

Adult Abuse and Neglect

Mandatory Reporters
Revised 01/2019

Objectives

The learner will be able to:

- define an incapacitated or dependent adult.
- identify and list 4 red flags of abuse.
- state the 4 criteria to be met for reporting adult abuse.
- identify when it is the responsibility of the individual who has identified a concerns of adult abuse to report to DHHS.
- outline the procedure for reporting abuse (staff, patient or visitor) occurring at MMC /MMP locations and the internal investigation.

What is abuse, neglect or exploitation?

“Abuse” is infliction of injury, unreasonable confinement, intimidation or cruel punishment, sexual abuse or sexual exploitation, financial exploitation, or intentional, knowing or reckless deprivation of essential needs.

“Neglect” is a threat to an adult’s health or welfare by physical or mental injury or impairment, deprivation of essential needs or a lack of protection from these.

“Exploitation” is illegal or improper use of an incapacitated or dependent adult or that adult’s resources for another’s profit or advantage.

Examples of incidents that may be abuse

- Contact of a sexual nature without a person's consent
- Physical assault (including domestic violence)
- Statements or conduct calculated to cause emotional injury, or cause the victim to reasonably fear for his or her immediate physical or emotional safety
- Involuntary confinement (except as ordered by a competent mental health professional in accordance with law)

Examples of incidents that may be neglect or exploitation

Neglect

- Depriving or withholding nutrition or necessary health care (including required medication, medical devices, eyeglasses)

Exploitation

- Threatening to withhold nutrition or necessary health care for financial gain
- Pressuring patients, clients or residents to transfer money or other valuables to a caregiver
- Theft of money or valuables

Prevalence of Elder Abuse & Neglect

- Elder abuse is a **commonly recognized form** of adult abuse, though younger adults can also be “dependent” or “incapacitated.”
- The actual incidence of elder abuse is not known.
- Signs of elder abuse may be missed by professionals working with older Americans and the elderly may be reluctant to report abuse.
- We know from research that only 1 in 24 cases of elder abuse are reported.
- It is estimated that there are 14,000 cases of elder abuse each year in Maine*.
- It is anticipated that this number will double in 5 years as the population of older adults grows in Maine (to 21.4% by 2025).

*National Center on Elder Abuse. <https://ncea.acl.gov/>

Red Flags of Abuse*



Elder Abuse Power and Control Wheel

From Kawartha Lakes & Haliburton Domestic Violence Coordinating Committee (www.klhdvcc.ca)

Elder Abuse Suspicion Index

Signs of elder abuse may be associated with poor eye contact, withdrawn nature, malnourishment, hygiene issues, cuts, bruises, inappropriate clothing, or medical compliance issues

Additional questions healthcare providers may consider asking:

- Have you relied on people for any of the following: Bathing, dressing, shopping, banking, or meals?
- Has anyone prevented you from getting food, clothes, medication, glasses, hearing aids or medical care, or from being with people you wanted to be with?
- Have you been upset because someone talked to you in a way that made you feel shamed or threatened?
- Has anyone tried to force you to sign papers or to use your money against your will?
- Has anyone made you afraid, touched you in ways that you did not want, or hurt you physically?

From National Initiative for the Care of the Elderly.
www.nicenet.ca/tools-easi-elder-abuse-suspicion-index

Reporting abuse, neglect or exploitation, wherever it occurs

Certain types of licensed care givers – known as “mandated reporters” – must report incidents of abuse, neglect or exploitation, **occurring anywhere**, if:

- (1) They know or have reason to suspect abuse, neglect or exploitation.
- (2) The victim is an “incapacitated” or “dependent” adult.
- (3) They learned about the abuse, neglect or exploitation while acting in a professional capacity.

Who is a mandated reporter?

“Mandated reporters” include physicians, physician assistants, APRNs, RNs, LPNs, CNAs, social workers, psychologists, pharmacists, therapists, mental health professionals, emergency department personnel, EMTs, interpreter and medical assistants.

Link to complete list of mandated reporters:

[§3477. Persons mandated to report suspected abuse, neglect or exploitation](#)

Who is an “incapacitated” or “dependent” adult?

An “incapacitated” adult is a person age 18 or older who is impaired by mental or physical illness, mental deficiency or disability to the extent that (1) he or she lacks sufficient understanding to make or communicate responsible decisions concerning his or her person, or (2) he or she cannot effectively manage his or her finances and belongings.

A “dependent” adult is a person age 18 or over who has a physical or mental condition that substantially impairs his or her ability to adequately provide for daily needs.

What does it mean to know or have a reasonable suspicion?

A person knows if he or she has witnessed the incident.

A person has a reasonable suspicion if he or she

- Receives a report from other credible sources who witnessed the incident, or who personally know of details that corroborate the validity of the suggestion that abuse, neglect or exploitation has occurred; or
- Learns of incident details that fairly corroborate the validity of the suggestion that abuse, neglect or exploitation has occurred; or
- Receives credible information that is suggestive that an incident of abuse, neglect or exploitation has occurred, and there is no significant contrary information that would refute the suggestion of abuse.

To whom should mandated reporters report?

“Mandated reporters” must report to DHHS Office of Adult Protective Services immediately by telephone and followed up with a written report within 48 hours if DHHS requests a written report.

When the suspected abuse is occurring outside a health care facility, MMC employees are encouraged to report suspected adult/elder abuse to the Social Work Care Manager, Family Support Program, and/or Family Crisis Services and/or Ambulatory Care Social Worker, who can assist with the report to DHHS if one is required. He or she can also assist with further assessment and development of a safety plan and make referrals for adult/elder violence and additional safety planning.

No disclosure should be made to the alleged perpetrator at this time.

Link to MMC Policy:

[Reporting Suspected Elder Abuse, Neglect or Exploitation Policy](#)

SHARED ELECTRONIC HEALTH RECORD

REPORT OF SUSPECTED ABUSE-
NEGLECT TO DHHS

Page 1 of 1



PATIENT LABEL HERE

Child Protective Services 1-800-452-1999
 Adult Protective Services 1-800-624-8404

Please complete this form immediately whenever a report is made and send to the Social Work/Family Support Coordinator.

- Child Adult Neglect Abuse
 Drug Affected Baby Exploitation

Parent/Guardian: _____ MMC #: _____ DOB: _____

Address: _____

Relevant Home Information: _____

Nature of suspected abuse or neglect (quote patient if possible): _____

Results of screening for other family violence: Partner Abuse Child Abuse Adult Abuse

Patient care setting from which report was made: _____

DHHS worker who took report: _____

Date of Report: _____ 24H Time: _____

Response by DHHS: _____

Child/Adult known to DHHS: Yes No

Person coordinating patient F/U plans:

At Hospital _____

At DHHS: _____

Patient's Physician/Family Nurse Practitioner: _____

Physician aware of referral: Yes No

Additional documentation in chart: Yes No

 Person making the report Telephone # Job Title

Maine Medical Center's Report of Suspected Abuse- Neglect to DHHS

Do I report intimate partner violence?

In the state of Maine, there is no mandate to report intimate partner violence between adults who are not incapacitated or dependent.*

Reporting intimate partner abuse may put the patient at higher risk of harm and can escalate the violence.

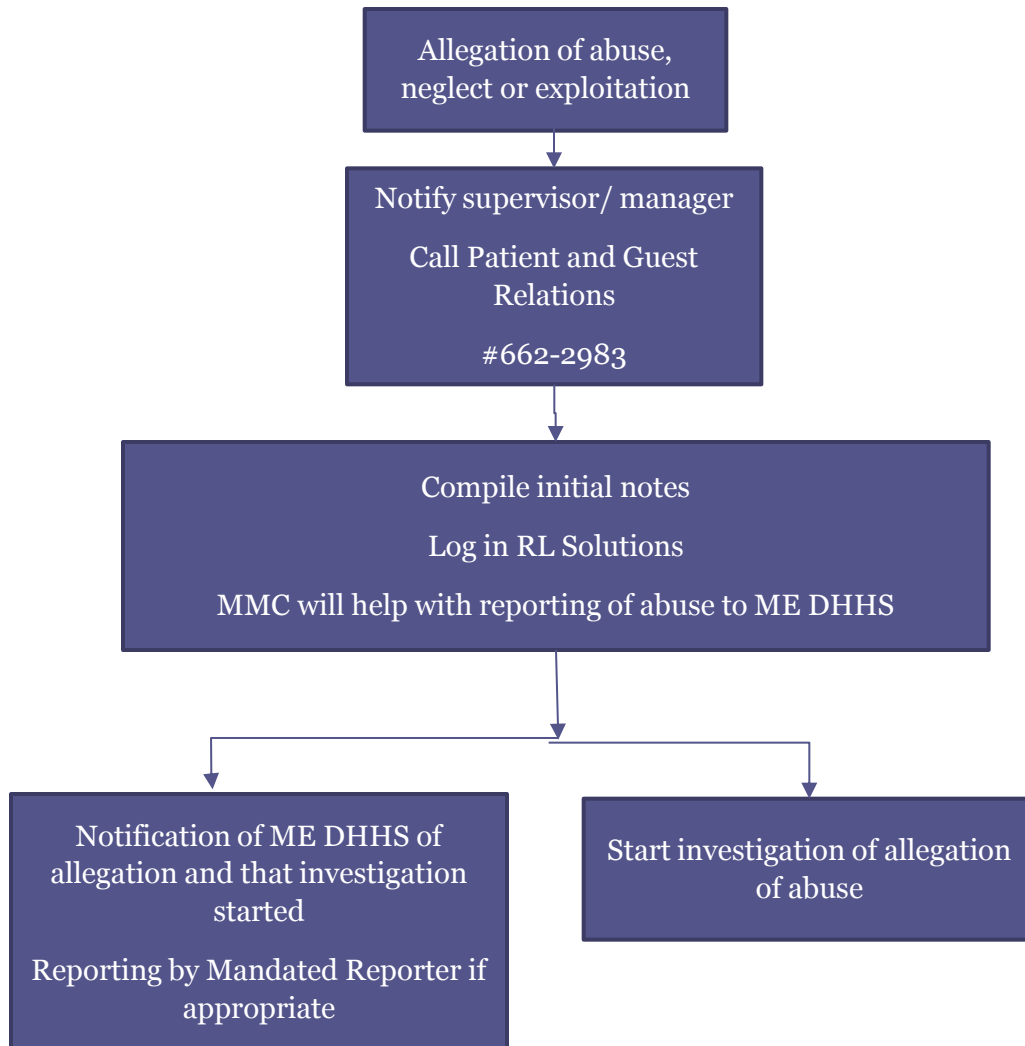
Offer support and provide resources focused on safety planning.

*Exception is gunshot wounds- must be reported to the police.

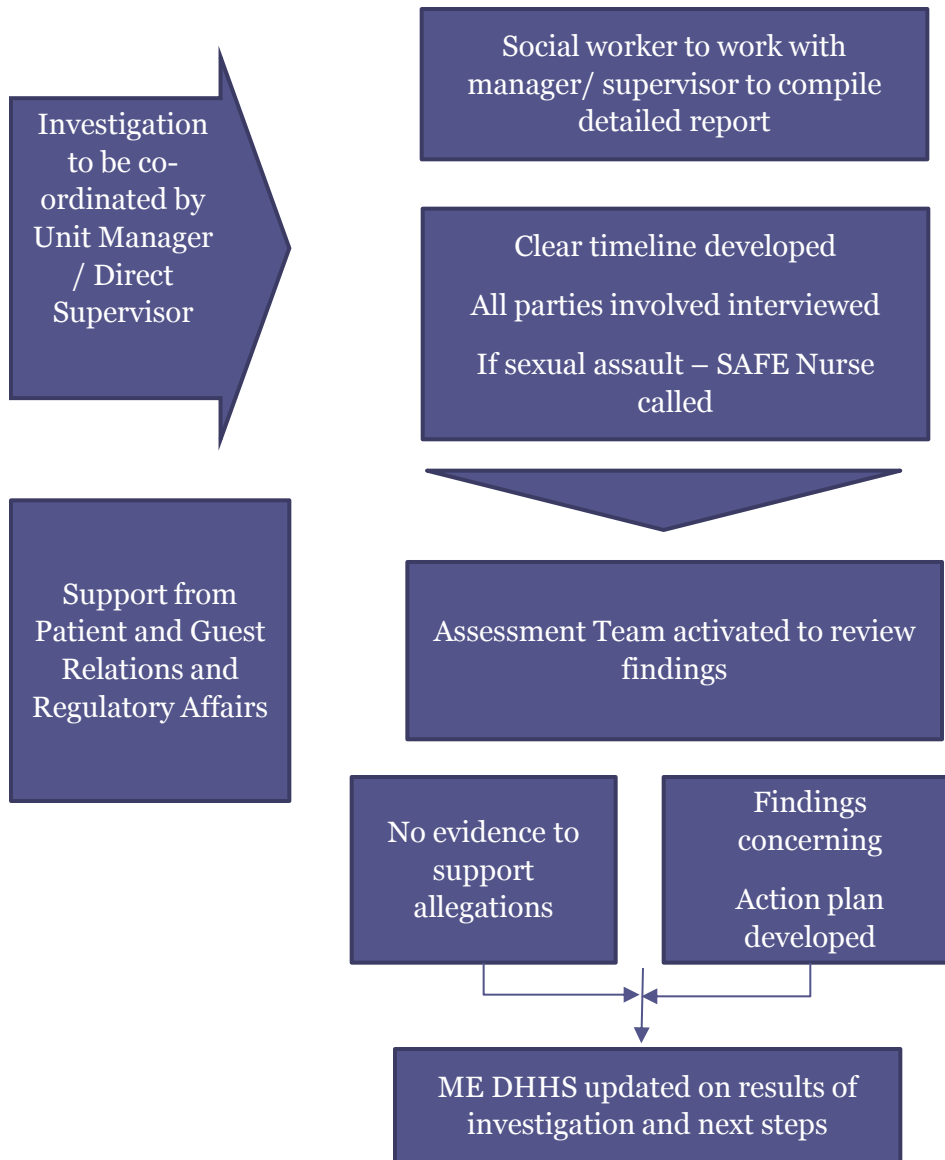
Incidents of abuse, neglect or exploitation at MMC / MMP locations

- Maine Medical Center makes every effort to ensure that every patient is free from all forms of abuse, neglect and harassment while on MMC/MMP premises.
- Any staff member who witnesses or receives a report of physical or sexual abuse, neglect or exploitation of a patient, visitor or staff member at any MMC / MMP location should immediately notify his or her direct supervisor and Patient and Guest Relations at 662-2983.
- The Supervisor must ensure that Patient and Guest Relations is notified so that the safety of the patient can be addressed and an appropriate investigation can be initiated
- The burden of mandatory reporting applies as stated earlier in the slide deck.

Pathway for internal investigation of abuse, neglect or exploitation



- If suspected or alleged notify
 - Direct supervisor / manager
 - Patient and Guest Relations
- Compile initial notes and document in RL solutions (and/or chart)
- Follow mandated reporter requirements if appropriate
- All cases occurring on MMC property will be reported to ME DHHS.
- Your supervisor/ manager and Patient and Guest Relations will help you



- An investigation will follow coordinated by your direct supervisor/ manager and with designated Social Worker
- If concern for sexual assault, contact the E.D. for appropriate resources
- An assessment team including senior leadership, direct supervisor/ manager, social worker, risk management, ethics and regulatory affairs will determine next steps
- ME DHHS will be notified of the internal investigation findings

Allegations of abuse

Any statement by a patient or patient's representative concerning alleged abuse at Maine Medical Center is considered to be a patient grievance. Accordingly, direct supervisor must ensure that Patient and Guest Relations is notified so that the patient grievance process can be initiated.

Resources

MMC-Based Resources

- Contact should be social work care managers for consultation with process 662-2102
- MMC Family Support Program – 662-2206
- Patient and Guest Relations – 662- 2983

Community Resources:

- Through These Doors (formerly known as Family Crisis Center) Cumberland County – 874-1973 or 1-800-537-6066 for Elder Abuse Advocate
- Elder Abuse Institute of Maine (statewide) – 805-3708 ext. 3
- Adult Protective Services – 1-800-624-8404
- Sexual Assault Response Services – 774-3613 or 1-800-313-9900
- Portland Police Department – 911

References:

Centers for Disease Control and Prevention.

<https://www.cdc.gov/violenceprevention>

Lachs, M., & Pillemer, K. (2015). Elder abuse. *New England Journal of Medicine*, 373, 1947–56. doi: 10.1056/NEJMra1404688

National Center on Elder Abuse. <https://ncea.acl.gov/>

National Initiative for the Care of the Elderly.

www.nicenet.ca/tools-easi-elder-abuse-suspicion-index

Maine State Law

<https://www.mainelegislature.org/legis/statutes/22/title22sec3477.html>

MMC Policy: [Reporting Suspected Elder Abuse, Neglect or Exploitation](#)