Welcome

Welcome to Protection of Vulnerable Adults. This course is designed for the Episcopal Church in Connecticut (ECCT). As you view the slides please:

• Keep track of your questions and bring them to the live follow-up training session;

• Pay attention to how you would implement the best practices in your local parish or worshiping community.
Bishop Laura J. Ahrens provides us with a broader context for this course. Please click on the arrow below to begin the video, it will take you to a website, please exit the website and return to the course once you are finished.
Visiting Vulnerable Adults: Introduction

Course objectives

This course is designed to educate all ministers how to:

• reach out to vulnerable adults in the community
• respond to vulnerability in appropriate ways
• recognize the signs of maltreatment of vulnerable adults
• understand when you should suspect it
• know when, where, and how to report it

“I always thought it would get better. I wait in fear every night in the dark. I thought I was the only one living like this. I was isolated before. Now I have true friends. If elder abuse happened to me, it can happen to anyone.”

(U.S. SENATE TESTIMONY, MARCH 2011; SAFEPLACE 2003)
Visiting Vulnerable Adults: Introduction

Definitions

Who Are Vulnerable Adults?
According to our ECCT policy for the Protection of Vulnerable Adults, a vulnerable adult is any person:

a. 60 years or older, which is the definition of “elder” in Connecticut law
b. ministered to in their home (i.e., Eucharistic visitors, pastoral care)
c. over the age of 18 and dependent on another person for care.

Click on the link below to see ECCT Policies for the Protection of Vulnerable Adults.

By 2050, people age 65 and older are expected to comprise 20% of the total U.S. population. The fastest growing segment of American’s population consists of those 85 and up. In 2010, there were 5.8 million people aged 85 or older. www.ncea.aoa.gov/Library/Data/index.aspx
Visiting Vulnerable Adults: Introduction

*Varied ministries*

Lay and ordained ministers from a parish or worshipping community can provide care, decrease isolation and offer ministry to vulnerable adults. This helps to further integrate all people into the live of the faith community.

These ministries may include:

- Eucharistic Visitor to homebound parishioners
- Social outreach, Stephen Ministers
- Bereavement and other support groups
- Providing transportation, and performing household chores and errands
- Delivering flowers or meals on behalf of the parish
Visiting Vulnerable Adults: Introduction

Visitation Skills

There are five basic skills for visiting vulnerable adults:

1. Prepare — complete training and obtain permission before providing care, services, or ministering to a vulnerable adult
2. Listen — be present and, if you have difficulty understanding, keep asking for clarity until you understand
3. Observe — keep your ears and eyes open
4. Assess — be alert for warning signs of maltreatment
5. Respond — report known or suspected maltreatment immediately
Visiting Vulnerable Adults: Introduction

*Maltreatment of Vulnerable Adults*

Any act, or the failure to act, that results in harm to a vulnerable adult, is called maltreatment, such as:

- neglect, self-neglect, or abandonment
- physical abuse
- verbal or psychological abuse
- financial exploitation

Vulnerable adults often suffer from more than one type of maltreatment. Frequent contact with vulnerable adults helps decrease isolation, gives them a chance to talk about any problems they're having, and reduces the risk of maltreatment. For some vulnerable adults, visits and relationships with members of a church may be the only ongoing relationships in their lives.
Visiting Vulnerable Adults: Introduction

*Incidents of Maltreatment*

- In the US there are over 2 million cases of elder abuse reported annually. (National Center for Elder Abuse as reported by statisticsbrain.com)
- One study estimates that for every reported case of elder maltreatment, as many as 23 go unreported and hidden. (cdc.gov citing a 2014 study)
- Most developmentally disabled adults will experience some form of sexual assault or abuse during their lives. For developmentally disabled adults, the long-term effects of maltreatment are under-recognized, under-reported, and under-treated because the signs of stress disorder (e.g., hypervigilance, increased anxiety, and behavioral problems) are often blamed on their disability (The National Association for the Dually Diagnosed Bulletin).
- The risk of death is 300% greater for elders who have been mistreated than those who have not (National Council on Aging (NCOA) Fact Sheet).
Visiting Vulnerable Adults: Introduction

Myths and facts about elder maltreatment

Myth: The rate of elder maltreatment is actually quite low
Fact: The extent of elder abuse is estimated at 14.1% of noninstitutionalized older adults (GAO Study).

Myth: Adult maltreatment is more likely to occur in care facilities
Fact: Maltreatment usually occurs in a domestic setting.

Myth: Strangers are the most likely perpetrators of maltreatment.
Fact: Family members and "friends" are the principal offenders. Up to 90% of elder maltreatment is perpetrated by a family member.
Visiting Vulnerable Adults: Introduction

Myths and facts about elder maltreatment (Continued)

Myth: Vulnerable adults often disclose maltreatment if you ask them.
Fact: Vulnerable adults fear losing their independence if they admit they are being exploited or are dependent on the person who mistreats them. Therefore, they are often reluctant to reveal Maltreatment, or do anything that may leave them without the assistance they need.

Myth: The number of vulnerable adults in the U.S. population has reached a peak and will level off.
Fact: People over age 65 made up about 13 percent of the population in 2008, and will grow to nearly 20 percent in 2030. The 2000 Census determined that nearly 20 percent of the U.S. population has a disability that limits one or more essential life functions.

Myth: Vulnerable adults always welcome care and protection from others.
Fact: No, vulnerable adults have the right to make decisions about their own lives, including the right to refuse care and protection from others. "To ignore a competent adult's right to self-determination is to demonstrate ageism and paternalism, and constitutes a violation of the adult’s civil rights. (National Center on Elder Abuse (NCEA), www.ncea.aoa.gov)
Part 1: Reaching out to Vulnerable Adults

*Learning objectives*

This segment will cover

- visitation skills
- boundaries in pastoral relationships
- what constitutes overprotection of vulnerable adults
Part 1: Reaching out to Vulnerable Adults

Preparing For Visit

Each visit is an opportunity to reach out and let a vulnerable adult know that you are there to listen and support them. Here are some practical suggestions for preparing for your visit:

- Make arrangements for a mutually convenient day and time for vulnerable adults, whether they are at home or in institutional facilities, to make sure that they are available.

- Sickness and the condition of aging is neither neat nor predictable, so the physical, psychological, and spiritual condition of those you visit may change unexpectedly.

- If you arrive and those you are visiting are not ready or available to receive you, let them know what pastoral resources are available to them, offer to come back at a more convenient time, and provide the parish phone number.
Part 1: Reaching out to Vulnerable Adults

Responding to Vulnerability

An important part of reaching out to vulnerable adults is to gather information and respond to their needs. You should:

• Tell them your name, remind them that the parish sent you, and ask how they are doing.

• Spend a few minutes at the beginning of each visit getting to know them (your parish may also give you helpful information prior to your visit).

• Be patient and allow them to respond as they are able, as some vulnerable adults may not be able to speak or have difficulty speaking.

• Listen attentively to their answers and mirror back what they said to demonstrate that you heard them.

• Treat them with respect since vulnerability can diminish a person's sense of personal dignity.
Part 1: Reaching out to Vulnerable Adults

*Anticipating Special Needs*

You serve as a bridge between the isolation that separates vulnerable adults from the parish community of faith and worship. How you deliver pastoral services depends on each individual's circumstances.

- Consider the medical condition of those you are visiting. For example, if you are taking Holy Communion to vulnerable adults who are hospitalized, they may be nauseated, unable to swallow easily, or may not be permitted to take anything by mouth.

- Take note of any special needs you see: is the vulnerable adult low on energy, in pain, limited in motion, hard of hearing, angry, sad, or seemingly depressed? If so, you may need to tailor the length and content of your visit.

- If you are visiting the sick, show interest and concern, but you are not there to give medical advice even if you are a health care professional.

- There is nothing wrong with sitting in silence with another, these can be healing moments.
Part 1: Reaching out to Vulnerable Adults

**Boundaries**

The following practices will help establish and maintain proper boundaries, and avoid even the appearance of impropriety, in your pastoral relationships with vulnerable adults.

- know the scope, accountability and responsibility of the ministry before engaging in that ministry
- ensure ongoing supervision (by your priest or team leader) and someone to check in with regarding questions or concerns
- establish a system to document each visit
- speak and act with respect and loving regard
- respect everyone's privacy, freedom of choice, and cultural values
- reflect the values and teachings of the Church
- show positive affection with handshakes, or holding hands during prayer
- seek help immediately if a situation is uncomfortable or unsafe for you or the vulnerable adult
Part 1: Reaching out to Vulnerable Adults

Boundaries

It is never appropriate to:

• mistreating or unduly influence a vulnerable adult in any way
• care for or visit while under the influence of drugs or alcohol
• help with checkbooks or other financial assistance
• accept significant gifts, money or loans
• give out your personal phone number (use the parish's)
• use guilt statements ("You're not as bad off as ..."), strong statements ("Men don't cry") or ("It's God's will")
• spend extended periods of time alone with a vulnerable adult
• touch vulnerable adults without their permission
Part 1: Reaching out to Vulnerable Adults

Over Protection of Vulnerable Adults

• Vulnerable adults have the right to make decisions that do not conform with societal norms as long as their decisions do not harm others.

• Ethical challenges confront everyone who works with vulnerable adults as they balance the right to self-determination against the need to protect a vulnerable adult from harm. When in doubt, share your concerns with your priest and/or lay leaders. In many cases it is best for the church to report your suspicions to the appropriate state agency and let the experts decide.

• Vulnerable adults can refuse protective services, unless they lack sufficient understanding or mental capacity to make a decision to accept or deny those services.
Part 2: Recognizing Maltreatment

Learning Objectives

When you visit vulnerable adults, you are in a position (and may be the only person who is in that position) to detect maltreatment. In this segment you will learn how to recognize:

• neglect and self-neglect
• physical abuse
• verbal and psychological abuse
• financial exploitation
Part 2: Recognizing Maltreatment

Risk Factors for Maltreatment

Several studies have identified the following as the most common risk factors for elder abuse:

• age 80 or older
• female
• confusion, cognitive impairment
• isolation, lack of social support
• prior exposure to traumatic event, including abuse as a child
• Poor or inadequate preparation or training of caregiver
• Expectation that family members will care for elders without seeking help from others
• High financial and emotional dependence upon a vulnerable elder by caregiver
• Lack of respite care for caregivers.

Cultural attitudes and beliefs of a high tolerance and acceptance of aggressive behavior or encourage people to endure suffering and remain silent regarding their pains can further promote maltreatment of vulnerable adults.
Part 2: Recognizing Maltreatment

**Those who victimize**

- Most elder maltreatment is committed by someone the victim knows, and up to two-thirds of known perpetrators are adult children or spouses (NCOA).

- Research also shows that the vast majority of individuals who abuse, neglect, or exploit persons with disabilities are known by the victim, and are most often family members or caregivers (Abramson, 2005).

- The 2009 National Elder Maltreatment Study found that, of those perpetrators of physical abuse whom the victim knows, 50% had substance abuse problems, 44% were socially isolated, and 33% were unemployed.

- Don't presume that a vulnerable adult is safe because they have a guardian who makes decisions for them. One study identified hundreds of allegations of abuse, neglect and exploitation by court-appointed guardians, and in 20 selected cases $5.4 million in assets were stolen from 158 incapacitated victims, many of whom were elders (GAO Report on Guardianships, September 2010).
Part 2: Recognizing Maltreatment

*Grooming Behavior*

Some predators use grooming techniques that are not very different from behavior we encounter everyday. Essentially, predators convince others that they are upstanding citizens, likeable, helpful, and trustworthy.

But, unlike most people, predators want others to like them in order to gain access to vulnerable adults and their assets. These "groomers" persuade their victims to keep "our little secret" hidden from others.

Groomers hope that if a vulnerable adult discloses maltreatment, or if a few people start to suspect maltreatment, most people will think:

- "That's impossible, he's so nice!"
- "He isn't like that, I don't believe it!"
- "If it was true I would have known about it."

It works because we tend to assume that people are basically good, that a likeable person must be trustworthy, and that we would absolutely know if someone was a predator. It also works because we would rather avoid difficult or uncertain situations than confront them head on.
Part 2: Recognizing Maltreatment

**Neglect**

Neglect is one of the most common forms of maltreatment. It occurs when a vulnerable adult lacks:

- food, clothing, or shelter
- medical care
- protection from health or safety hazards
- nutrition and hydration
- personal hygiene care

Neglect occurs when a *caregiver* fails to provide the care or services necessary to maintain a vulnerable adult's physical and mental health. If a caregiver leaves a vulnerable adult without reasonable notice and under circumstances that require further action for the vulnerable adult's continued care or protection this is not considered neglect, but abandonment.

When vulnerable adults do not have a caregiver and neglect their own well-being by failing to care for and protect themselves, it is called *self-neglect*. This usually occurs among the "oldest old" (age 85 or older) when dementia, chronic illness, physical problems, or substance abuse interfere with their ability to take care of themselves.

A survey of adult protective services agencies found that self-neglect was the most common category of investigated reports (29.4%), followed by caregiver neglect (26.1%).
Part 2: Recognizing Maltreatment

Physical Abuse

Physical abuse is the use of force that may result in bodily injury, pain, or impairment. Some examples are:

• hitting, pushing, or kicking
• burning
• sexual assault
• physical restraint
• inappropriate use of drugs
• force feeding

Be aware of suspicious bruising and marks keeping in mind that bruises or marks can result from falls caused by unsteadiness in some vulnerable adults.
Part 2: Recognizing Maltreatment

Verbal & Psychological Abuse

Verbal and psychological abuse is the most difficult form of abuse to recognize because it doesn't leave visible marks. This type of abuse causes anguish, pain, or distress when someone uses words or acts against a vulnerable adult, such as:

- verbal attacks
- threats or insults
- rejection (e.g. giving the "silent treatment")
- confinement or isolation
- humiliating, belittling, or deceptive acts or words
- malicious, false, or misleading statements
- intimidation or harassment

Verbal and psychological abuse causes emotional distress that can lead to fear, agitation, confusion, severe depression and reduced functioning.

Psychological abuse is frequently accompanied by other forms of maltreatment.
Part 2: Recognizing Maltreatment

Financial Exploitation

Financial exploitation means improperly using or taking away a vulnerable adult's resources (i.e. money, assets, property) for someone else's benefit.

Each year at least five million elders are victims of financial exploitation with financial losses of $2.9 billion (NCEA and NCOA Fact Sheets, MetLife Study). Financial exploitation occurs when someone steals from a vulnerable adult:

- without the vulnerable adult's knowledge,
- by trickery, intimidation, or coercion, or
- when the vulnerable adult is too confused to give informed consent.

“Neglect and abuse can often go hand in hand with financial exploitation, which can rob older adults of their life savings and property they count on to support them in old age.” (GAO Study, March 2011)
Part 2: Recognizing Maltreatment

Exploitation by Trusted Persons

A 2009 study found that 1 in 20 elders were financially exploited by a family member (National Elder Mistreatment Study).

Besides family members and caregivers, exploiters can be acquaintances, persons acting with a power of attorney, or court-appointed guardians or conservators.

Here are some examples of ways that vulnerable adults are exploited by people they know:

• Obtaining money or property by having the elder sign, or forging the elder's signature, to transfer ownership of investments, real estate, or other assets.

• Threats that a vulnerable adult will suffer harm or lose something unless he or she transfers money or property to the exploiter.

• Improper use of authority to alter an elder's will, borrow money in the elder's name, or dispose of an elder's assets or income.

• Accessing a vulnerable adult's social security or pension payments, checking or savings accounts, credit card, or withholding money from checks cashed.

• Charging an excessive rent or unreasonable fee for basic care services such as transportation, food, or medicine.
Part 2: Recognizing Maltreatment

*Exploitation by Strangers*

Strangers can exploit vulnerable adults through:

1. Theft and Deceit
2. Medical & Health Care Scams
3. Fraudulent Investment Schemes
4. Predatory Sales Pitches

The following slides contain examples of some of the more common ways in which vulnerable adults can be defrauded by a stranger, such as a con artist using telemarketing and mail fraud, or an unsolicited worker going door-to-door.
Part 2: Recognizing Maltreatment

Exploitation by Strangers- Theft and Deceit

**Identity Theft**: Using a ruse, or just stealing from the mailbox, thieves get a social security number, credit card information, and other personal data which they use to take out a loan or mortgage, or obtain credit cards, in the vulnerable adult's name.

**Fake Accident & Relative in Distress Scam**: The exploiter stages an accident with the target, or calls the target pretending to be a relative involved in an accident or some form of distress and needs money. The exploiter asks the target to transfer money to a bank account.

**Affinity Fraud**: A fraudster gets the vulnerable adult to invest in some phony deal by saying essentially "Trust me because I'm like you," relying on a common ethnicity, religion, interest in animals, or even just a hobby.

**Sweepstakes or Lottery Scam**: The exploiter calls to say that the target has just won a large prize or lottery (neither exists). Before the target can collect the winnings, however, the target must send a check to pay for such phony items as taxes, fees, shipping and handling.

**Fake Bank Examiner or Bank Employee Scam**: The exploiter calls the target pretending to be a bank examiner, employee, or security person at the target's bank. The exploiter says that an internal investigation is being conducted because of potential criminal activity. The exploiter asks the target to provide cash to bait the employee suspected of the crime, or provide information about the account for "verification purposes."
Part 2: Recognizing Maltreatment

*Exploitation by Strangers- Medical & Health Care Scams*

**Medicare Fraud:** Someone uses the vulnerable adult's Medicare number to bill Medicare for products or services never received.

**Medical Equipment:** A supplier bills Medicare for equipment never received or after it's returned.

**Drug Plans:** A company offers a drug plan that has not been approved by Medicare, or uses false information to mislead someone into joining a Medicare plan.

**Rolling Labs:** The exploiter charges for unnecessary or fake tests at health clubs, retirement homes, or shopping malls — often accompanied by efforts to sell counterfeit drugs for the "problems" that were discovered by the phony tests.
Part 2: Recognizing Maltreatment

Exploitation by Strangers-Fraudulent Investment Schemes

Fraudulent Investment Schemes include:

**Inappropriate Investments**: Even a legitimate investment can be exploitive if it is obviously not to the vulnerable adult's benefit because of age or life circumstances. For example, a variable annuity may tie up capital for ten years or more. That may be appropriate for someone in their 30s, but not in their 70s or 80s.

**Ponzi Scheme**: This classic rip-off uses money from new investors to pay dividends to previous investors. The scheme eventually collapses because the operator flees with all the proceeds or new investors cannot be found to support the continued payment of the phony dividends.
Part 2: Recognizing Maltreatment

*Exploitation by Strangers-Predatory Sales Pitches*

Predatory Sales Pitches include:

**Internet Fraud:** This includes products offered that are either not as represented or never delivered, and bogus lottery prizes as bait that require "taxes" or "exchange rate fees" to be paid by the target before any prize money is sent.

**Telemarketing Fraud:** Telephone scams that have a well-rehearsed pitch about products that are not accurately represented or never delivered, and bogus charities that always have an appealing name like "Police And Sheriff's Medical Fund" or "Family Fire Disaster Relief."

**Funeral & Cemetery Frauds:** Funerals, burial sites, or caskets that are obviously beyond a person's means or deplete someone's estate are sold using unethical sales practices.

**Home Improvement Schemes:** A worker going door-to-door offers to perform work such as roofing, paving, painting, gardening, installing siding, or house repairs for a reasonable fee. After starting the work, the worker requires the vulnerable adult to pay more to complete the work than originally agreed by finding "problems" that require more work or materials — or for "hook up" or other phony charges.
"Free Lunch" Seminars: With the lure of a free lunch, sales agents pretend to be experts in living trusts, financial investments, or estate planning, hooking elderly victims through free seminars and other sales presentations. Under the guise of helping set up or update a living trust, the sales agents find out about seniors' financial assets and investments. These unlicensed "experts" pitch annuities or investments that generate big commissions for them, but are either inappropriate for the vulnerable adult's circumstances or have outrageous cancellation penalties.

Predatory Lending & Reverse Mortgages: Vulnerable adults are often targeted with loan packages that camouflage an exorbitant interest rate or that have hidden fees, balloon payments, or repayment schedules beyond the target's ability to pay. A legitimate reverse mortgage loan product is insured by the Federal Housing Authority.
Part 2: Recognizing Maltreatment

*Physical Warning Signs of Maltreatment*

Since vulnerable adults often suffer abuse or neglect in silence, be alert to visible signs like these:

- cuts, burns, or abrasions in various stages of healing
- unexplained bruises, broken glasses, pressure marks, or broken bones
- unattended medical needs or personal hygiene
- bedsores or unusual weight loss
- genital infection, sexually transmitted disease, torn or bloody underclothing
- unexplained burns or blisters, especially on palms, back, or soles of feet
- physical signs of punishment or being restrained, such as an outline of an object or patches of hair missing

Vulnerable adults can have poor balance or coordination, delicate skin that bruises easily, or brittle bones. While injuries resembling physical abuse can occur from bumping into something or falling, be suspicious of unusual or unexplained injuries.
Part 2: Recognizing Maltreatment

*Behavioral Warning Signs of Maltreatment*

Behaviors that may indicate maltreatment are:

- afraid of being alone
- frightened of caregiver
- unexplained withdrawal from normal activities
- sudden change in alertness or unusual depression
- strained, tense, or argumentative relationship with a relative or caregiver
- overly quiet, passive, or timid
- recent or sudden changes in behavior or attitudes
- recently changed Will or gave someone a power of attorney
- loses faith in God or experiences spiritual alteration
Part 2: Recognizing Maltreatment

Environmental Warning Signs of Maltreatment

The environment and circumstances in which a vulnerable adult lives may indicate Maltreatment. Here are some examples of warning signs:

• Food: little or no food in the house, spoiled food
• Clothing: unclean, insufficient or inappropriate clothing for the weather
• Social Deprivations:
  - no evidence of social visits, television, radio, books, or any kind of social, mental, or emotional stimulation
  - house is physically isolated from the community
  - lack of friends in age group or with similar interests
  - attempt by caregiver to isolate the vulnerable adult from others
• Housing:
  - garbage thrown about yard and house, overgrown yard
  - hazardous living conditions (lack of repairs, utilities, and/or equipment)
  - evidence of obvious fire hazards, such as piles of boxes, newspapers, old clothes, unvented gas heaters, and blocked exits
  - large number of neglected animals
Part 4: Reporting Suspected Maltreatment

*Learning Objectives*

Connecticut law requires some people to report maltreatment of vulnerable adults. While only some are required to report suspicions of elder maltreatment, anyone who suspects elder maltreatment can, and is urged to make a report.

Part Four covers:

• Elder Protective Services in Connecticut
• who must report
• when, how and what to report
• what happens after you report
Part 4: Reporting Suspected Maltreatment

Protective Services of the Elderly in Connecticut

Connecticut has a system in place to support the safety and well-being of elders who may be maltreated. This system includes the Protective Services for the Elderly Program, law enforcement, health and human services, and the court system. This program is designed to safeguard people 60 years and older from physical, mental and emotional abuse, neglect and abandonment and/or financial abuse and exploitation. The Department of Social Services (DSS) social workers devise a plan of care aimed at assuring an elder's safety while preserving the person’s right of self-determination. Staff may help the person remain in the living situation he or she prefers, safeguard legal rights, prevent bodily injury or harm, determine service needs and then mobilize resources to provide necessary services. (DSS website)
Part 4: Reporting Suspected Maltreatment

Protective Services of the Elderly in Connecticut (continued)

The Social Work service plan may include crisis intervention, arranging for and coordinating any of the following services: adult day-care, companionship, counseling, homemaker, home health care, home-delivered meals, long-term care or, if necessary, emergency convalescent placement.

In extreme cases, DSS can seek court authorization to provide services to a person who appears to “lack the capacity” to give consent to reasonable and necessary services to assure personal safety. Under certain circumstances, the Department may apply to the Probate Court for the appointment of a Conservator whose role is to make decisions on behalf of an incompetent person.
Part 4: Reporting Suspected Maltreatment

Who must report

In Connecticut, people in certain professions are mandated reporters of suspected maltreatment pursuant to Connecticut law. When a person in such a profession has reason to suspect that an elder has experienced maltreatment, they must make a report to the appropriate state agency. Mandated reporters of elder maltreatment includes anyone paid to care for older adults in any capacity whether licensed or unlicensed professionals, clergy, doctors, nurses and social workers.

Maltreatment includes neglect, self-neglect, physical abuse (including sexual abuse), verbal and psychological abuse, and exploitation by a stranger or trusted person.
Part 4: Reporting Suspected Maltreatment

When to Report—reasonable suspicion

A report must be made within 72 hours of having a reasonable suspicion of maltreatment. A reasonable suspicion of maltreatment of a vulnerable adult triggers reporting. Your suspicion is reasonable if a person with average judgment would also suspect maltreatment in dealing with a similar situation. It can be based on a single incident or multiple factors, including:

• how the vulnerable adult appears
• what the vulnerable adult says or does
• physical clues
• behavioral clues
• environmental clues

Remember: You do not need to prove maltreatment, but you do need to report information that causes you to suspect maltreatment. If you're unsure whether what you saw or heard raises a reasonable suspicion, talk to your priest. It is also advisable to call the reporting agency and let the experts decide.
Part 4: Reporting Suspected Maltreatment

*When to Report—talking to the elder*

Sometimes you observe what you think could be warning signs but aren't sure if you should suspect maltreatment. In those situations, it can help to ask questions even if the vulnerable adult has limited mental capacity. If they are reluctant, be available when they are ready to talk.

When talking to a vulnerable adult, DO:

- create a safe, supportive environment in which to engage the adult
- repeat their words back to them so they know you are listening
- ask open-ended questions (not questions that suggest answers)
- ask about your observations (e.g. "How did you get that bruise?") and about any previous incidents
- emphasize that whatever's going on is not their fault
- tell the truth, don't make promises you can't keep
- Do not promise to keep a secret about suspected abuse
Part 4: Reporting Suspected Maltreatment

When to Report—talking to the elder

Your first reactions are crucial, be careful about what you say and how you say it. Your goal is to get their story, not to decide whether it's true. And, while it would be nice if you could fix all of their problems, it is beyond the scope of what you can do.

When talking to a vulnerable adult, DON'T:

• ask questions if you have enough evidence or it would cause trauma
• open them up to retaliation or anger from the abuser
• make them talk in front of others
• treat them like a child
• show emotion or negativity toward them, their situation, or the abuser
• make any statements about what you think happened to them
• tell them everything will be okay
Part 4: Reporting Suspected Maltreatment

What Information to Report

When you make your report, you should try to have the following information. If you don’t have all the information and suspect maltreatment, make a report:

• what you saw or heard that caused you to suspect maltreatment
• the vulnerable adult's name, age, and present location
• the name and address of the caregiver or a family member, if different from the perpetrator
• a description of the vulnerable adult's current condition
• information you have about the suspected perpetrator
• actions you've taken (contacting local law enforcement or other authorities)
• previous occurrences
• other information that may help the investigation
• your name and contact information
Part 4: Reporting Suspected Maltreatment

Immunities, Penalties & Liabilities

The law provides "immunity" for those who report maltreatment. This means if you make a good faith report of suspected maltreatment, you cannot be sued, and will not face criminal charges.

These immunities apply even if your suspicions are not confirmed by the protective agency's investigation. However, you can be held liable for lying — for intentionally making a false report.

There is no risk in making a report. It's better to over-report, which can save a vulnerable adult, than to under-report, which can put a vulnerable adult at risk.

A mandated reporter's failure to report suspicion of maltreatment can result in a fine and in some cases, a criminal charge.
Part 4: Reporting Suspected Maltreatment

Invalid Reasons Not to Report

Most people don't want to "get involved" with potentially unpleasant or confrontational situations. That's human nature. So, they rationalize why they should not be involved. While the reasons may seem natural, they are invalid reasons for not reporting.

The following are typical INVALID reasons for not reporting.

• I don't have enough evidence to make a report.
  • All you need is reasonable suspicion. You don't have to be 100% sure, or investigate and prove Maltreatment. Let the government agency determine the facts.

• I could be mistaken and get in trouble.
  • Yes, you could be mistaken — but no, you won't get in trouble even if you are wrong because the law provides immunity for reporters: you cannot be held liable for calling the authorities to report adult Maltreatment.
Part 4: Reporting Suspected Maltreatment

Invalid Reasons Not to Report (Continued)

• I don't want to create a problem.
  By not reporting, you create a "problem" for the vulnerable adult who may be suffering from maltreatment.

• I don't want anyone to know I made the report.
  The identity of the reporter is kept confidential and may not be released without consent. No one (other than certain government agencies) will know you made a report.

• I may offend the vulnerable adult, or someone in the adult's family.
  Yes, that's possible. But it's far better to risk offending someone than to find out later that the vulnerable adult suffered harm or lost his or her home or life's savings because you chose not to report the suspected maltreatment.

• It's not my problem.
  Reporting maltreatment is "everyone's" problem. It is one way to live out our baptismal covenant as we seek to respect the dignity of every human being.
Part 4: Reporting Suspected Maltreatment

How to Report - Maltreatment of Elders (60 and older)

To report suspect maltreatment of an Elder (who is not residing in a long term care facility):

1. Call Protective Services for the Elderly
   1-888-385-4225 during business hours
   211 after business hours

OR

2. Complete Report Form for Protective Services for the Elderly and send or fax it to DSS. The form is available on DSS website and through his link

Part 4: Reporting Suspected Maltreatment

How to Report is different for residents in long term care facilities & younger adults with intellectual disability

In addition to reporting suspected maltreatment of those 60 and older, there are requirements and processes for mandated reporters to report suspected maltreatment of those living in a long term care facility and those adults aged 19-59 with intellectual disability.

To report suspected maltreatment of a nursing home resident:

2. Fax completed form to the DSS Social Work Services Division at 860-424-5091.
3. Call 860-424-5964 for any questions regarding this procedure.

To report suspected maltreatment of adults aged 19-59 with intellectual disability:

1. Call the Office of Protection and Advocacy, Abuse Investigation Division at (860) 297-4300 or (800) 842-7303.
2. Then send or fax form PA6 within 5 calendar days of making the oral report. [View form](http://www.ct.gov/opapd/lib/opapd/documents/adobe/pa6_form_rev.8.11.pdf)
Part 4: Reporting Suspected Maltreatment

What Happens After You Report to Elder Protective Services - Investigation

After a report, DSS begins an investigation within 24 hours to 5 days. The investigation includes an unannounced home visit, consultation with individuals having knowledge of the facts and an interview of the elder alone unless the elder refuses to consent to an interview or DSS determines it is not in the elder’s best interested to be interviewed.

This is not a criminal investigation. If warranted, DSS can make a report to local police.

Based on the investigation, an assessment in made to determine whether there is a need for protective services and if so, the immediacy of that need and which services are appropriate and the elder’s willingness to receive services.
Part 4: Reporting Suspected Maltreatment

What Happens After You Report-Investigation (Continued)

If the investigation reveals a need for services, DSS will seek to:

• Use the least restrictive alternatives

• Facilitate self-determination and informed decision making by the elder

• Use family and community resources. In some circumstances, parishes and worshipping communities can play a significant role in providing support.
Part 4: Reporting Suspected Maltreatment

What to do After You Report

A supportive and caring response to the victim is critically important to heal the trauma after a report of adult Maltreatment, so remain calm and respond to questions with a matter-of-fact attitude.

Victims may blame themselves (or be blamed) for "causing trouble." Remind them that:

- you believe them
- you accept their feelings
- they did not cause and are not responsible for the Maltreatment
- offenders are responsible for their misbehavior
- it was the right thing for them to tell you about maltreatment

Also remember to:

- Protect the privacy of everyone involved by only sharing information on a need-to-know basis.
- Seek out support for yourself and pray for all involved.
You are almost done, only 2 things remain!

1. Send an email with your name in it using the link below. This will inform the ECCT Administrator for Safe Church that you completed this online course. safechurchtraining@episcopalcct.org

2. Attend the live 2.5 hour training session where you will explore ways to implement best practices in your ministry setting.

Thank you for your efforts to enhance the safety of vulnerable populations.

Note: if you have not yet completed the online training for the Protection of Children, please do so before attending the live training session.