Medicine  
Department of Family Medicine and Geriatrics  
1000 South Fremont Avenue, Unit 22 Bld A-6  
Alhambra, CA 91803  
Phone: 1-855-500-3537  
[www.ncea.aoa.gov](http://www.ncea.aoa.gov)

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