

**ACKNOWLEDGEMENT OF RECEIPT OF  
TRAINERS GUIDE FOR MANDATORY REPORTER  
TRAINING OF DEPENDENT ADULT ABUSE  
PARTICIPANT'S HANDBOOK**

**IOWA DEPARTMENT ON AGING CURRICULUM – APPROVAL #19**

I, the undersigned, acknowledge receipt of the Participants Handbook for the above mandatory reporter training and understand I am responsible for knowing the information.

**Print the following information:**

Participant's Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date





5 Minutes



*Please circle the appropriate answer.*

1. **To make a referral of dependent adult abuse the reporter must in good faith believe there is:**
  - a) an adult the age of 18 or older who is dependent, as defined in the Iowa Code
  - b) a caretaker who has denied care to the dependent adult (includes self-denial of care)
  - c) an allegation of abuse
  - d) all of the above
  
2. **What are the five types of reportable dependent adult abuse?**
  - a) domestic violence, maltreatment, harassment, sexual abuse, and wanton neglect
  - b) denial of critical care, physical abuse, neglect/self-neglect, extortion, and psychological abuse
  - c) sexual abuse, physical abuse, financial exploitation, sexual exploitation, and denial/self-denial of critical care
  - d) none of the above
  
3. **In cases of imminent danger, the first place to report suspected abuse is:**
  - a) a law enforcement agency
  - b) the Department of Inspections and Appeals
  - c) the Department of Human Services
  - d) none of the above
  
4. **Who can be prosecuted for failing to report suspected dependent adult abuse?**
  - a) a mandatory reporter who fails to report abuse or neglect
  - b) any reporter who knowingly and willingly fails to report abuse or neglect
  - c) a mandatory reporter who knowingly and willingly fails to report abuse or neglect
  - d) a mandatory reporter who knowingly and willingly fails to report suspected abuse within 24 hours
  
5. **After speaking with a victim about the alleged incident of abuse, it is critical to corroborate the story with the alleged abuser.**
  - a. True
  - b. False



## IOWA'S AGING POPULATION

### Iowa

There are 596,110 people in Iowa 60+ which are 19.85% of the total population (3,002,555)

### Ranking

- Age 85 and older, Iowa ranks **third**
- Age 75 and older, Iowa ranks **fourth**
- Age 65 and older, Iowa ranks **fifth**
- Age 60 and older, Iowa ranks **seventh**

## TRENDS

### Population Increases Nationally

- From 2000 to 2010 population age 65+ is projected to increase from 35 million to 40 million (15%)
- **2010 to 2020:** increase to 55 million (36%)
- 85+ population is projected to increase from 4.2 million in 2000 to 6.1 million in 2010 (40%)
- **2010 to 2020** an additional increase to 7.3 million (44%)
- Approximately 1 in every 8 (12.4%) is an older American

## PREVALENCE OF ELDER ABUSE

Elder Abuse is grossly under recognized, grossly under reported

- It is estimated that 84% of elder abuse cases go unreported and 40% of all elder abuse involves some form of financial exploitation
- Abuse can dramatically shorten the life of an older victim
- 13 year study found only 9% of abuse elders still living compared to 40% of non abused elders

## WHO ARE THE PERPETRATORS IN THE COMMUNITY?

• Adult Children (47%)	• Spouses (19%)
• Other Relatives (9%)	• Grandchildren (9%)
• Siblings (6%)	
• 53% Male	• 47% Female
• 77% White	• 39% Age 41-59

## WHO ARE THE VICTIMS?

- 67.3% Females      Average Age 77.9
- Neglect is the most common type of abuse

## PERSONS WITH DISABILITIES

54 Million Americans live with physical, cognitive and emotional disabilities such as:

- Cerebral palsy
- Autism
- Traumatic brain injury
- Mental illness
- Progressive neurological diseases
- Dementia
- Loss of senses such as sight or hearing

## IOWA STATISTICS

- 376,000 (16.7%) of the adult population are estimated to have a disability
  - 161,000 (15.4%) are men
  - 215,000 (18.0%) are women
  - 9.8% of 18 to 44 year olds
  - 19.6% of 45 to 64 year olds
  - 32.7% of 65+
- Persons with disabilities are 4 to 10 times more likely to become victims of violence, abuse, or neglect than persons without disabilities

## WHERE IT OCCURS

- Usually perpetrated in isolated locations where the person with a disability has little or not control of their environment
- Institutional facilities provide settings for victimization
- Private living situations

## **WHO COMMITS THESE ACTS**

- Men, either as intimate partners or as healthcare workers are more likely to be abusive to persons with disabilities than women
- Family members may victimize relatives with a disability
- Staff members or other residents in a facility commit abuse against persons with disabilities
- Community-based personal care attendants may perpetrate abuse

## **PERPETRATOR ATTITUDES ABOUT PERSONS WITH DISABILITIES**

- “Dehumanization”
- “Damaged Merchandise”
- “Feeling No Pain”
- “Disabled Menace”
- “Helplessness”

## **BEHAVIORS THAT MAY CONTRIBUTE TO VULNERABILITY**

- Difficulty with learning, communication, social adjustment
- Difficulty with anger management, prompting others to respond negatively
- Cognitive problems reducing the ability to perceive, remember, or understand risky situations
- Spastic body movements, slow physical responses, speech impairments
- Alcohol and drug abuse to “fit in”

## **UNDERSTANDING WHY VICTIMS OF ABUSE DO NOT REPORT**

- Lack of Self Confidence
- Abuse or Neglect is a Way of Life, Do Not Consider Someone Would Help Them
- Past Assistance Resulted Escalated the Abuse
- Some Cultures Believe Family Matters Stay in the Family
- Victim May be Ashamed or Embarrassed
- Promise Not to Tell if it Stops Being Inflicted on Victim or Victim’s Pet
- Withholding of Care or Necessities if the Victim Reports
- Fear or Threat of Being Place in a Nursing Home

## WHY MANDATORY REPORTERS DO NOT REPORT

- Hurt the relationship with the victim and or the person suspected of having abused the person.
- Retaliation from the victim or perpetrator
- Lose job
- Take time out from job to make the call and end up having to make many calls and then get called back
- Court time – loss of work time
- Nothing changes and everyone involved gets upset
- Can not get DHS or DIA to accept a report
- Don't want to get involved – it is not any of my business

## WHY ABUSE OCCURS

- Retaliation
- Violence As A Way of Life
- Unresolved Conflict
- Lack of Close Family Ties
- Lack of Financial Resources
- Resentment of Dependency
- Increased Life Expectancy
- History of Mental or Emotional Problems
- Unemployment
- History of Alcohol and Drug Abuse
- Long Distance Care Giver

## COMMON CHARACTERISTICS OF VICTIMS

- Female
- Problem Drinker
- Isolation
- Advanced Age
- Intergenerational Conflict
- Dependent
- Internalizing the Blame

## DEPENDENT ADULT ABUSE AND ELDER ABUSE

**Elder Abuse – Older Americans' Act:** Abuse, Neglect or Exploitation of an individual age 60 or older

Beginning July 1, 2014, newly established Iowa Code Chapter 235F, Elder Abuse Relief becomes effective and creates an elder abuse definition and law for civil elder abuse relief. Currently, the law does not mandate reporting of elder abuse; however, if mandatory reporters encounter such situations or circumstances that do not meet the criteria for dependent adult abuse, contact:

**LifeLong Links at 866-468-7887** for available services and supports

## Dependent Adult Abuse (DAA) – Iowa Code

- Dependent Adult (Age 18 or older)
- Caretaker
- Allegation of Abuse recognized by 235B or 235E

### DEPENDENT ADULT ABUSE AGENCY ROLES

#### Department of Human Services (235B) evaluations / assessments in:

- Community (residential home, apartment, mobile home)
- Independent Living
- Facilities, Programs, Hospitals When the Perpetrator is a not an employee or staff

#### Department of Inspections and Appeals (235E) investigations in:

- Facilities (health care facility, hospital)
- Programs (assisted living, elder group homes, adult day services)

#### Department on Aging

- Advocacy
- Information
- Training

### COMMUNITY – DHS 235B

#### Definitions

**Dependent Adult** means a person eighteen years of age or older who is unable to protect his/her own interests or is unable to adequately perform or obtain services necessary to meet essential human needs, as a result of a physical or mental condition which requires assistance from another, or as defined by departmental rule.

**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.

### VOLUNTARY CARETAKER

1) “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,**” means a person voluntarily provides care to a dependent adult and according to 235B.1 is considered the dependent adult’s caretaker.

#### Examples:

- Any person providing a daily meal to the dependent adult
- Any person providing daily care to the dependent adult
- Any person providing care to a resident of a health care facility or program
- An Attorney in Fact (Power of Attorney)

## CONTRACT CARETAKER

1) “Related or non-related person who has the responsibility for the protection, care, or custody of a dependent adult **as a result of a contract**” means the dependent adult and the person have a contract wherein the person agrees to provide care to the dependent adult according to 235B.1 is the dependent adult’s caretaker.

### Examples:

- Dependent adult receives funding for health care on an individual contract basis such as Consumer Directed Attendant Care (CDAC) program or In-Home Health Related Care program.
- Individual and dependent adult enter into a private contract where the individual provides care to the dependent adult in exchange for money or anything else of value (room, board, vehicle, etc.)

## EMPLOYMENT CARETAKER

1) “Related or non-related person who has the responsibility for the protection, care, or custody of a dependent adult **through employment**,” means the person is employed and is being paid a salary to provide care to a dependent adult and according to 235B.1 is the dependent adult’s caretaker.

### Examples:

- Dependent adult hires a neighbor to provide an evening meal and pays the neighbor \$40 week
- A service agency arranges for paid staff to provide services to a dependent adult
- Relatives agree to contribute equally to paying for a granddaughter to provide care to grandma, the dependent adult. The granddaughter is the caretaker.

## COURT ORDERED CARETAKER

1) “Related or non-related person who has the responsibility for the protection, care, or custody of a dependent adult **by order of the court**” means a person has been appointed by the court to assume the responsibility for the dependent adult’s protection, care or custody and according to 235B.1 is the dependent adult’s caretaker.

### Examples:

- Guardian
- Conservator
- An 83 year old man experiencing loss of memory forgot to pay his bills resulting in the phone and electricity being disconnected. His relatives came together and petitioned the court for a niece to assume responsibility for him. The court appointed the niece as guardian and conservator.

## DEPENDENT ADULT ABUSE

Dependent Adult Abuse is defined by any of the following as a result of the willful, negligent acts or omission of a caretaker:

- Physical Abuse
- Sexual Abuse
- Sexual Exploitation
- Financial Exploitation
- Denial of Critical Care
- Self Denial of Critical Care

### Physical Abuse

“Physical injury to, or injury which is at a variance with the history given of the injury, or unreasonable confinement or unreasonable punishment, or assault of a dependent adult, as a result of the willful or negligent acts or omissions of a caretaker.”

Iowa Code 235B.2

**Assault.** A person commits an assault when, without justification the person does any of the following:

- Commits any act which is intended to cause pain or injury to a dependent adult, or which is intended to result in physical contact which will be insulting or offensive to a dependent adult, coupled with the apparent ability to execute the act.
- Commits any act, which is intended to place a dependent adult 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 a dependent adult or displays in a threatening manner any dangerous weapon toward a dependent adult.

An assault does **NOT** have to involve a physical injury. A person can be assaulted and not have any injuries.

### Physical Abuse Indicators

• Injury that has not been cared for properly	• Any injury incompatible with history
• Pain on touching	• Cuts, lacerations, or puncture wounds
• Dehydration and/or malnourishment	• Pallor
• Sunken eyes, cheeks	• Evidence of inadequate care
• Eye problems, retinal detachment	• Poor skin hygiene
• Absence of hair or hemorrhaging below scalp	• Soiled clothing or bed
• Burns	• Locked in a room
• Evidence of unset bones	• Heavy or excessive medication

**Examples include:**

- Unauthorized use of physical or chemical restraints
- Administration of medications or enforced isolation as punishment or simply for convenience
- Use of substitute treatment in conflict with a physician’s order

## Sexual Abuse

“The commission of a sexual offense under chapter 709 or section 726.2 with or against a dependent adult as a result of the willful or negligent acts or omissions of a caretaker.”

Iowa Code 235B.2

This includes the following categories:

- First-degree sexual abuse (IC 709.2)
- Second-degree sexual abuse (IC 709.3)
- Third-degree sexual abuse (IC 709.4)
- Indecent exposure (IC 709.9)
- Assault with intent to commit sexual abuse (IC 709.11)
- Sexual exploitation by a counselor or therapist (IC 709.15)
- Invasion of privacy, nudity (IC 709.21)
- Incest (IC 726.2)
- Sexual exploitation of a dependent adult (IC 235B.2)

### Sexual Abuse Indicators

- Person’s behavior changes drastically, such as acting out, angry, lashing out, inappropriate affect
- Person is depressed or symptoms of other mental health issues
- Person acts afraid in the presence of caretaker
- Person does not want to be left alone with the caretaker
- Genital or anal bruises
- Vaginal or anal bleeding
- Swelling or redness of genital area
- Venereal Disease

### Statistics on Sexual Abuse With Persons With Disabilities

- 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
- 70% of women with disabilities have been violently sexually victimized at some point in their lives

### Victims are Frequently Thought to Be

#### Seeking Attention

- “She wants special privileges so she doesn’t have to follow the rules.”
- “That’s what her roommate said last month.”
- “They all accuse someone.”
- “She wants you to feel sorry for her and spend extra time with her.”

## **Asexual or Hypersexual**

- “Why is she complaining? She is lucky to get any action.”
- “Who would want to rape someone who drools?”
- “She probably doesn’t even know what happened.”
- “If we teach her about sex, she’ll just want to do it.”

## **Not credible witnesses**

- People with disabilities lie all the time about a lot of things.”
- “If she can’t tell us the date, what can she tell us?”
- “She giggles whenever she talks about it.”
- “People like her have an active imagination.”

## **How is Sexual Abuse Different With Age or Frailty?**

- Lack of a strong support system
- Beliefs about sexual abuse increase feelings of shame and guilt
- May complicate an existing illness
- Longer recovery time dealing with abuse
- Increased chance of sustaining serious injury
- Increased genital tearing and bruising
- Pelvis or hip bones can be broken by friction and weight
- Increased risk of infections

## **Sexual Exploitation**

“Any consensual or nonconsensual sexual conduct with a dependent adult which includes but is not limited to...”Iowa Code 235B.2

Examples include:

- Kissing;
- Touching of the clothed or unclothed inner thigh, breast, groin, buttock, anus, pubes, or genitals; or a sex act (Iowa Code 702.17)
- Transmission, display, 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 or as part of an ongoing assessment, evaluation, or investigation

Does **NOT** include touching which is part of a necessary examination, treatment, or care by a caretaker acting within the scope of practice or employment of the caretaker; a brief touch or hug for the purpose of reassurance, comfort, or casual friendship; or touching between spouses

## Financial Exploitation

“The act or process of taking unfair advantage of a dependent adult or the adult’s physical or financial resources for one’s own personal or pecuniary profit, without the informed consent of the dependent adult, including theft, by the use of undue influence, harassment, duress, deception, false representation, or false pretenses as a result of the willful or negligent acts or omissions of a caretaker.”

Iowa Code 235B.2

### Indicators

- Dependent adult is inaccurate, confused or has no knowledge of finances
- Disparity between income / assets and lifestyle or living arrangement
- Caretaker expresses unusual interest in the amount of money being expended for the care of the dependent adult
- Unpaid bills when resources should be adequate
- Caretaker is evasive about financial arrangements
- Signatures on checks don’t match dependent adult’s
- Unusual activity in bank accounts
- Dependent adult turns over financial affairs to someone in exchange for lifelong care, but does not appear to have basic necessities such as food and shelter
- Caretaker begins to handle the dependent adult’s financial affairs without their presence or without consultation.

### Examples Include:

- Stealing an older adult’s social security or pension checks
- Coercion into signing or changing legal documents
- Taking or misusing an older adult’s property – money, food stamps, medications, etc.

### Denial of Critical Care (also known as NEGLECT)

“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.”

Iowa Code 235B.2

Administrative Code 176.1 adds “Denial of Critical Care exists when the dependent adult’s basic needs are denied or ignored to such an extent that there is immediate or potential danger of the dependent adult suffering injury or death, or the failure to provide the mental health care necessary to adequately treat the dependent adult’s serious social maladjustment, or is a gross failure of the caretaker to meet the emotional needs of the dependent adult necessary for normal development, or a failure of the caretaker to provide for the proper supervision of the dependent adult.

## Indicators

- Pattern of failure to provide adequate food; malnourishment, or food in home, food contamination or spoilage
- Lack of clothing to adequately provide protection from the weather
- Lack of heat; unsanitary or hazardous conditions
- Refusal to provide medical evaluation for condition detected by medical personnel
- Failure to follow through with medical treatment plan recommended by health professional
- Unable to manage affairs because of confusion and deterioration
- Leaving dependent adult who is incapable of self-supervision without a responsible caretaker
- Knowingly selecting an inappropriate caretaker
- Abandonment

### Examples Include:

- Withholding of care, medication, food, liquids, assistance with hygiene, etc.
- Failure to provide physical aids such as eyeglasses, hearing aids, false teeth
- Failure to provide safety precautions and access to care

## Denial of Critical Care (Self-Neglect)

“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 acts or omissions of the dependent adult.”

Iowa Code 235B.2

## Indicators

- Failure to provide adequate food, shelter or clothing
- Intentional physical self abuse
- Suicidal statements
- Refusal of medical treatment or medication (refusal not based on religious grounds)
- Refusal of services that might alleviate the situation, when once would have accepted
- Refusal of visitors
- Denial of obvious problems

### Examples:

- Unable to prepare food or obtain groceries
- Unable to care for self
- Confused and unable to understand living conditions
- Holes in the floors and walls of home
- Home is cluttered with garbage health hazard

## Dependent Adult Abuse Is NOT:

There are some situations which may appear to be dependent adult abuse but, according to the Iowa Code and Administrative Rules, they do not apply.

1. **Refusal or deprivation of medical treatment based on religious beliefs.** The practices and beliefs of some religions call for reliance on spiritual means for healing rather than medical treatment. A patient may refuse treatment based on religious grounds.
2. **Withholding, withdrawing or refusing medical treatment based on terminal illness.** If based upon the request of the dependent adult, their next-of-kin, attorney-in-fact (power of attorney), or guardian.
3. **Domestic abuse.** In domestic abuse situations where the victim is not dependent as defined in law.
4. **Persons incarcerated in a penal setting.** While one could make a case that an incarcerated person is a dependent adult, the Code excludes these persons from the Dependent Adult Abuse Law.
5. **Lack of means or access to means for providing care.** Where there is a lack of means to care for a dependent adult, the caretaker would not be guilty of perpetrating denial of critical care. Likewise, cases where a dependent adult lacks the means to care for her or himself would not be considered self-denial of critical care.

## FACILITIES & PROGRAMS (DIA) 235E

The Department of Inspections and Appeal (DIA) is responsible for reports of dependent adult abuse in facilities and programs.

**Facility** means a health care facility (135C.1) or a hospital (135B.1) and includes:

1. Long term care facilities
2. Residential care facilities
3. Intermediate care facilities for persons with mental illness
4. Intermediate care facilities for persons with mental retardation
5. Hospitals

**Program** means

1. Elder group home (231B.1)
2. Assisted living program (231C.3)
3. Adult day services (231D.1)

## Definitions

**Dependent Adult** A person eighteen years of age or older whose ability to perform the normal activities of daily living **OR** to provide for the person's own care **OR** protection is impaired, either temporarily **OR** permanently.

**Caretaker** A person who is a staff member of a facility or program who provides care, protection, or services to a dependent adult voluntarily, by contract, through employment, or by order of the court. For the purposes of an allegation of exploitation, if the caretaker-dependent adult relationship started when a staff member was employed in the facility, the staff member may be considered a caretaker after employment is terminated.

## DEPENDENT ADULT ABUSE – 235E (DIA)

Any of the following as a result of the willful misconduct or gross negligence or reckless acts or omissions of a caretaker, taking into account the totality of the circumstances:

### 1. **Physical Injury, Unreasonable Confinement, Unreasonable Punishment, and Assault**

- a. **Physical Injury** A physical injury or injury which is at a variance with the history given of the injury which involves a breach of skill, care, and learning ordinarily exercised by a caretaker in similar circumstances.
- b. **Unreasonable Confinement.** Confinement that includes but is not limited to, the use of restraints, either physical or chemical, for the convenience of staff. “Unreasonable confinement” does not include the use of confinement and restraints if the methods are employed in conformance with state and federal standards governing confinement and restraints or as authorized by a physician or physician extender.
- c. **Unreasonable Punishment.** A willful act or statement intended by the caretaker to punish, agitate, confuse, frighten, or cause emotional distress to the dependent adult. Such willful act or statement includes but is not limited to intimidating behavior, threats, harassment, deceptive acts, or false or misleading statements.
- d. **Assault.** “**Assault of a dependent adult**” means the commission of any act which is generally intended to cause pain or injury to a dependent adult, or which is generally intended to result in physical contact which would be considered by a reasonable person to be insulting or offensive or 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.

2. **Sexual offense:** The commission of a **sexual offense** under chapter 709 or section 726.2 with or against a dependent adult.

3. **Exploitation:** A caretaker who knowingly obtains, uses, endeavors to obtain to use, or who misappropriates, a dependent adult’s funds, assets, medications, or property with the intent to temporarily or permanently deprive a dependent adult of the use, benefit, or possession of the funds, assets, medication, or property for the benefit of someone other than the dependent adult.

4. **Neglect of a dependent adult.** 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.

5. **Sexual exploitation** of a dependent adult by a caretaker whether within a facility or program or at a location outside of a facility or program. “Any consensual or nonconsensual sexual conduct with a dependent adult which includes but is not limited to kissing; touching of the clothed or unclothed breast, groin, buttock, anus, pubes, or genitals; or a sex act, as defined in section 702.17.

“**Sexual exploitation**” includes the transmission, display, 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 or as part of an ongoing investigation

**DEPENDENT ADULT ABUSE DOES NOT INCLUDE:**

- Circumstances in which the dependent adult or the dependent adult's caretaker acts in accordance with the dependent adult's stated or implied consent, declines medical treatment or care due to 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 withholding or withdrawing of health care from a dependent adult who is terminally ill in the opinion of a licensed physician, when the withholding or withdrawing of health care is done at the request of the dependent adult's next of kin, attorney in fact, or guardian.

**DEPENDENT ADULT ABUSE: DIFFERENCES BETWEEN  
IOWA CODE 235B [DHS] & IOWA CODE 235E**

<b>Iowa Code, 235B, Dependent Adult Abuse, Department of Human Services</b>	<b>Iowa Code, 235E, Dependent Adult Abuse, Department of Inspection &amp; Appeals</b>
<p>“<b>Caretaker</b>” means a related or nonrelated person who has responsibility for the protection, care or custody of a dependent adult as a result of assuming the responsibility voluntarily, by contract, through employment, through employment, or by order of the court.</p>	<p>“<b>Caretaker</b>” means a person who is a staff member of a facility or program who provides care, protection, or services to a dependent adult voluntarily, by contract, through employment, or by order of the court. For the purposes of an allegation of exploitation, if the caretaker-dependent adult relationship started when a staff member was employed in the facility, the staff member may be considered a caretaker after employment is terminated.</p>
<p>“<b>Dependent adult</b>” means a person eighteen years of age or older who is unable to protect the person’s own interests or unable to adequately perform or obtain services necessary to meet essential human needs, as a result of physical or mental condition which requires assistance from another, or as defined by department rule.</p>	<p>“<b>Dependent adult</b>” means a person eighteen years of age or older whose ability to perform the normal activities of daily living or to provide for the person’s own care or protection is impaired, either temporarily or permanently</p>
<p>“<b>Dependent adult abuse</b>” means: (1) Any of the following as a result of the willful or negligent acts or omissions of a caretaker:</p>	<p>“<b>Dependent Adult Abuse</b>” means: Any of the following as a result of the willful misconduct or gross negligence or reckless acts or omissions of a caretaker, taking into account the totality of the circumstances:</p>
<p>(a) <b>Physical injury</b> to, or injury which is at a variance with the history given of the injury, or unreasonable confinement, unreasonable punishment, or assault of a dependent adult. [Assault defined in Iowa Administrative Code 176.1, paragraph 4. as defined in Iowa Code, 708.1 An assault as defined in 708.1 is a general intent crime. A person commits an assault when, without justification, the person does any of the following: 1. 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. 2. 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. 3. Intentionally points any firearm toward another, or displays in a threatening manner any dangerous weapon toward another. Provided, the person doing any of the above enumerated acts, and such other person, are voluntary participants in a sport, social or other activity, not in itself criminal, and such act is a reasonably foreseeable incident of such sport or activity, and does not create an unreasonable risk of serious injury or breach of the peace, the act not an assault.]</p>	<p>1) <b>Physical Injury, Unreasonable Confinement, Unreasonable Punishment, and Assault</b></p> <p>a. <b>Physical Injury</b> A physical injury or injury which is at a variance with the history given of the injury which involves a breach of skill, care, and learning ordinarily exercised by a caretaker in similar circumstances.</p> <p>b. <b>Unreasonable Confinement.</b> Confinement that includes but is not limited to, the use of restraints, either physical or chemical, for the convenience of staff. “Unreasonable confinement” does not include the use of confinement and restraints if the methods are employed in conformance with state and federal standards governing confinement and restraints or as authorized by a physician or physician extender.</p> <p>c. <b>Unreasonable Punishment.</b> A willful act or statement intended by the caretaker to punish, agitate, confuse, frighten, or cause emotional distress to the dependent adult. Such willful act or statement includes but is not limited to intimidating behavior, threats, harassment, deceptive acts, or false or misleading statements.</p> <p>d. <b>Assault.</b> “<b>Assault of a dependent adult</b>” means the commission of any act which is generally intended to cause pain or injury to a dependent adult, or which is generally intended to result in</p>

	physical contact which would be considered by a reasonable person to be insulting or offensive or 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.
(b) The commission of a <b>sexual offense</b> under chapter 709 or section 726.2 with or against a dependent adult.	(2) The commission of a <b>sexual offense</b> under chapter 709 or section 726.2 with or against a dependent adult.
(c) <b>Exploitation</b> of a dependent adult which means the act or process of taking unfair advantage of a dependent adult or the adult's physical or financial resources for one's own personal or pecuniary profit, without the informed consent of the dependent adult, including theft, by the use of undue influence, harassment, duress, deception, false representation, or false pretenses.	(3) <b>Exploitation</b> of a dependent adult. "Exploitation" means a caretaker who knowingly obtains, uses, endeavors to obtain to use, or who misappropriates, a dependent adult's funds, assets, medications, or property with the intent to temporarily or permanently deprive a dependent adult of the use, benefit, or possession of the funds, assets, medication, or property for the benefit of someone other than the dependent adult.
(d) <b>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.</b> (2) 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.	(4) <b>Neglect of a dependent adult.</b> "Neglect of a dependent adult" 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.
(3) <b>Sexual exploitation</b> of a dependent adult by a caretaker. " <b>Sexual exploitation</b> " means any consensual or nonconsensual sexual conduct with a dependent adult which includes but is not limited to kissing; touching of 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" includes the transmission, display, 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 or as part of an ongoing assessment, evaluation, or investigation.  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.	(5) " <b>Sexual exploitation</b> " of a dependent adult by a caretaker whether within a facility or program or at a location outside of a facility or program. "Sexual exploitation" means any consensual or nonconsensual sexual conduct with a dependent adult which includes but is not limited to kissing; touching of the clothed or unclothed breast, groin, buttock, anus, pubes, or genitals; or a sex act, as defined in section 702.17. " <b>Sexual exploitation</b> " includes the transmission, display, 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 or as part of an ongoing investigation. Sexual exploitation does not include touching 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 or domestic partners in an intimate relationship. [Definition of "Intimate Relationship" means a significant romantic involvement between two persons that need not include sexual involvement, but does not include a casual social relationship or association in a business or professional capacity. In determining whether persons are in an intimate relationship, the court may consider the following nonexclusive list of factors: a. The duration of the relationship. b. The

	frequency of interaction. c. Whether the relationship has been terminated. d. The nature of the relationship, characterized by either person’s expectation of sexual or romantic involvement.]
<b>Circumstances which are not abuse:</b> a dependent adult or the dependent adult’s caretaker, acting in accordance with the dependent adult’s stated or implied consent, declines medical treatment if the dependent 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. Withholding health care from a terminally ill dependent adult at the request of next of kin, attorney in fact, or guardian.	<b>Circumstances which are not abuse:</b> a dependent adult or the dependent adult’s caretaker acting in accordance with the dependent adult’s stated or implied consent, declines medical treatment or care. Withholding health care from a terminally ill dependent adult at the request of next of kin, attorney in fact, or guardian.
<b>Mandatory Reporter Procedure for reporting:</b> “If a staff member or employee is required to report pursuant to this section, the person shall immediately notify the department and shall also immediately notify the person in charge or the person’s designated agent.”	<b>Mandatory Reporter Procedure for reporting:</b> “If a staff member or employee is required to make a report pursuant to this section, the staff member or employee shall immediately notify the person in charge or person’s designated agent who shall then notify the department within twenty-four hours of such notification or the next business day. If the person in charge is the alleged dependent adult abuser, the staff member shall directly report the abuse to the department within twenty-four hours or the next business day.
<b>Jurisdiction: Beginning 7-1-2008, DHS</b> will conduct evaluations of suspected abuse in the community in all settings not regulated by DIA. DHS will no longer conduct evaluations of suspected abuse in assisted living programs, adult day programs, and elder group homes.	<b>Jurisdiction: Beginning 7-1-2008, DIA</b> will conduct evaluations of suspected abuse in health care facilities defined in IA Code 135C.1, Hospitals defined 135B.1, assisted living programs certified in 231.C.1, adult day programs defined in 231D.1 and elder group homes defined in 231B.
<b>Findings of “Confirmed, not registered reports</b> due to the physical abuse or denial of critical care by a caretaker being minor, isolated and unlikely to reoccur”: A report of dependent adult abuse that meets the definition of physical abuse or denial of critical care to a dependent adult by a caretaker which the department determines is minor, isolated, and unlikely to reoccur shall be collected and maintained by the department as an assessment only for a five-year period and shall not be included in the central registry and shall not be considered to be founded dependent adult abuse. However, a subsequent report of dependent adult abuse that meets the definition of physical abuse or denial of critical care by a caretaker that occurs within the five-year period and that is committed by the caretaker responsible for the act or omission which was the subject of the previous report of dependent adult abuse which the department determined was minor, isolated, and unlikely to reoccur shall not be considered minor, isolated, and unlikely to reoccur.	<b>Findings of “Confirmed, not registered reports:</b> <b>1. Minor, isolated, and unlikely to reoccur – first instance.</b> A report of dependent adult abuse that meets the definition of physical abuse assault, unreasonable confinement, unreasonable punishment, or neglect of a dependent adult which the department determines is minor, isolated, and unlikely to reoccur shall be collected and maintained by the department of human services for a five-year period, shall not be included in the central registry and shall not be considered to be founded dependent adult abuse. <b>2. Minor, isolated, and unlikely to reoccur – subsequent instance(s).</b> A subsequent report of dependent adult abuse that meets the definition of physical abuse, assault, unreasonable confinement, unreasonable punishment, or neglect of a dependent adult that occurs within the five-year period, and that is committed by the same caretaker may also be considered minor, isolated, and unlikely to reoccur depending on the totality of circumstances.

**Reportable Criteria:**  
(To make a dependent adult abuse report)

1. Dependent Adult

2. Allegation of Abuse

3. Caretaker

### Victim Behavioral Indicators

- Fear
- Helplessness or resignation
- Confusion or disorientation
- Non-responsiveness
- Withdrawal
- Hesitation to talk openly
- Ambivalence/contradictory statements
- Agitation or anxiety
- Depression
- Implausible stories
- Anger

### Abuser Behavior Indicators

- The victim is not allowed to speak for him/herself
- Obvious absence of assistance
- Attitudes of indifference or anger toward victim
- Caretaker blames the victim
- Aggressive behavior
- Previous history of abuse to others
- Problems with alcohol or drugs
- Flirtations, coyness, etc.
- Conflicting accounts of incidents by the family, supporters, victim
- Non-compliance with service providers in planning for care and implementation
- Withholding of security and affection
- Perpetrators frequently groom their targets

### Types of Perpetrators

1. **Well intentioned:** Overwhelmed, stressed, lashing out (Caretaker who means well, but tries to do too much)
2. **Well intentioned:** Ignorant – incompetent (Doesn't really understand how to take care of someone. Alzheimer's patient tied to a chair, while caregiver goes shopping.)
3. **Lacks interest and concern:** (A lazy person who needs job, doesn't take pride in work, just wants an "easy" paycheck)
4. **Abusive:** Motivated by self-interest, power and control (Gains trust of dependent persons, manipulates dependent person into signing over all his/her money)
5. **Sadistic:** Enjoys hurting, extreme power and control (Looks for jobs with position and authority to gain control over people for the purpose of hurting others)

## **Expected Results from Perpetrators**

1. Admission of guilt, embarrassment, desire to do better
2. Admission – believes abusive action was justified
3. Varies with IQ and social sophistication
4. Denial, outrage, rationalizations, attempts to “turn the tables” on the victim, reporter and/or investigator
5. Denial, outrage, rationalizations, attempts to “turn the tables” on the victim, reporter and/or investigator.

## **COMMUNITY – DHS (235B) --- Mandatory Reporters**

A person who, in the course of their employment examines, attends, counsels, or treats a dependent adult and reasonably believes the dependent adult has suffered abuse.

### **Persons Required to Report Includes all of the Following:**

- A member of the staff of a community mental health center
- A peace officer
- An in-home homemaker health aide
- An individual employed as an outreach person
- A health practitioner
- A member of the staff or an employee of a supported community living service, sheltered workshop, or work activity center
- A social worker
- A certified psychologist
- A person who, in the course of employment, examines, attends, counsels, or treats dependent adults

### **Mandatory Reporters Shall**

- Report suspected abuse of a dependent adult within 24 hours of becoming aware of an abusive incident.
- Make a written report within 48 hours after an oral report
- Make an oral report to an appropriate law enforcement agency when the person making the report has reason to believe that immediate protection for the dependent adult is advisable
- Immediately notify the department and shall also immediately notify the person in charge or the person's designated agent.

### **IOWA CODE 235B.3 (3)(b)**

The employer or supervisor of a person who is required to or may make a report pursuant to this section shall not apply a 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.

## **REPORTING PROCEDURES COMMUNITY – DHS (235B)**

Reports of suspected abuse in the community **shall** be made to the local DHS offices, or  
**800/362-2178.**

Local phone numbers and fax numbers can be found at the DHS website:

[www.dhs.state.ia.us/#](http://www.dhs.state.ia.us/#)

Click on “Public Information”

Click on “Contact Us”

### **FACILITIES & PROGRAMS – DIA (235E) --- Mandatory Reporters**

A staff member or employee of a facility or program who, in the course of employment examines, attends, counsels, or treats a dependent adult in a facility or program and reasonably believes the dependent adult has suffered abuse, shall report the suspected dependent adult abuse to the department.

**235E.2 (3)(a)** .... the staff member or employee shall immediately notify the person in charge or the person's designated agent who shall then notify the department within 24 hours of such notification. If the person in charge is the alleged dependent adult abuser, the staff member shall directly report the abuse to the department within 24 hours.

**235E.2 (3)(b)** The employer or supervisor of a person who is required to or may make a report pursuant to this section shall not apply a 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.

## **REPORTING PROCEDURES FACILITIES & PROGRAMS – DIA (235E)**

**Reporting Procedures** Incidents of abuse in facilities or programs (long-term care, assisted living, elder group homes, adult day services, hospitals, etc.) are investigated by the Department of Inspections and Appeals. To report suspected abuse, call toll free:

**Phone: 877/686-0027**

**Fax : 515-281-7106**

**Or**

**[https://dia-hfd.iowa.gov/DIA\\_HFD/Home.do](https://dia-hfd.iowa.gov/DIA_HFD/Home.do)**

## Immunity from Liability

**Iowa Code 235B.3** A person participating in good faith in reporting or cooperating with or assisting the department in evaluating a case of dependent adult abuse has immunity from liability, civil or criminal, which might otherwise be incurred or imposed.

## Legal Responsibilities

- Shall report suspected dependent adult abuse orally AND in writing
- Shall complete two hours of training within six months of initial employment and 2 hours every 5 years thereafter [ (Iowa Code 235B.16(5)(b))]
- Must report to law enforcement if immediate protection of dependent adult is advisable
- Must cooperate with DHS and/or DIA

## Mandatory Reporter Rights

- To receive a copy of the notice of finding of the report
- To request and receive a copy of the report for founded and unfounded incidents. (Iowa Code 235B.6(2)(b)(6) and 235B.6(3) respectively)
- Immunity from liability civil or criminal [(Iowa Code 235B.3(10))]
- May remain anonymous unless ordered by a court not to be

## Sanctions

- Any mandatory reporter who knowing and willfully fails to report suspected dependent adult abuse is guilty of a simple misdemeanor. The reporter is also civilly liable for damages caused by that failure to report.
- Any mandatory reporter who knowingly reports *false* information about abuse is guilty of a simple misdemeanor.

## Permissive Reporter

Permissive Reporters meet either of the following conditions:

1. Any person who believes a dependent adult has suffered dependent adult abuse
2. A mandatory reporter, as defined by law, who believes a dependent adult has suffered dependent adult abuse

**BUT**

Became aware of the information other than through the course of employment

## **REPORTING SUSPECTED DEPENDENT ADULT ABUSE TO DHS**

1. Make oral report (24 hours)- DHS Completes Intake Form (470-0657)
2. Reporter will receive the Dependent Adult Abuse Notice of Intake Decision (470-3944)  
Typically the form is received within 10 days.
3. Reporter completes a written report (48 hours) the DHS Suspected Dependent Adult Abuse Report 470-2441 may be used.

**SUGGESTION:** Within the 24 hours requirement, complete the written report and then make the oral report. On the written report, note the date and time the report is made as well as the name of the individual receiving the report. Ask the intake worker for the fax number and indicate the written report will be faxed as soon as you are off of the phone.

4. Reporter will receive from DHS the Adult Protective Notification (470-2444). If you should disagree with the determination the notice provides information on how to appeal the decision.

**NOTE:** If you wish to receive a copy of the unfounded or founded report (highly recommended), complete the form on the back of this notification and return it to DHS.

**Dependent Adult Abuse Intake**

Referral Date / Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Report Due 20 days	Worker	Registry Number
---	-----------------------	--------	-----------------

<b>Dependent Adult</b>			
First Name	M	Last	
County	Telephone (Home)	(Other)	
Household Address	City	State	Zip
Directions to Home			
Address of Abuse Incident			
R	S	DOB	Social Security Number

<b>Assessment of Dependency</b>
---------------------------------

A. Is there a diagnosed physical/mental condition?  Yes  No  Unknown  
Explain:

B. Does adult have adequate decision-making ability?  
 Yes  No  Sometimes  Unknown  
Explain:

C. Does the adult require assistance in the following tasks of daily living?  
 Cooking  Cleaning  Finances  Hygiene  Mobility  
 Dressing  Supervision  Medical care  Other:  
 Explain:

Caretaker/Person Reported as Responsible for Abuse				
<input type="checkbox"/> Dependent adult is responsible for the abuse				
First Name		M	Last	
Address			City	State Zip
R		S	DOB	Social Security Number
Relationship				
Telephone				

Assessment of Caretaker	
A. Type of caretaker:	<input type="checkbox"/> Voluntary assumption of services <input type="checkbox"/> Contractual relationship
	<input type="checkbox"/> Court ordered <input type="checkbox"/> Unknown
B. Impact of caretaker services:	<input type="checkbox"/> Essential to meet basic needs <input type="checkbox"/> Adult would suffer harm if services discontinued

Allegations	
Evaluation – There is a caretaker.	Assessment – There is no caretaker.
<input type="checkbox"/> Physical	<input type="checkbox"/> Critical care
<input type="checkbox"/> Sexual	<input type="checkbox"/> Exploitation
	<input type="checkbox"/> Critical care due to adult's actions
	<input type="checkbox"/> Sexual exploitation
Summary of allegations:	

Barriers			
<input type="checkbox"/> Language	<input type="checkbox"/> Lack of services	<input type="checkbox"/> Isolation	<input type="checkbox"/> None
<input type="checkbox"/> Other (explain):			

Collateral Sources of Information			
Name	Relationship	Address	Telephone
Name of Guardian, Conservator or Other Person Responsible for Dependent Adult			
Address		City	State Zip
Telephone			

Reporter Information			
Reporter Name & Title		Agency	
Relationship to DA	Address	City	State Zip
Telephone Number (W) (H)	<input type="checkbox"/> Mandatory: <input type="checkbox"/> Mandatory, Reporter Permissive		<input type="checkbox"/> Permissive

Central Registry and Background Check			
Registry Contact Date	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Intake Decision Date / Time	Supv. Initials
<input type="checkbox"/> Accept		<input type="checkbox"/> Reject – Reason:	
Dependent Adult:	<input type="checkbox"/> DAA	<input type="checkbox"/> ISIS	<input type="checkbox"/> Criminal
Person Suspected of Abuse:	<input type="checkbox"/> DAA	<input type="checkbox"/> Criminal	
Worker Assigned			Worker Number

Additional Information

**Dependent Adult Abuse Intake Guidance Tool**  
**Questions for the Person Making the Report**

Basis for making the report:

Guess     Suspicion     Belief     Knowledge     Observed physical evidence

**Does the adult require services or can the adult care for self?**

**Who is responsible for the abuse? Is the person a caretaker?**

**Describe what happened to the (dependent) adult:**

**When did the allegation or incident occur?**

**Where did the allegation or incident occur?**

**When did the reporter last see the dependent adult?**

**Are there any other persons who may have knowledge of the situation or witness the incident?**

**Is there anything the reporter can do to help the dependent adult?**

**Does the person responsible for the abuse have access to the dependent adult?**

**Is there any place the dependent adult can go or is willing to go?**

**Are there any problems with the DHS worker going to the home?**

This information from the DHS Manual is being provided to help mandatory reporters understand the elements considered during an evaluation.

## **DHS Intake Form**

### **Assessing Adult Dependency**

The alleged victim must be 18 years of age or older.

The alleged victim must be dependent as a result of a physical or mental condition requiring the assistance of another.

Consider the following factors in determining if the alleged victim is dependent:

- ✓ Is the person able to protect the person's own interests?
- ✓ Is the person at substantial risk of injury, harm, or being taken advantage of financially?
- ✓ Is the person unable to perform adequately to meet minimal essential human needs?
- ✓ Does the person require assistance with activities of daily living, such as eating, grooming, taking medication, walking, toileting, dressing, food preparation, grocery shopping, or money management?
- ✓ Is the person able to obtain services necessary to meet essential human needs?

#### **Physical Factors:**

- ✓ What health problems does the person have? (Include medical diagnosis if available)
- ✓ Is the person able to complete activities of daily living (food preparation, bathing, toileting, eating, dressing) without assistance? If the person needs assistance, is it being provided?
- ✓ Is the person able to communicate their needs to others?
- ✓ Can the person call for "help"? Is such "help" available if needed?
- ✓ Is the person able to walk with or without the assistance of a walker, wheelchair, a care provider?
- ✓ Does the existence of the person's physical problems prevent the person from obtaining the services necessary to meet essential human needs?

#### **Mental Factors:**

- ✓ Does the person have any mental problems? (Include diagnosis, if available.)
- ✓ Is the person oriented to time, place, and person?
- ✓ Is the person mentally capable of caring for the person's own interests?
- ✓ Is the person able to reason and make a conscious choice understanding the possible consequences?
- ✓ Does the existence of the person's mental health problems prevent the person from obtaining the services necessary to meet the person's needs?

#### **Social Factors:**

- ✓ Does the person have a support system?
- ✓ Do any members of the support system help the person meet the person's needs?
- ✓ How frequently does the person come into contact with others?
- ✓ Does the person live in an isolated environment, either self-imposed or due to physical or mental challenges?

### **Environmental Factors:**

- ✓ Is the person able to maintain the person's current environment? Cleaning, cooking, grocery shopping?
- ✓ Is the person able to adequately care for self in the current environment?
- ✓ Does the person need supervision to continue living in current environment?
- ✓ Is the person living in a safe environment?
- ✓ Is the environment hazardous, is the person able to move from that environment?

### **Financial Factors:**

- ✓ Is the person able to handle the person's own finances?
- ✓ Is someone assisting the person in taking care of finances? (Guardian, conservator, payee, friend, family, etc.?)
- ✓ Is the person able to manage personal, home, and financial affairs in the person's best interest?

### **Caretaker**

A "caretaker" is a related or unrelated person who has the responsibility for the protection, care, or custody of the dependent adult as a result of:

- ✓ Assuming the responsibility voluntarily
- ✓ A contract
- ✓ Employment
- ✓ An order of the court

A person who occasionally runs errands or does nonessential tasks for a dependent adult is not considered a caretaker.

### **Self Denial.**

- ✓ If the dependent adult is at substantial risk of injury or harm by failing to adequately meet minimal essential human needs in the following areas: food, shelter, medical care, money management, or mental health care.
- ✓ If a significant incident occurred that brought inadequacies to the attention of the reporter, or if there is a pattern of the dependent adult being responsible for self-denial of care
- ✓ A dependent adult has the right to make unhealthy choices, as long as they are not health or life-threatening.



**DEPENDENT ADULT ABUSE NOTICE OF INTAKE DECISION**

You made a report of suspected dependent adult abuse to the \_\_\_\_\_ county office on \_\_\_\_\_, regarding \_\_\_\_\_.

- The report of suspected dependent adult abuse you made has been accepted for evaluation or assessment. The report must be completed within 20 working days from the date of referral, unless an extension is granted for just cause.
- The report of suspected dependent adult abuse you made will **not** be evaluated by Department of Human Services protective service staff because:
  - The person who is the subject of the suspected abuse is not a dependent adult.
  - The person alleged responsible for the abuse is not a caretaker of the dependent adult.
  - The reported allegation does not constitute dependent adult abuse under Iowa law.
  - The information provided is insufficient to infer that dependent adult abuse has occurred.
  - The reported allegation was previously accepted for evaluation or assessment on \_\_\_\_\_.

As a result of your report, we have forwarded information to:

- The county attorney's office
- Law enforcement

Your concerns may best be addressed by you contacting:

- |   |  |
|---|--|
| <input type="checkbox"/> Community-based services   | <input type="checkbox"/> Local domestic violence center      |
| <input type="checkbox"/> Law enforcement            | <input type="checkbox"/> Local central point of coordination |
| <input type="checkbox"/> Local Area Agency on Aging | <input type="checkbox"/> Other services:                     |
| <input type="checkbox"/> An attorney                |  |

Thank you for bringing your concerns to our attention.

Sincerely,

\_\_\_\_\_  
Protective Services Supervisor

\_\_\_\_\_  
Date

## **FREQUENTLY ASKED QUESTIONS**

The purpose of the dependent adult abuse program is to provide the greatest possible protection to victims or potential victims of abuse through encouraging the increased reporting of suspected cases of dependent adult abuse and ensuring the thorough and prompt evaluation or assessment of these reports.

Making a report of dependent adult abuse may be a stressful event, since you may not fully know what action may come as a result of your report. The following are frequently asked questions:

### **What is dependent adult abuse?**

Iowa law identifies dependent adult abuse as any of the following, if it is the result of acts or omissions of the dependent adult's caretaker:

- ◆ **Physical abuse:** Physical injury to, or injury which is at variance with the history given of the injury, or unreasonable confinement, unreasonable punishment, or assault of a dependent adult.
- ◆ **Sexual abuse:** Commission of a sexual offense under the sexual abuse criminal chapters of the Code.
- ◆ **Financial exploitation:** Taking unfair advantage of a dependent adult's physical or financial resources for one's own personal or pecuniary profit, without the dependent adult's informed consent, including theft, by the use of undue influence, harassment, duress, deception, false representation, or false pretenses.
- ◆ **Denial of critical care:** Failing to provide adequate food, shelter, clothing, supervision, physical or mental health care or other care necessary to maintain a dependent adult's life or health.
- ◆ **Self denial of critical care:** The dependent adult fails to provide him or herself adequate food, shelter, clothing, supervision, physical or mental health care or other care necessary to maintain a dependent adult's life or health.

### **Is the dependent adult told who made the report?**

No. Iowa law does not permit the protective services worker or the Department to disclose who made the dependent adult abuse report. However, a court may order the Department to identify the reporter.

### **Will the dependent adult be removed from the current living arrangement?**

Removal of a dependent adult from the current living situation is considered to be a last resort. Removal is considered only if the dependent adult is in immediate need of medical or other care necessary to meet daily needs that cannot be met in the current living arrangement. The Department of Human Services does not have the legal authority to remove a dependent adult. If a removal is necessary, the Department must seek the assistance of law enforcement and obtain a court order.

### **What if I disagree with a decision to reject the report of suspected dependent adult abuse?**

A protective services supervisor makes the decision to reject a report of suspected dependent adult abuse. If you disagree with the decision to reject a report, you may request to speak with the human service area administrator.

**SUSPECTED DEPENDENT ADULT ABUSE REPORT**

This form may be used as the written report that mandatory reporters file with the Department of Human Services following an oral report of suspected dependent adult abuse. See page 2 for instructions.

There are three criteria for a dependent adult abuse referral:

- (1) A dependent adult.      (2) Abuse as defined in Iowa Code 235B.      (3) A caretaker, if applicable.

**REPORT INFORMATION**

Name of Dependent		Phone (    )		Birth Date	
Street		City		State	Zip Code
1. Person is a dependent adult because:					
2. Type of abuse noted:					
<input type="checkbox"/> Physical injury		<input type="checkbox"/> Financial exploitation		<input type="checkbox"/> Denial of care by dependent adult him/herself	
<input type="checkbox"/> Sexual offense		<input type="checkbox"/> Unreasonable punishment		<input type="checkbox"/> Denial of care by caretaker	
				<input type="checkbox"/> Unreasonable confinement	
Information about suspected abuse: (Incidents, previous abuse, person responsible for abuse, name and address of guardian, etc.)					
3. Caretaker: (Omit if deprivation is by the dependent adult.)					
Name				Phone (    )	
Street		City		State	Zip Code
Person is a caretaker because:					

**REPORTER INFORMATION**

Name		Position		Relationship to Adult	
Office Address				Phone (    )	
Names of other mandatory reporters who have knowledge of the abuse					
Signature of Reporter				Date	

**Dependent Adult Abuse Evaluation or Assessment Report**

Date of Report		Report Determination	
Date of Intake		Registry Number	County/Service Area
Name of Dependent Adult		Age	DOB
Current Living Arrangement		Address	Phone
Name of Person Determined to be Responsible for Abuse			
Address		Phone	
DOB		SSN	Relationship to Adult
Name of Guardian, Conservator or Other Person Responsible for Dependent Adult			
Address		Phone	
<input type="checkbox"/> Abuse unfounded			
Type of Abuse Founded			
<i>Evaluation – There is a caretaker.</i>			
<input type="checkbox"/> Physical abuse <input type="checkbox"/> Physical injury <input type="checkbox"/> Injury at variance with history <input type="checkbox"/> Unreasonable confinement <input type="checkbox"/> Punishment <input type="checkbox"/> Assault			
<input type="checkbox"/> Sexual <input type="checkbox"/> First degree <input type="checkbox"/> Assault with intent to commit <input type="checkbox"/> Indecent exposure <input type="checkbox"/> Second degree <input type="checkbox"/> Detention in brothel <input type="checkbox"/> Exploitation by counselor or therapist <input type="checkbox"/> Third degree <input type="checkbox"/> Incest <input type="checkbox"/> Invasion of privacy			
<input type="checkbox"/> Sexual exploitation by caretaker <input type="checkbox"/> Critical care <input type="checkbox"/> Food <input type="checkbox"/> Supervision <input type="checkbox"/> Care necessary to maintain life or health <input type="checkbox"/> Shelter <input type="checkbox"/> Physical care <input type="checkbox"/> Clothing <input type="checkbox"/> Mental health care			
<input type="checkbox"/> Exploitation Value of exploitation:			
<i>Assessment – There is no caretaker.</i>			
<input type="checkbox"/> Critical care due to actions of the dependent adult			
<i>Assessment – The abuse is confirmed, not registered.</i>			
<input type="checkbox"/> Physical abuse <input type="checkbox"/> Critical care			
Date Abuse Occurred		Where Abuse Occurred	

Outcome – Dependent Adult	
Legal: <input type="checkbox"/> Guardian/conservator	<input type="checkbox"/> Protective order
Services: <input type="checkbox"/> Removed from living arrangement	<input type="checkbox"/> Referred for services <input type="checkbox"/> No services needed
Abuse History:	Death: <input type="checkbox"/> No <input type="checkbox"/> Yes
Outcome – Person Responsible for Abuse	
Legal: <input type="checkbox"/> Referred to law enforcement	<input type="checkbox"/> Court order requested to prevent further abuse
<input type="checkbox"/> Charged with crime	<input type="checkbox"/> Sentenced
<input type="checkbox"/> Abuse history:	
Services: <input type="checkbox"/> Offender program	<input type="checkbox"/> Services provided <input type="checkbox"/> No services provided
Worker Name	Date
Supervisor	Date

**Narrative report with:**

- ◆ Allegations,
- ◆ Actions to protect and assessment of dependent adult safety,
- ◆ Summary of contacts,
- ◆ Evaluative or assessment conclusions,
- ◆ Recommendations for services, and
- ◆ Recommendation for district court action.

**ADULT PROTECTIVE NOTIFICATION**

Date: \_\_\_\_\_

Registry Number: \_\_\_\_\_

Incident Number: \_\_\_\_\_

**IF YOU HAVE QUESTIONS OR CONCERNS ABOUT THIS NOTICE PLEASE CONTACT:**

Protective Service Worker
Protective Services Unit Address
Protective Services Supervisor
Telephone

**YOU HAVE THE RIGHT TO BE NOTIFIED ABOUT AN ADULT PROTECTIVE EVALUATION OR ASSESSMENT'S OUTCOME BECAUSE:**

- You are the alleged victim of dependent adult abuse.
  - You are the guardian of a dependent adult who is the alleged victim of abuse.
  - You are the alleged person responsible for dependent adult abuse.
  - You are the mandatory reporter for this evaluation or assessment.
- OR:**  An addendum has been submitted for this report.

**AN EVALUATION OR ASSESSMENT REPORT (OR ADDENDUM) HAS BEEN SUBMITTED WITH THE FOLLOWING CONCLUSIONS:**

- The allegation of \_\_\_\_\_ was FOUNDED. This means that a preponderance of the available evidence indicates that abuse occurred. Founded reports are kept on the Central Abuse Registry for ten years (or ten years after the most recent founded report on the same victim or alleged perpetrator), and then sealed except for self-denial of critical care reports, which are kept in the local case file.
- The allegation of \_\_\_\_\_ was UNFOUNDED. This means that there was not a preponderance of evidence to conclude that abuse occurred. Unfounded reports are expunged (destroyed) one year from the date they were unfounded.
- The allegation of \_\_\_\_\_ was CONFIRMED, NOT REGISTERED. This means there is a preponderance of evidence to conclude abuse occurred, however it was minor, isolated and unlikely to reoccur and will not go on the Registry. The report will be kept in the local office and expunged after five years, unless there is another report. If there is another report it will be kept and sealed ten years from the date of the subsequent report.

NOTE: A preponderance means more than half of the available evidence.

**PLEASE READ THE BACK OF THIS NOTICE** if you are a subject of this report and would like more information about your rights. *Subjects of dependent adult abuse evaluations or assessments have a right to receive a copy of the dependent adult abuse report which refers to them.* If you are listed above as a subject, or the guardian of a subject, you may complete the back of this form and return it to the DHS office address above to request a copy of this report.

**THIS EVALUATION OR ASSESSMENT CONCERNS:**

Name of Dependent Adult: \_\_\_\_\_

Name(s) of Person(s) Found to be Responsible for the Abuse: \_\_\_\_\_

**ACCESS TO DEPENDENT ADULT ABUSE INFORMATION:** If you are a mandatory reporter who reported the allegations which were evaluated or assessed in the report referenced on the front of this form, or if you are the subject of a report (dependent adult victim, person found to have abused a dependent adult, guardian of a dependent named as abused in the report) or the lawyer representing any subject, you have a right to information from that report. A limited number of professionals or agencies may also receive dependent adult abuse information under certain circumstances, but confidentiality of dependent adult abuse information is protected by law. (Iowa Code Section 235B.6)

**REDISSEMINATION:** A person who receives dependent adult abuse information may not give that information to another person, unless permitted by law. If you give dependent adult abuse information to another person, you should make a written record of this action and send it within 30 days to the Central Abuse Registry, 5th Floor, 1305 E Walnut, Des Moines, Iowa 50319-0114. (Iowa Code Section 235B.8)

**CRIMINAL PENALTIES:** Any person who tries to obtain dependent adult abuse information under false pretenses, who gives false dependent adult abuse information, or who violates release of dependent adult abuse information laws may be charged with a misdemeanor. (Iowa Code Section 235B.12)

**EFFECT OF A FOUNDED DEPENDENT ADULT ABUSE EVALUATION REPORT:** If you are found to be responsible for the abuse of a dependent adult, you may be prohibited from providing care for dependent adults. You may also be prohibited from working in a health care facility. Any prohibition will be dependent on the Department's evaluation of the report. A founded dependent adult abuse record is not a criminal conviction. (Iowa Code Sections 235B.6(2) 1995 Supplement)

**REQUESTS FOR CORRECTION OF A DEPENDENT ADULT ABUSE REPORT:** If you are the subject of a dependent adult abuse report that is founded or unfounded, and you believe that the conclusion or any part of the report is in error, you may request correction or expungement of that report. To make such a request, you must send a *written and signed* statement which tells why you disagree with the report to the Department of Human Services, Appeals Section, 5th Floor, 1305 E Walnut, Des Moines, Iowa 50319-0114. You must send this written statement within *six months of the date of the notification on Page 1 of this form*. (Iowa Code Section 235B.10)

TO REQUEST A COPY OF THE DEPENDENT ADULT ABUSE REPORT, PLEASE COMPLETE THE FOLLOWING INFORMATION AND RETURN ONE COPY OF THIS FORM TO THE PROTECTIVE SERVICE WORKER'S ADDRESS ON THE FRONT OF THIS FORM.

The information on page 1 of this form is important to help Department staff locate the report you are requesting. A duplicate copy of this notice is provided so that you may use one copy to request your report, and keep another for your records. **Please send one copy to the protective service worker's address, and keep one copy for your records. If you must send a photocopy, please copy page 1 of this form as well.**

Name of Requester	Date of Request	Registry Number(s)	Incident Number(s)
Address			
Why are you requesting this information?			
If there is more than one report on record, would you like copies of all reports? <input type="checkbox"/> Yes <input type="checkbox"/> No			

**COUNTY DHS STAFF:** The Central Abuse Registry hereby grants permission to release the requested report to a subject of that report (or that person's attorney), as soon as the identity and subject status of the requester are verified.

## **REPORTING SUSPECTED DEPENDENT ADULT ABUSE TO DIA**

When dependent adult abuse is suspected an oral report must be made within 24 hours **and** a written report must be made within 48 hours. Remember the timeframe is of when you first suspect abuse

### **Register Reports by:**

- Calling toll free: **(877) 686-0027**  
**AND**
- Fax the report to **(515) 281-7106**  
**OR**
- Via the internet using the online form at  
[https://dia-hfd.iowa.gov/DIA\\_HFD/Process.do](https://dia-hfd.iowa.gov/DIA_HFD/Process.do)  
**OR**
- Submit by regular mail to:  
Iowa Department of Inspections and Appeals  
Health Facilities Division/Complaint Unit  
Lucas State Office Building  
321 East 12th Street  
Des Moines, Iowa 50319-0083

**Medicaid Fraud:** If you suspect Medicaid Fraud, call: (515) 281-5717 or (515) 281-7086

**Medicare Fraud:** If you suspect Medicare Fraud, call 800-447-8477 or email [HHSTips@oig.hhs.gov](mailto:HHSTips@oig.hhs.gov)

## Report Conclusions

**FOUNDED:** Requires a preponderance of evidence (51% or greater) that abuse has occurred

**UNFOUNDED:** Requires preponderance of evidence that abuse has not occurred  
(Reports remain in the local DHS office for 1 year are then destroyed – DHS only)

### **CONFIRMED, NOT REGISTERED:**

a. **Under 235B (DHS)** - A report of dependent adult abuse that meets the definition of physical abuse or denial of critical care to a dependent adult by a caretaker which the department determines is minor, isolated, and unlikely to reoccur shall be collected and maintained by the department as an assessment only for a five-year period and shall not be included in the central registry and shall not be considered to be founded dependent adult abuse. However, a subsequent report of dependent adult abuse that meets the definition of physical abuse or denial of critical care by a caretaker that occurs within the five-year period and that is committed by the caretaker responsible for the act or omission which was the subject of the previous report of dependent adult abuse which the department determined was minor, isolated, and unlikely to reoccur shall not be considered minor, isolated, and unlikely to reoccur.

b. **Under 235E (DIA) IAC 481-52.3(a) & (b)** Reports of Abuse that is minor, isolated, and unlikely to reoccur.

**1. Minor, isolated, and unlikely to reoccur – first instance.** A report of dependent adult abuse that meets the definition of physical abuse assault, unreasonable confinement, unreasonable punishment, or neglect of a dependent adult which the department determines is minor, isolated, and unlikely to reoccur shall be collected and maintained by the department of human services for a five-year period, shall not be included in the central registry and shall not be considered to be founded dependent adult abuse.

**2. Minor, isolated, and unlikely to reoccur – subsequent instance(s).** A subsequent report of dependent adult abuse that meets the definition of physical abuse, assault, unreasonable confinement, unreasonable punishment, or neglect of a dependent adult that occurs within the five-year period, and that is committed by the same caretaker may also be considered minor, isolated, and unlikely to reoccur depending on the totality of circumstances.

## Appeals of Dependent Adult Abuse Reports

Any subject of a report may request an appeal within 6 months from the date of the notice of the finding. Subjects of a report are:

- The dependent adult
- The dependent adult's guardian or attorney
- Individual responsible for the abuse
- The attorney for the individual responsible for the abuse

## Criminal and Abuse Background Checks - (135C.33)

All facilities and agencies that provide care to dependent adults must complete criminal and abuse background checks on prospective employees. If the applicant has either a criminal or abuse background, the employer may request a Records Check Evaluation be completed by the Department of Human Services, to determine if the person may be employed even though there is the criminal or abuse background.

Evaluations consider the following:

- The nature and seriousness of the crime in relation to the position;
- The time elapsed since the commission of the crime or founded abuse;
- The circumstances under which the crime or founded abuse was committed;
- The degree of rehabilitation;
- The likelihood the person will commit the crime or abuse again; and
- The number of crimes or founded abuses committed by the person involved.

### **Role of Law Enforcement**

**Key Considerations.**

- A. Jurisdiction** The location of the alleged act of abuse determines jurisdiction and primary investigative responsibility.
- B. Notification** Upon commencement of an investigation, the county attorney’s office is notified.
- C. Actions** Take necessary steps to protect the dependent adult from further immediate harm.
- D. Notification of Rights**

### **Dependent Adult Abuse is a CRIME...**

<b>Offense</b>	<b>Charge</b>	<b>Maximum Sentence</b>
Assault	Simple Misdemeanor	30 days \$500 fine
	OR Serious Misdemeanor	1 year, \$1,500 fine
	OR Aggravated Misdemeanor	2 years, \$5,000 fine
Neglect or Abandonment of a Dependent Person	Class “C” Felony	10 years, \$10,000 fine
Wanton Neglect of a Resident of a Health Care Facility	Class “C” Felony	10 years, \$10,000 fine
	OR Aggravated Misdemeanor	2 years, \$5,000 fine
Wanton Neglect OR Nonsupport of a Dependent Adult	Serious Misdemeanor	1 year, \$1,500 fine
	OR Class “D” Felony	5 years, \$7,500 fine
Nonsupport	Class “D” Felony	5 years, \$7,500 fine
Sexual Abuse 1 <sup>st</sup> Degree	Class “A” Felony	Life Imprisonment
Sexual Abuse 2 <sup>nd</sup> Degree	Class “B” Felony	25 years
Sexual Abuse 3 <sup>rd</sup> Degree	Class “C” Felony	10 years, \$10,000 fine
Detention in a Brothel	Class “C” Felony	10 years, \$10,000 fine
Indecent Exposure	Serious Misdemeanor	1 year, \$1,500 fine
Assault with Intent to Commit Sexual Abuse	Class “C” Felony	10 years, \$10,000 fine
	OR Class “D” Felony	5 years, \$7,500 fine
	OR Aggravated Misdemeanor	2 years, \$5,000 fine

Incest	Class “D” Felony	5 years, \$7,500 fine
Theft in the 1 <sup>st</sup> Degree	Class “C” Felony	10 years, \$10,000 fine
2 <sup>nd</sup> Degree	Class “D” Felony	5 years, \$7,500 fine
3 <sup>rd</sup> Degree	Aggravated Misdemeanor	2 years, \$5,000 fine
4 <sup>th</sup> Degree	Serious Misdemeanor	1 year, \$1,500 fine
5 <sup>th</sup> Degree	Simple Misdemeanor	30 days, \$500 fine
Extortion	Class “D” Felony	5 years, \$7,500 fine

## **Chapter 726 - Protection of the Family and Dependent Persons**

### **726.7 Wanton neglect of a resident of a health care facility**

1. A person commits wanton neglect of a resident of a health care facility when the person knowingly acts in a manner likely to be injurious to the physical or mental welfare of a resident of a health care facility as defined in section 135C.1 .

### **726.8 Wanton neglect or nonsupport of a dependent adult**

1. A caretaker commits wanton neglect of a dependent adult if the caretaker knowingly acts in a manner likely to be injurious to the physical, mental, or emotional welfare of a dependent adult. Wanton neglect of a dependent adult is a serious misdemeanor.

### **Determining Possible Interventions**

1. Accepts Services
2. Lacks Capacity to Consent
3. Does Not Accept Services

### **Interventions Available for Dependent Adults**

- Legal Interventions
- LifeLong Links, Elder Rights Specialist
- Voluntary Services
- Long Term Care Ombudsman’s Office
- Office of Substitute Decision Making

## **Legal Interventions**

- Conservatorship
- Power of Attorney
- Substance Abuse or Mental Health Commitment
- Guardianship
- Protective, Restraining, and Injunctive Orders

## **Overcoming Communication Barriers**

- Use clear and simple language
- Ask open-ended, one-part questions
- Be an attentive listener and allow for periods of silence
- Allow sufficient time so that there is no time pressure
- Use explanations that progress from simple to complex
- Allow eye contact, but do not force it
- Allow plenty of space to move around: medication may induce restlessness
- Keep background noise to a minimum
- Sit facing older person to help them identify visual cues

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

- Be Direct
- Universalize the Question
- Gradual / Exploratory

## **Supportive Ways to Respond to an Abuse Victim**

- Allow time for person to speak
- Listen
- Believe what the person says
- Empathize: validate the person's feelings
- Make it clear the abuse was wrong and it was not the person's fault
- Speak directly about the violence
- Ask in what ways you can be helpful
- Respect the person's right to self-determination
- Assure the person there are resources to help and that he or she is not alone
- Discuss a safety plan and offer follow-up contact

## **Don'ts in Communicating with Victims**

- Talk to the victim while others are present
- Blame the victim
- Tell the victim it is not that bad / minimize the pain
- Check out the story with the abuser
- Demand that the victim take a certain course of action
- Think you have failed if you did not fix the situation

## **Victim Characteristics**

- Victim is competent to make decisions and wants help
- Victim is competent to make decisions and doesn't want help
- Victim is incompetent to make decisions and someone else needs to make decisions for that person
- Victim is competent to make decisions, but there are barriers to that person being able to ask or accept help

## **What YOU Can Do**

- Criminal Background Checks
- Work with your local area agency on aging
- Publicize the dependent adult abuse hotlines & resource numbers

**Abuse in the Community -DHS (800/362-2178)**

**Abuse in Facilities or Programs - DIA (877) 686-0027**

**Medicaid Fraud - DIA (515) 281-5717 or (515) 281-7086**

**Medicare Fraud – (OIG) 800-447-8477**

**Information on Elder Abuse: LifeLong Links – 866-468-7887**

- Encourage people to volunteer
- Invite a speaker with professional experience on dependent or older adults to talk to community groups
- Encourage people to identify dependent or older adults in the community who may be at risk

## **Ten Tips for Preventing Abuse**

1. Assess the person for signs of abuse/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 care giving
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

# Iowa Code Sections to Know

These sections may be accessed online at: <http://www.legis.state.ia.us/IowaLaw.html>

<b>Chapter 125</b>	<b>Chemical Substance Abuse</b>
Chapter 135C	<b>Health Care Facilities</b>
<b>Chapter 135C.33</b>	<b>Dependent Adult Abuse Information/Criminal Records – Evaluations</b>
Chapter 229	<b>Hospitalization of Persons with Mental Illness</b>
Chapter 17.56A	<b>Elder Abuse Initiative,</b>
<b>Chapter 235B</b>	<b>Dependent Adult Abuse (Community) DHS</b>
<b>Chapter 235E</b>	<b>Dependent Adult Abuse (Facilities &amp; Programs) DIA</b>
<b>Chapter 235F</b>	<b>Elder Abuse Relief</b>
Chapter 633.551	<b>Guardianship/Conservatorship – General Provisions</b>
Chapter 633.552	<b>Guardianship - Petition</b>
Chapter 633.566	<b>Conservatorship – Petition</b>
Chapter 692A	<b>Sex Offender Registry</b>
Chapter 701	<b>General Criminal Law</b>
701.7	Felony (Definition)
701.8	Misdemeanor (Definition)
Chapter 702	<b>Definitions (Criminal)</b>
702.4	Brothel
702.9	Deception
702.17	Sex Act
702.18	Serious Injury
Chapter 708	<b>Assault</b>
708.7	Harassment
708.11	Stalking

Chapter	709	<b>Sexual Abuse (various forms)</b>
	709.2	Sexual Abuse (1 <sup>st</sup> Degree)
	709.3	Sexual Abuse (2 <sup>nd</sup> Degree)
	709.4	Sexual Abuse (3 <sup>rd</sup> Degree)
	709.7	Detention in Brothel
	709.9	Indecent Exposure
	709.11	Assault with Intent to Commit Sexual Abuse
Chapter	711	<b>Robbery and Extortion</b>
	711.1	Robbery Defined
	711.4	Extortion
Chapter	714	<b>Theft, Fraud and Related Offenses</b>
	714.1	Theft Defined
	714.16	Consumer Frauds
	714.16A	Additional Civil Penalty – Elderly
Chapter	715A	<b>Forgery and Related Fraudulent Criminal Acts</b>
	715A.2	Forgery Elements
	715A.6	Credit Cards
Chapter	726	<b>Protection of the Family and Dependent Persons</b>
	726.2	Incest
	726.3	Neglect or Abandonment of a Dependent Person
	726.5	Nonsupport
	726.7	Wanton Neglect of a Resident of a Health Care Facility
	726.8	Wanton Neglect or Nonsupport of a Dependent Adult



# Iowa Area Agencies on Aging

## Area I

### **Elderbridge Area Agency on Aging**

[www.elderbridge.org](http://www.elderbridge.org)

#### **Offices:**

**Mason City Office** (business office)  
22 North Georgia - Suite 216  
(641) 424-0678 or (800) 243-0678

**Carroll Office** – 603 N West Street  
(712) 792-3512 or (800) 243-0678

**Ft. Dodge Office** – 308 Central Ave  
(515) 955-5244 or (800) 243-0678

**Spencer Office** – 714 10<sup>th</sup> Ave East, PO Box 213  
(712) 262-1775 or (800) 243-0678

## Area III

### **Aging Resources of Central Iowa**

[www.agingresources.com](http://www.agingresources.com)

5835 Grand Avenue - Suite 106  
Des Moines, Iowa 50312-1439  
(515) 255-1310 or (800) 747-5352

## Area V

### **Milestones Area Agency on Aging**

[www.milestonesaaa.org](http://www.milestonesaaa.org)

#### **Offices:**

**Ottumwa Office** (Business Office)  
623 Pennsylvania Ave  
(641) 682-2270 or (800) 642-6522

**Burlington Office** – 509 Jefferson Street  
(319) 752-5433 or (800) 292-1268

**Davenport Office** – 935 E 53<sup>rd</sup> Street  
(563) 324-9085 or (800) 892-9085

## Area II

### **NW Iowa Area Agency on Aging (NEI3A)**

[www.NEI3A.org](http://www.NEI3A.org)

#### **Offices:**

**Waterloo Office** (business office)  
2101 Kimball Avenue - Suite 320  
(319) 272-2244 or (800) 779-8707

**Decorah Office** – 808 River Street  
(563) 382-2941 or (800) 233-4603

**Dubuque Office** – Fountain Park Springs,  
Bldg 2728 Asbury Road  
(563) 588-3970 or (888) 238-0831

## Area IV

### **The Heritage Area Agency on Aging**

[www.heritageaaa.org](http://www.heritageaaa.org)

6301 Kirkwood Blvd SW, PO Box 2068  
Cedar Rapids, Iowa 52406-2068  
(319) 398-5559 or (800) 332-5934

## Area VI

### **Connections Area Agency on Aging**

[www.southwest8.org](http://www.southwest8.org)

#### **Offices:**

**Council Bluffs Office** (Business Office)  
300 West Broadway, Suite 240  
(712) 328-2540 or (800) 432-9209

**Creston Office** - 215 E Montgomery  
(641) 782-4040 or (800) 432-9209

**Sioux City Office** – 2301 Pierce Street  
(712) 279-6900 or (800) 432-9209



# Iowa Domestic Abuse Projects

<b>Iowa Domestic Abuse Hotline</b>	800/942-0333	<b>Iowa City</b>	800/373-1043
<b>Adel</b>	800/400-4884	<b>Jefferson</b>	515/386-5206
<i>Toll free Spanish</i>	800/550-0004		888/386-5206
<b>Algona</b>	877/295-6958	<b>Keokuk</b>	319/524-4445
<b>Ames</b>	515/232-2303		800/498-5095
	800/203-3488	<b>Knoxville</b>	800/433-7233
<b>Atlantic</b>	712/243-5123	<b>Marshalltown</b>	515/753-3513
	800/696-5123		800/779-3512
<b>Burlington</b>	800/693-1399	<b>Mason City</b>	641/424-9133
<b>Carroll</b>	800/383-9744		800/479-9071
<b>Cedar Rapids</b>	800/208-0388	<b>Muscatine</b>	563/263-8080
<b>Cherokee</b>	800/225-7233		*Collect calls accepted
<b>Clinton</b>	800/-381-9319	<b>Oskaloosa</b>	515-673-5499
<b>Council Bluffs</b>	888-612-0266		800/270-1620
<b>Creston</b>	888/782-6632	<b>Ottumwa</b>	641/683-3122
<b>Davenport</b>			800/464-8340
Iowa	563/326-9191	<b>Shenandoah</b>	800/382-5603
Illinois	309/797-1777	<b>Sioux Center</b>	800/382-5603
<b>Decorah</b>	800/383-2988	<b>Sioux City</b>	712/258-7233
<b>Des Moines</b>	515/243-6147		800/982-7233
	800/942-0333	<b>Spencer</b>	877/362-4612
<b>Dubuque</b>	563/556-1100		
	800/332-5899	<b>Waterloo</b>	866/304-8484
<b>Fort Dodge</b>	888/356-2006		
<b>Grundy Center</b>	888/746-4673	<b>Waverly</b>	319/352-0037
			800/410-7233





5 Minutes



*Please circle the appropriate answer.*

- 1. To make a referral of dependent adult abuse the reporter must in good faith believe there is:**
  - a. an adult the age of 18 or older who is dependent, as defined in the Iowa Code
  - b. a caretaker who has denied care to the dependent adult (includes self-denial of care)
  - c. an allegation of abuse
  - d. all of the above
  
- 2. What are the five types of reportable dependent adult abuse?**
  - a. domestic violence, maltreatment, harassment, sexual abuse, and wanton neglect
  - b. denial of critical care, physical abuse, neglect/self-neglect, extortion, and psychological abuse
  - c. sexual abuse, physical abuse, financial exploitation, sexual exploitation, and denial/self-denial of critical care
  - d. none of the above
  
- 3. In cases of imminent danger, the first place to report suspected abuse is:**
  - a. a law enforcement agency
  - b. the Department of Inspections and Appeals
  - c. the Department of Human Services
  - d. none of the above
  
- 4. Who can be prosecuted for failing to report suspected dependent adult abuse?**
  - a. a mandatory reporter who fails to report abuse or neglect
  - b. any reporter who knowingly and willingly fails to report abuse or neglect
  - c. a mandatory reporter who knowingly and willingly fails to report abuse or neglect
  - d. a mandatory reporter who knowingly and willingly fails to report suspected abuse within 24 hours
  
- 5. After speaking with a victim about the alleged incident of abuse, it is critical to corroborate the story with the alleged abuser.**
  - a. True
  - b. False



# Training Evaluation



**1. Did you accomplish the goals of the training? (Check “YES” or “NO”)**

	YES	NO
Understanding important concepts such as what is dependent adult abuse, what is a mandatory reporter, how to report abuse.	<input type="checkbox"/>	<input type="checkbox"/>
Familiarity with the assessment process.	<input type="checkbox"/>	<input type="checkbox"/>
Familiarity with possible “interventions”, or steps you can take under various circumstances.	<input type="checkbox"/>	<input type="checkbox"/>
Learning how to recognize and/or prevent dependent adult abuse.	<input type="checkbox"/>	<input type="checkbox"/>

**Comments:**

**2. How was the training beneficial to your needs?**

**3. What was the least beneficial to you?**

**4. Please comment on the overall quality of content. Any suggestions?**

**5. Did you find the supplementary materials (visuals, handouts, etc.) helpful?**

**6. What did you think of the meeting room where the session was held?**

Excellent      Above Average      Average      Below Average      Poor

**7. How accessible was the meeting facility?**

Very Accessible      Above Average      Average      Below Average  
Inaccessible

# Glossary of Terms

**Caretaker:** A 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 [see Code of Iowa 235B.2].

**Community Abuse:** Abuse occurring outside a health care facility (long term care facility, hospital) or program (assisted living, adult day services, elder group home, etc.).

**Conservator:** A person appointed by the Court to manage the financial affairs or to manage the property of someone deemed incompetent [Code of Iowa 633.566 - .667].

**Counselor / Therapist:** A physician, psychologist, nurse, professional counselor, social worker, marriage or family therapist, alcohol or drug counselor, member of the clergy, or any other person, whether or not licensed or registered by the state, who provides or purports to provide mental health services [see Code of Iowa 709.15(1)(a)].

**Deception:** “Consists of knowingly doing any of the following: 1) creating or confirming another’s belief or impression as to the existence or nonexistence of a fact or condition which is false and which the actor does not believe to be true; 2) failing to correct a false belief or impression as to the existence or nonexistence of a fact or condition which the actor previously has created or confirmed; 3) preventing another from acquiring information pertinent to the disposition of the property involved in any commercial or noncommercial transaction or transfer; 4) selling or otherwise transferring or encumbering property and failing to disclose a lien, adverse claim, or other legal impediment to the enjoyment of the property, whether such impediment is or is not valid, or is or is not a matter of official record; 5) promising payment, the delivery of goods, or other performance which the actor does not intend to perform or knows the actor did not intend to perform. 6) Inserting anything other than lawful money or authorized token into the money slot of any machine with dispenses goods or services.” (Iowa Code, Section 702.9)

**Decubitus:** Ulcer; bedsore; prolonged lying down (as in bed).

**Denial of Critical Care (also known as Neglect):** 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 acts or omissions of a caretaker [see Code of Iowa 235B.2(5)(b)]. Includes denial of or failure to provide adequate food, shelter, clothing, medical care, mental health care; denial of or failure to meet emotional needs necessary for normal functioning, denial of or failure to provide proper supervision, and denial of or failure to provide adequate physical care.

**Denial of Critical Care - Self (also known as Self-Neglect):** 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 acts or omissions of the dependent adult.

**Dependent Adult:** A person 18 or older who is unable to protect the person’s own interests or unable to adequately perform or obtain services necessary to meet essential human needs, as a result of a physical or mental condition which requires assistance from another [see Code of Iowa 235B.2(4)].

**Domestic Elder Abuse:** Domestic elder abuse generally refers to mistreatment of an older person by someone who has a special relationship with the older person (e.g. spouse, sibling, a child, a friend, or a caregiver). The abuse occurs in the older person’s own home or in the home of the caretaker. This category of abuse does not include institutional abuse or self-neglect/abuse.

**Duress:** broadly, a threat of harm made to compel a person to do something against his or her will or judgment; esp., a wrongful threat made by one person to compel a manifestation of seeming assent by another person to a transaction without real volition. (Black's Law Dictionary, 8th Edition, 2004)

**False representation:** someone misrepresenting him or herself as to who they are or what authority they have over someone or something. (Black's Law Dictionary, 8th Edition, 2004)

**False pretenses:** making a claim that is not supported by fact. (Black's Law Dictionary, 8th Edition, 2004)

**Financial Exploitation:** Unauthorized use of a dependent adult's funds, property or resources without the informed consent of the dependent adult.

**Guardian:** A court-appointed person who is responsible for the general care of an individual deemed unable to care for themselves [Code of Iowa 663.552 - .565].

**Harassment:** when a person purposefully and without legitimate purpose, has personal contact with another person, with the intent to threaten, intimidate, or alarm that other person. (Iowa Code section 708.7.1)

**Individual employed as an outreach person:** A person who, in the course of employment, makes regular contacts with dependent adults regarding available community resources.

**Informed consent:** a dependent adult's agreement to allow something to happen that is based on a full disclosure of known facts and circumstances needed to make the decision intelligently, i.e. knowledge of risks involved or alternatives. (441 IAC 176.1 [235B])

**Mandatory Reporter:** Anyone who is legally obligated to report cases of dependent adult abuse: "a person who, in the course of employment, examines, attends, counsels or treats a dependent adult and reasonably believes abuse has occurred" [Code of Iowa 235B.3].

**Mental Health Service:** The treatment, assessment, or counseling of another person for a cognitive, behavioral, emotional, mental, or social dysfunction [see Code of Iowa 709.15(1)(d)].

**Multi-Disciplinary Teams:** A group of individuals who provide leadership at the local and district levels in delivery of services to victims of dependent adult abuse. Team membership includes individuals who possess knowledge and skills related to diagnosis, assessment, and disposition of dependent adult abuse cases.

**Neglect:** see Denial of Critical Care above.

**Negligent:** Characterized by a person's failure to exercise the degree of care that someone of ordinary prudence would have exercised in the same circumstance (Black's Law Dictionary, 8<sup>th</sup> Edition, 2004)

**Negligent Act:** An act that creates an unreasonable risk of harm to another (Black's Law Dictionary, 8<sup>th</sup> Edition, 2004)**Older Adult:** A person 60 years of age or older.

**Omission:** A failure to do something; The act of leaving something out; The state of having been left out or of not having been done; something that is left out, left undone, or otherwise neglected. (Black's Law Dictionary, 8<sup>th</sup> Edition, 2004)

**Outreach Person:** An individual employed as an outreach person means a natural person who, in the course of employment, makes regular contacts with dependent adults regarding available community resources.

**Physical Abuse:** Physical injury at odds with the explanation provided, unreasonable confinement, unreasonable punishment, or assault of a dependent adult, all as a result of acts or omissions of a caretaker [see Code of Iowa 235B.2(5)].

**Power-of-Attorney:** An instrument authorizing another to act as one's agent or attorney in fact.

**Sexual Abuse:** Commission of a sexual offense (see Code of Iowa 709 or 726.2) with or against a dependent adult. This includes the following categories: 1) First Degree Sexual Abuse, 2) Second Degree Sexual Abuse, 3) Third Degree Sexual Abuse, 4) Detention in a Brothel, 5) Indecent Exposure, 6) Assault with intent to commit sexual abuse, and 7) Incest (#1-6 are from Iowa Code 709, #7 from Iowa Code 726.2).

**Sexual Exploitation:** Any consensual or non-consensual sexual contact with a dependent adult who is a resident of a health care facility for the purpose of arousing or satisfying the sexual desires of the caretaker or dependent adult.

**The Registry:** A central registry within the Department of Human Services which collects, maintains, and disseminates dependent adult abuse information.

**Theft:** the taking of the property of another, with the intent to deprive the other of said property, or misappropriating property which has been placed in your trust, or exercising control over stolen property knowing that it is stolen, or obtaining property of another by deception. (Iowa Code 714.1) The seriousness of the crime increases with the value of the property.

**Undue influence:** the improper use of power or trust in a way that deprives a person of free will and substitutes another's objectives. Consent to a contract, transaction, relationship, or conduct is violable if consent is obtained through undue influence. (Black's Law Dictionary, Eighth Edition, 2004)

**Voluntary Services:** Services that may be offered regardless of whether a report is founded or not. Services needed to protect the dependent adult or assist the adult towards independence.

**Ward:** A person placed by the court under the care of a *guardian* or *conservator* (see previous page).

**Willful:** Voluntary and intentional, but not necessarily malicious; violation or disregard of a known legal duty (Black's Law Dictionary, 8<sup>th</sup> Edition, 2004)