

# Abuse, Neglect and Exploitation: Recognition, Reporting and Training Quick Reference Guide

As a UnitedHealthcare Community Plan network care provider, you are considered a “mandatory reporter,” and it is important you review this training on abuse, neglect and exploitation and your obligations to help keep your patients who are our members safe.

As a mandatory reporter, you are required to report when you suspect abuse, neglect and/or exploitation of any children and dependent adults you see as part of your role as a UnitedHealthcare Community Plan care provider.

To begin your training, please review this guide and then complete the [state-required training](#). If you have questions, please contact your Provider Advocate or call Provider Services at 888-650-3462. Thank you.

## Child Abuse, Neglect, and/or Exploitation

Child abuse involves a person younger than 18 who has suffered one or more of the following categories of child abuse as defined by the state of Iowa: physical abuse, mental injury, sexual abuse, denial of critical care, child prostitution, presence of illegal drugs, manufacturing or possession of a dangerous substance, or bestiality in the presence of a minor.

### Indicators of Possible Child Abuse

The following indicators warrant suspicion and reporting to investigators. By reporting these incidents to investigators, you are not making an accusation. [Click here to see examples of physical indicators.](#)

### Indicators of Possible Child Neglect/Denial of Critical Care

Indicators of neglect include the failure to adequately provide the following necessities of life to the point of the child suffering injury, impairment to function or death:

- Food and nutrition
- Shelter
- Clothing
- Health care
- Mental health care
- Emotional needs of the child necessary for normal development
- Proper supervision
- Response to an infant’s life threatening conditions

# Elder and Dependent Adult Abuse, Neglect and/or Exploitation

## Elder Abuse

Elder abuse is the abuse, neglect or exploitation of a person age 60 or older. Elder abuse laws are specifically aimed at protecting dependent adults from abuse by their caretakers.

## Dependent Adult Abuse

Dependent adult abuse is the abuse, neglect or exploitation of a person 18 and older unable to protect their own interests or obtain services necessary to meet essential human needs as a result of a physical or mental condition.

Elder and dependent adult abuse includes the following five categories:

### 1. Financial Exploitation

Taking unfair advantage of a dependent adult or the dependent adult's physical or financial resources for one's own personal profit without the informed consent of the dependent adult:

- 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

### 2. Physical Abuse as a result of the willful or negligent acts of omission

- Physical injury
- Unreasonable confinement or punishment
- Assault

### 3. Sexual abuse

- First, second or third degree sexual abuse
- Indecent exposure
- Assault with intent to commit sexual abuse and incest
- Sexual exploitation
- Invasion of privacy, nudity
- Incest

### 4. Sexual exploitation: any consensual or nonconsensual sexual conduct

- Includes the transmission, display or taking of electronic images
- Does not include touching that is part of a necessary examination; 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. Denial of Critical Care

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.

## Indicators of Possible Elder or Dependent Adult Abuse

The following indicators warrant suspicion and reporting to investigators. By reporting these incidents to investigators, you are not making an accusation. [Click here to see examples of possible abuse situations.](#)

## Elder and dependent adult abuse does not include the following circumstances:

The following indicators warrant suspicion and reporting to investigators. By reporting these incidents to investigators, you are not making an accusation. Elder or dependent adult or their guardian:

- Decline medical treatment because of religious belief
- Decline treatment acting in accordance with the dependent adult's stated or implied consent
- Requests withholding or withdrawing health care from a dependent adult who is terminally ill, in the opinion of a licensed physician, in accordance with the applicable procedures under Iowa Code Chapters 125, 144A, 222, 229, or 633.

## How to Report Suspected Cases of Abuse, Neglect and Exploitation

All health care providers and employees and operators of health care facilities are required by law to report suspected cases of abuse, neglect and/or exploitation of children and dependent adults when observed in the course of employment.

You do not need to verify that abuse, neglect or exploitation has happened. You only need to report your suspicions to the following investigators by phone and then follow up with a written report as described in the following paragraph. If you are an employee, you also need to report the suspicion to your employer.

Patient's Demographics	Call to Report	Investigators	Deadline for follow-up written report
Child under age 18	800-362-2178	Child and Dependent Adult Abuse Reporting Hotline	Within 24 hours
Dependent adult 18 and older and elderly (over age 60) living at a home in the community	800-362-2178	Child and Dependent Adult Abuse Reporting Hotline	Within 48 hours
Dependent adult and elderly living in a facility or participating in a program*	877-686-0027	Department of Inspections and Appeals	Within 48 hours
Anyone in immediate danger	911	Law Enforcement	Immediately

### Included Facilities

- Long term care and residential care facilities
- Intermediate care facilities for persons with mental illness and/or intellectual disabilities
- Hospitals
- Elder group homes
- Assisted living programs
- Adult day services

## Reporting Guidelines for Children

Oral and written reports should contain the following information as available:

- Names and address of the child and the child's parents or other persons responsible for the child's care
- Child's age and location at the time of the report
- Nature and extent of injuries, including any evidence of previous injuries
- Names, ages and conditions of other children in the same household
- Any other information that may be helpful in establishing the cause of the abuse or neglect
- Identity of the person(s) responsible for the abuse or neglect
- Your name and address

## Reporting Guidelines for Adults

You may use Iowa Department of Human Services form 470-2441-*Suspected Dependent Adult Abuse Report* available at [Suspected Dependent Adult Abuse Report](#) or your own form as long as it includes the following information as available:

- Names and addresses of the dependent adult and people responsible for the dependent adult's care
- Dependent adult's age and location at the time of the report
- Reason the adult is believed to be dependent
- Nature and extent of the abuse, including evidence of previous abuse
- Information about any suspected abuse of other dependent adults in the same residence
- Information that might be helpful in establishing the cause of the abuse and identity of person(s) responsible for the abuse
- Information that might help assist the dependent adult
- Your name and address

## Resources

[Child Abuse: A Guide for Mandatory Reporters](#)

[Dependent Adult Abuse: A Guide for Mandatory Reporters](#)

[Iowa Department on Aging's Iowa Abuse Law Training](#)

[A Train: Continuing Education for Health Professionals](#)

[Child Abuse Mandatory Reporting Training](#)

# Appendix

## Indicators of Possible Child Abuse

### Physical Indicators

- Bruises and welts on the face, lips, mouth, torso, back, buttocks or thighs in various stages of healing
- Bruises and welts in unusual patterns reflecting the shape of the article used (e.g., electric cord, belt buckle) or in clusters indicating repeated contact
- Bruises on infant, especially facial bruises
- Subdural hematomas, retinal hemorrhages, internal injuries
- Cigarette burns, especially on the soles, palms, backs or buttocks
- Immersion burns (sock-like, glove-like, doughnut-shaped) on buttocks or genitalia
- Burns patterned like an electric element, iron or utensil
- Rope burns on arms, legs, neck or torso
- Fractures of the skull, nose, ribs or facial structure in various stages of healing
- Multiple or spiral fractures
- Unexplained (or multiple history for) bruises, burns or fractures
- Lacerations or abrasions to the mouth, frenulum, lips, gums, eyes or external genitalia
- Bite marks or loss of hair
- Speech disorders, lags in physical development, ulcers
- Asthma, severe allergies or failure to thrive
- Consistent hunger, poor hygiene, inappropriate dress
- Consistent lack of supervision; abandonment
- Unattended physical or emotional problems or medical needs
- Difficulty walking or sitting
- Pain or itching in the genital area
- Bruises, bleeding or infection in the external genitalia, vaginal or anal areas
- Torn, stained or bloody underclothing
- Frequent urinary or yeast infections
- Venereal disease, especially in preteens
- Pregnancy
- Substance abuse – alcohol or drugs
- Positive test for presence of illegal drugs in the child's body

**BACK**



## Indicators of Possible Child Abuse

### Behavioral Indicators

- Afraid to go home; frightened of parents
- Alcohol or drug abuse
- Apprehensive when children cry, overly concerned for siblings
- Begging, stealing or hoarding food
- Behavioral extremes, such as aggressiveness or withdrawal
- Complaints of soreness, uncomfortable movement
- Constant fatigue, listlessness or falling asleep in class
- Delay in securing or failure to secure medical care
- Delinquent, runaway or truant behaviors
- Destructive, antisocial or neurotic traits, habit disorders
- Developmental or language delays
- Excessive seductiveness or promiscuity
- Extended stays at school such as early arrival and late departure
- Extreme aggression, rage or hyperactivity
- Fear of a person or an intense dislike of being left with someone
- Frequently absent or tardy from school or sudden school difficulties
- History of abuse or neglect
- Inappropriate clothing for the weather
- Massive weight change
- Indirect references to problems at home such as, "I want to live with you."
- Lack of emotional control, withdrawal, chronic depression, hysteria, fantasy or infantile behavior
- Lags in growth or development
- Multiple or inconsistent histories for a given injury
- Overly compliant, passive, undemanding behavior; apathy
- Poor peer relationships; shunned by peers
- Poor self-esteem, self-devaluation, lack of confidence or self-destructive behavior

## Indicators of Possible Elder or Dependent Adult Abuse Environment

- No food in the house or rotted food
- Lack of proper food storage
- Special dietary foods not available
- Inadequate cooking facilities or equipment
- Clothes extremely dirty or uncared for
- Not dressed appropriately for the weather
- Inadequate or ill-fitting clothing, not dressing
- Wearing all of one's clothing at once
- Structure dilapidated or in poor repair
- Fallen steps, high grass, rotted porch, leaking roof
- Utilities cut off or lack of heat in winter
- Doors or windows made of cardboard
- Unvented gas heaters, chimney in poor repair
- No fuel for heating or fuel stored dangerously
- Lack of water or contaminated water
- Gross accumulation of garbage, papers and clutter
- Lack of access to essential rooms
- Lack of access to community resources
- Lives on the street
- Large number of pets with no apparent means of care
- No income, unpaid bills
- Out of money by second week of each month
- Income does not meet monthly expenditures
- Signs checks over to others
- Sudden change in money management habits
- No TV, radio, telephone, newspapers, magazines
- No friends or family visits
- No means of transportation

**BACK**

## Indicators of Possible Elder or Dependent Adult Abuse

### Physical

- Lack of medical care
- Lack of personal cleanliness and grooming, body odors
- Swollen eyes or ankles, decayed teeth or no teeth
- Bites, fleas, sores, lesions, lacerations
- Multiple or repeated or untreated injuries
- Injuries incompatible with explanation
- Bruises, broken bones or burns
- Untreated pressure sores
- Signs of confinement
- Obesity, malnourishment or dehydration
- Tremors
- Difficulty in communication
- Broken glasses frames or lenses
- Drunk, overly medicated
- Lying in urine, feces, old food
- No use of limbs, lack of mobility





## Indicators of Possible Elder or Dependent Adult Abuse

### Behavioral

- Intentional physical self-abuse, suicidal statements
- Persistent lying
- Does not follow medication directions
- Refuses to accept services offered by others
- Threatens or attacks others physically or verbally
- Refuses to open door, accept visitors
- Does not turn on lights
- Denies obvious problems
- Increased depression, anxiety or hostility
- Withdrawn, reclusive, suspicious, timid, unresponsive
- Refuses to discuss their behavior
- Lack of trust in family and others
- Denies any wrong-doing, medically or otherwise
- Unjustified pride in self-sufficiency
- Procrastinating completing tasks
- Turns off hearing aid
- Hallucinations, confusion or delusions
- Disorientation as to place and time
- Forgetfulness, losing things, not shutting stove off
- Loneliness, anger or fearfulness
- Diminished mental capacity