

## Elder Abuse: An overview

Information contained in this presentation is an abbreviated version of a presentation provided by  
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Updated August 2018 with additional information from  
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Updated January 2020 by PHM Training to for clarification and to align with Population Health Care Management Policy.

## Components of Elder Protective Services Program

### Elder Protective Services

- 22 designated Protective Services (PS) agencies
- Intake, Investigation, Intervention

Elder Abuse Central Intake via Statewide Elder Abuse Hotline:  
800-922-2275 or online at

<https://fw1.harmonyis.net/MAAPSLiveIntake>

- Reports taken by Hotline
- Staffed 24 hours/day / 7 days/week

### Guardianship Program

- Five contract agencies
- 170 guardianship slots for PS clients

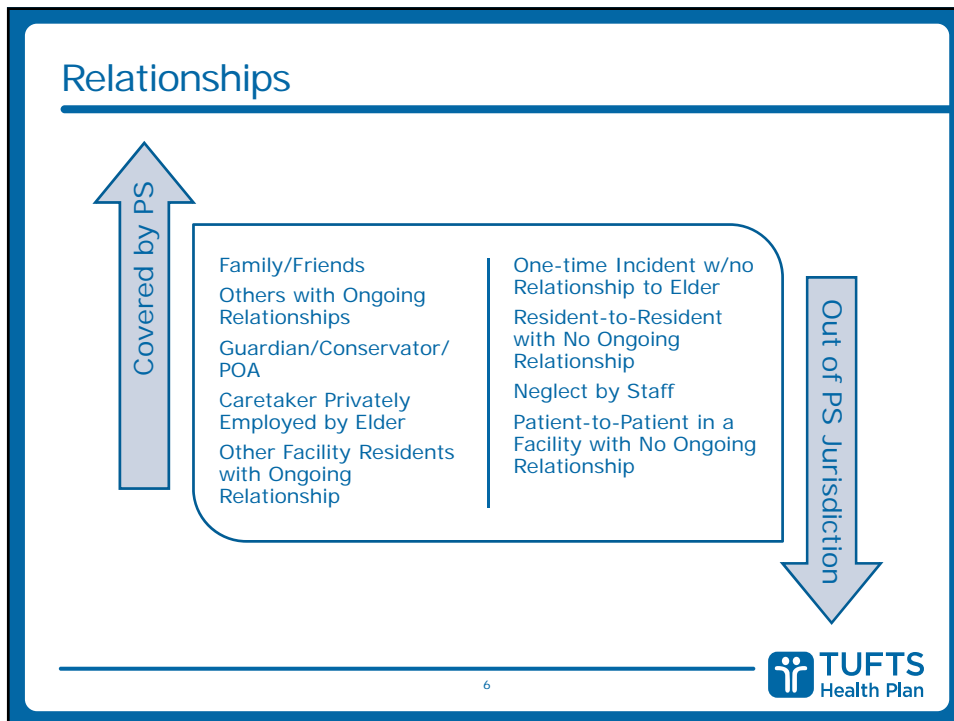
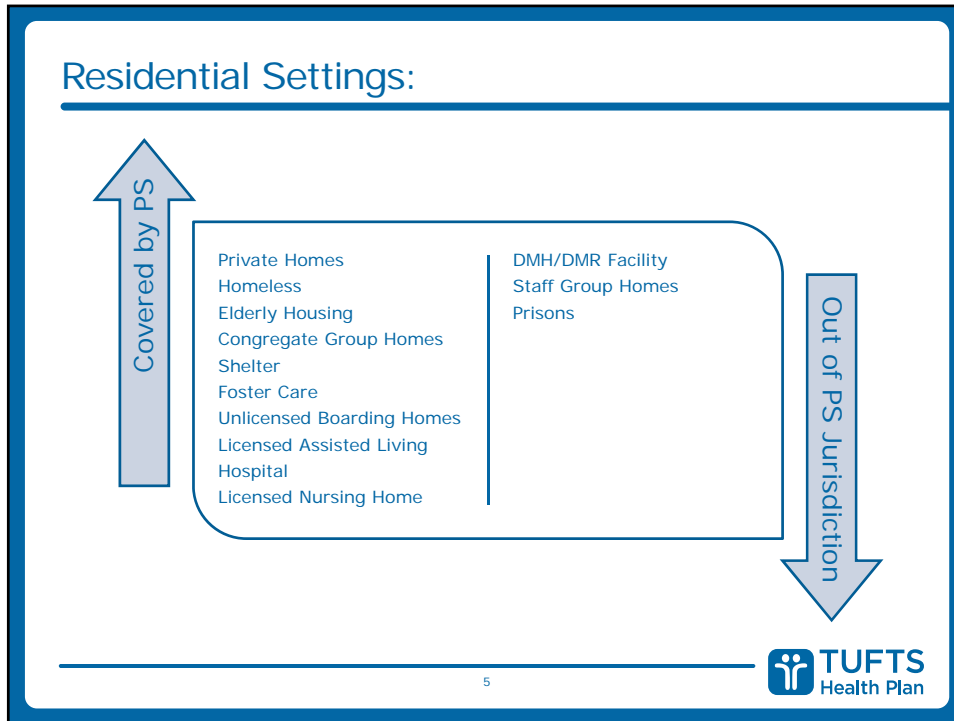
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## Elder Protective Services

### Key Points:

- “Elder” is defined as 60 years and older
- Community-based situations (including assisted and independent living)
- On-going personal relationship present in many cases (unless self-neglect)
- Other cases may involve (hired) caregiver neglect

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## Goal of Protective Services Program

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**“The goal of the Protective Services Program is to prevent, remedy, or eliminate the effects of abuse on the elder.**

**While the primary focus is on ending or alleviating abuse, other critical program goals include: freedom, safety, least disruption of lifestyle, and the least restrictive care component.”**

<http://www.mass.gov/elders/service-orgs-advocates/protective-services-program.html>

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## Protective Services program philosophies

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- Right to Self-determination
  - Based on elder’s capacity to consent
  - Balances individual autonomy with mandate to protect
  - **Exception:** If there is an imminent danger to self or others – PS will complete an investigation/assessment within the first 30 days of a report
- Applies to investigation and service provision
- Least restrictive, appropriate intervention
  - Elder involved to the greatest extent possible in decisions
  - Services provided with consent and least possible intrusion with the goal of protecting the elder from abuse

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## Program Mandates

- Consent for ongoing services
- Confidentiality
- Referral to the District Attorney's office for serious, substantiated abuse
  - **Immediate referral** for severe abuse and/or death due to abuse or neglect
- Legal Process
  - Protective Orders
  - Guardianship

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## Decisional Capacity

According to Protective Services:

**"An Elder's ability to:**

- (a) understand and appreciate the nature and consequences of decisions, including the benefits and risks of and alternatives to any proposed Protective Services; and**
- (b) reach an informed decision while free from any apparent duress, intimidation, coercion, use of force, or threat of force by another."**

<http://www.mass.gov/elders/docs/reg-protect.pdf>

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## Protective Services Program Investigates:

### Under Mass General Law Chapter 19A §14-26 in 1982:

Physical Abuse  
 Emotional Abuse  
 Sexual Abuse  
 Neglect

Added in 2004:  
 Self-Neglect



Added in 1990:  
 Financial Exploitation

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## Abuse: Baseline definition

**Abuse.** An act or omission, including Emotional Abuse, Financial Exploitation, Neglect, Physical Abuse, Sexual Abuse, and/or Self-neglect, which results in Serious Physical Injury or emotional injury to an Elder, or Financial Exploitation of an Elder; provided, however, that no person shall be considered to be abused or neglected for the sole reason that such person is being furnished or relies upon treatment in accordance with the tenets and teachings of a church or religious denomination by a duly accredited practitioner thereof.

<https://www.mass.gov/doc/651-cmr-5-elder-abuse-reporting-and-protective-services-program/download>

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## How common is abuse?

About 1 in 10 Americans age 60+ have experienced abuse.



**Elder abuse is vastly underreported.**

Nationally, it is estimated that only 1 in 14 cases is reported.



In NYS, a study found different types of abuse were reported at different rates. Financial Exploitation was the least reported, with an estimated 1 in 44 cases reported.



[https://ncea.acl.gov/NCEA/media/Publication/NCEA\\_TheFactsOfEA\\_2019\\_5.pdf](https://ncea.acl.gov/NCEA/media/Publication/NCEA_TheFactsOfEA_2019_5.pdf)

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## Types of abuse

### Physical Abuse

The intentional infliction of Serious Physical Injury to an Elder; or a threat to inflict Serious Physical Injury to an Elder for which the Protective Services Agency has Reasonable Cause to Believe that the party or parties making the threat possess(es) the intent and apparent ability to carry out the threat.

### Signs & Symptoms

- ✓ Physical injuries; untreated injuries in various stages of healing
- ✓ Broken eyeglasses, signs of being subjected to punishment or being restrained
- ✓ Lab reports inconsistent with prescribed medications (levels too high/too low)
- ✓ Elder's report of being mistreated or sudden change in behavior
- ✓ Caregiver's refusal to allow visitors to see an elder alone

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## Types of abuse

### Emotional Abuse

Any intentional act or omission, including but not limited to verbal abuse, confinement, isolation, humiliation, intimidation or any other act or omission that:

- (a) results in significant harm to the emotional state, Decisional Capacity or Functional Capacity of an Elder; or
- (b) creates a reasonable risk of significant harm to the emotional state, Decisional Capacity or Functional Capacity of an Elder.

### Signs & Symptoms

- ✓ Being emotionally upset/agitated or extremely withdrawn and non-communicative or non-responsive
- ✓ Unusual behavior usually attributed to dementia (e.g., sucking, biting, rocking)
- ✓ Elder's report of being verbally or emotionally mistreated

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## Types of abuse

### Sexual Abuse

Sexual assault, rape, sexual misuse, or sexual exploitation of an Elder or threats of Sexual Abuse where the individual has the intent and apparent ability to carry out the threatened Sexual Abuse.

### Signs & Symptoms

- ✓ Bruises around the breasts or genital area
- ✓ Unexplained venereal disease, urinary tract infection or genital infections
- ✓ Unexplained vaginal or anal bleeding
- ✓ Torn, stained, or bloody underclothing
- ✓ Elder's report of being sexually assaulted or raped

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## Types of abuse

### Caregiver Neglect

The failure or refusal by a Caretaker to provide one or more of the necessities essential for physical well-being, such as food, clothing, medication, shelter, personal care, and medical care, which has resulted in Serious Physical Injury to an Elder; or a Reasonable Cause to Believe that such failure or refusal will immediately result in Serious Physical Injury to an Elder. Neglect shall be determined by consideration of each of the following factors:

- (a) the Elder's ability to meet his or her own needs.
- (b) A history of dependence on a Caretaker.
- (c) The Elder's Decisional Capacity and Functional Capacity.
- (d) The expectation or desire of the Elder of continuing to receive care provided by the Caretaker.

### Signs & Symptoms

- ✓ Dehydration, malnutrition, untreated bed sores, and poor personal hygiene;
- ✓ Unattended or untreated health problems
- ✓ Hazardous or unsafe living condition/arrangements (e.g., improper wiring, no heat, or no running water)
- ✓ Unsanitary and unclean living conditions (e.g. dirt, fleas, lice on person, soiled bedding, fecal/urine smell, inadequate clothing)
- ✓ Elder's report of being mistreated

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## Types of abuse

### Self-neglect

Based on a Reasonable Cause to Believe, the failure, refusal, inability, or resistance of an Elder to provide for himself or herself one or more of the necessities essential for physical or emotional well-being, including but not limited to, food, clothing, shelter, necessary medications, and/or personal care, which has resulted in Serious Physical Injury or emotional harm; or the risk of imminent Serious Physical Injury or emotional harm.

The following factors will be considered when making a determination of Self-neglect:

- (a) The presence of mental or physical impairments, substance abuse, and/or cultural or linguistic barriers;
- (b) The Elder's Decisional Capacity to make informed decisions and knowingly appreciate the consequences of such decisions;
- (c) The involvement or availability of other service providers to meet one or more of the Elder's essential needs when acting within the scope of their responsibility;
- (d) The willingness and capability of family members and friends to meet one or more of the Elder's essential needs; and/or;
- (e) The Elder's physical and mental condition and the potential for the situation to escalate to the point where the Elder would be seriously harmed without intervention.

### Signs & Symptoms

- ✓ Dehydration, malnutrition, untreated or improperly attended medical conditions, and poor personal hygiene
- ✓ Hazardous or unsafe living conditions/arrangements (e.g., improper wiring, no indoor plumbing, no heat, no running water)
- ✓ Unsanitary or unclean living quarters (e.g., animal/insect infestation, no functioning toilet, fecal/urine smell)
- ✓ Inappropriate and/or inadequate clothing, lack of the necessary medical aids (e.g., eyeglasses, hearing aids, dentures)
- ✓ Grossly inadequate housing or homelessness

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## Types of abuse

### Financial Scams

- Offered deal that is too good to be true
  - Send money to receive money
  - Cashier's checks
  - Requests to wire money or send cash
  - Usually request a hurried response
- Receiving unsolicited calls/requests for personal information
  - Requests for Social Security #, account numbers, PIN, mother's maiden name

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## Types of abuse

### Financial Exploitation

An intentional act or omission by another person, without the consent of the Elder, which causes substantial monetary or property loss to the Elder or substantial monetary or property gain to the other person which gain would otherwise benefit the Elder, but for the act or omission of the other person. Financial exploitation may result from consent obtained as a result of misrepresentation, undue influence, coercion or threat of force by the other person. Financial exploitation may not result from a bona fide gift or from any act or practice by another person in the conduct of a trade or commerce prohibited by law.

### Signs & Symptoms

- ✓ Sudden changes in bank account or banking practice, including an unexplained withdrawal of large sums of money by a person accompanying the elder
- ✓ Inclusion of additional names on an elder's bank signature card or unauthorized withdrawal using the elder's ATM card
- ✓ Abrupt changes in a will or other financial documents
- ✓ Discovery of an elder's signature being forged for financial transactions or to obtain their possessions
- ✓ Sudden appearance of previously uninvolved relatives claiming their rights to an elder's affairs and possessions
- ✓ Unexplained sudden transfer of assets to a family member or someone outside the family
- ✓ Unexplained disappearance of funds or valuable possessions
- ✓ Substandard care being provided or bills unpaid despite the availability of adequate financial resources or provision of services that are not necessary
- ✓ Elder's report of financial exploitation

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## Reporting

### Mandated Reporters:

- Subject to \$1,000 fine for not reporting
- “No person required to report pursuant to the provisions of subsection (a) shall be liable in any civil or criminal action by reason of such report; provided, however, that such person did not perpetrate, inflict or cause said abuse” [M.G.L. 19A (15)(d)]
- “No employer or supervisor may discharge, demote, transfer, reduce pay, benefits or work privileges, prepare a negative work performance evaluation, or take any other action detrimental to an employee or supervisee who files a report” [M.G.L. 19A (15)(d)]

<https://malegislature.gov/Laws/GeneralLaws/PartI/TitleII/Chapter19A/Section15>

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## Who is a Mandated Reporter?

### ***Mandated Reporters [M.G.L. 19A (15)(a)]***

Any physician, physician assistant, medical intern, dentist, nurse, family counselor, probation officer, social worker, policeman, firefighter, emergency medical technician, licensed psychologist, coroner, registered physical therapist, registered occupational therapist, osteopath, podiatrist, director of a council on aging, outreach worker employed by a council on aging, executive director of a licensed home health agency or executive director of a homemaker service agency or manager of an assisted living residence

<https://malegislature.gov/Laws/GeneralLaws/PartI/TitleII/Chapter19A/Section15>

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## Releasing information

Medical professionals (or others who hold privileged health information) can safely release information to Protective Services:

- As part of a report
- With a signed release form
- Via a court order

**Releasing information based on these guidelines is NOT a violation of HIPAA [45 CFR: 164.512 (c)(1)(2)]**

<https://www.hhs.gov/hipaa/for-professionals/privacy/guidance/disclosures-public-health-activities/index.html>

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## Confidentiality of Information

- During the investigation, the identity of the reporter is kept confidential, except for DA referrals or by court order
- Protective Service case records are not public records [M.G.L. 19A (23)(a)]
- Information collected as part of a case record can only be released in limited circumstances as outlined in Statute and Regulations
- If a Protective Services record is released:
  - Identity of reporter redacted
  - Information that would lead back to reporter's identity is removed

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## Massachusetts process for reporting

### Mandated Reporters [M.G.L. 19A (15)(a)]

- ✓ Must immediately file a verbal report
  - Elder Abuse Hotline: 1-800-922-2275
  - Online: <https://fw1.harmonyis.net/MAAPSLiveIntake>
- ✓ Must complete and submit a written report within 48 hours
  - Reporter form: <http://www.mass.gov/elders/docs/elder-abuse-mandated-reporter-form.pdf>
  - Fax to: 617-926-9783
- ✓ Reports can be filed 24 hours per day, 7 days per week

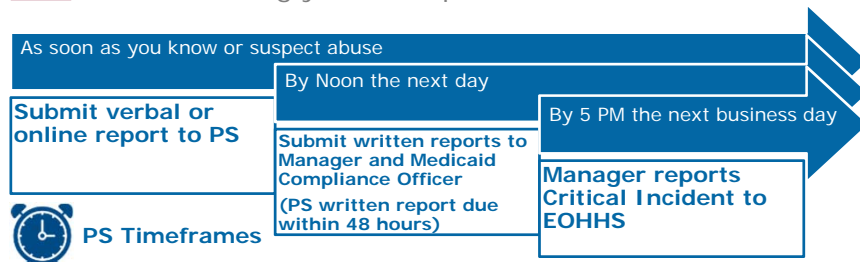
Non-Mandated Reporters should file as soon as possible via the Elder Abuse Hotline or via an online report.

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## Tufts Health Plan process for reporting

### Be sure to notify your manager if you are contacting Protective Services!

In addition to completing the Elder Abuse Mandated Reporter Form, complete the [Tufts Health Plan SCO Incident Report Form](#). Forward both forms to your Clinical Manager and the THP Medicaid Compliance Office (Stephen Camper) no later than noon after filing your PS report.



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## What should I report?

- ✓ Be as **detailed** as possible, including involved parties, injuries, and examples.
- ✓ Describe **risk** as much as possible.
- ✓ Include **names, addresses, ages, extent of abuse, caretakers, medical treatment received or needed, medications, risk to elder and worker**, and any other information deemed pertinent.

Per M.G.L 19A (15)(e): "Reports made pursuant to subsections (a) and (b) shall contain the name, address and approximate age of the elderly person who is the subject of the report, information regarding the nature and extent of the abuse, the name of the person's caretaker, if known, any medical treatment being received or immediately required, if known, any other information the reporter believes to be relevant to the investigation, and the name and address of the reporter and where said reporter may be contacted, if the reporter wishes to provide said information."

<https://malegislature.gov/Laws/GeneralLaws/PartI/TitleII/Chapter19A/Section15>

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## Reporting tips

**REPORT AS SOON AS POSSIBLE!**

Prevention of potential irreversible physical or financial harm.

Evidence may fade or disappear:

- Do not feel that you have to investigate
- Use of a "point person" to report
- Following agency protocol vs. prohibiting reporting

**Consult with Protective Services  
if you have any questions.**

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## Once a report is filed

- Screening of Report
  - Screened In for Investigation or Screened Out
    - If Screened In, assigned an immediacy rating based on reported level of risk
  - Reasons for Screened Out include:
    - Does not fit definitions
    - Information too vague, and
    - Investigated previously
- A worker must initiate (based on immediacy rating assigned at screening):
  - An emergency response within 5 hours
  - A rapid response within 24 hours
  - A routine response within 5 days

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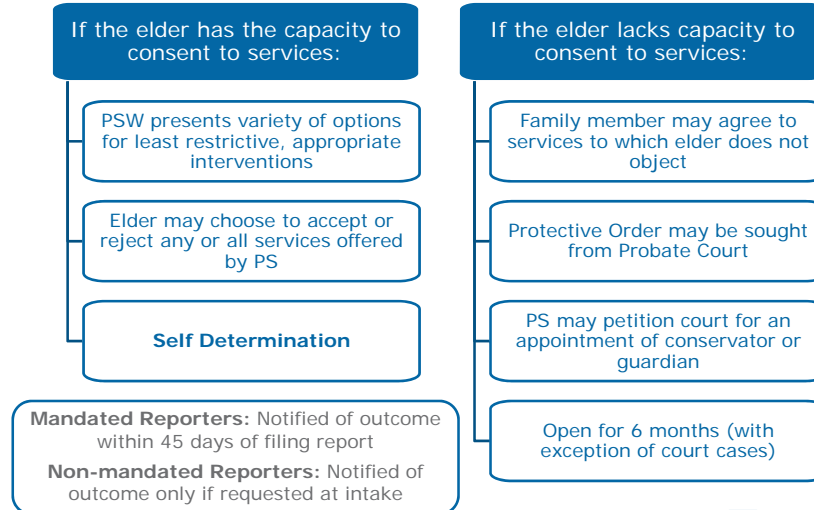
## Investigation process

- The Protective Services Worker (PSW) will complete an unannounced home visit and provide the elder with a Notice of Assessment letter
  - No refusal accepted over the phone
- Information is gathered from the elder, the alleged perpetrator and other individuals close to the elder
- PSW works collaboratively with their supervisor and other professionals to assess the risk to the elder and (if necessary) seek appropriate legal actions
- Investigations must be completed within 30 days, unless an extension is granted
- If the allegations are not substantiated, a case is not opened for services
  - Case record expunged within one year
- If the allegations are substantiated, a case is opened with PS
  - Case moves on to Intervention

<https://malegislature.gov/Laws/GeneralLaws/PartI/TitleII/Chapter19A/Section18>

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## Protective Services intervention



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## Protective Services interventions

If allegations are confirmed, interventions and referrals may include:

- Casework intervention
- Counseling
- Coordination of services
- Advocacy
- Court intervention
- Mental health services
- Medical services and therapies
- Home care services
- Nutrition
- Emergency services
- Respite care
- Legal services
- Money management
- Alternative housing arrangements
- Institutional placement

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## Questions?

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### ELDER ABUSE HOTLINE:

24 hours/day; 7 days/week

1-800-922-2275

### ONLINE REPORTING:

<https://fw1.harmonyis.net/MAAPSLiveIntake>

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