

Elder Protective Services

What is elder abuse?

The Elder Abuse Law, enacted in Massachusetts in 1983, defines elder abuse as any act or omission which results in serious physical or emotional injury to, or financial exploitation of an elder.

Who is covered by the elder abuse law?

Every individual age 60 or over living in the community who suffers **physical**, **emotional** or **sexual abuse**, **self-neglect**, **neglect by a caretaker**, or **financial exploitation** by an individual with an *ongoing personal relationship* is covered by law. Please refer to the **Quick Reference Guide** on the back of this page for further clarification.

How is elder abuse reported?

Minuteman Senior Services has been designated by the Executive Office of Elder Affairs to investigate all reports of elder abuse in our 16-town area. If you are concerned about an older adult (age 60 or older), and have reason to believe he/she is a victim of elder abuse, neglect, self-neglect or financial exploitation call the Massachusetts-based Elder Abuse Hotline at **1-800-922-2275**, or a report can be filed online at Mass.gov.

Mandated reporters who file a report by calling the Elder Abuse Hotline are required to follow-up with a written report (mandated reporter form) within 48 hours, by mail or fax (address below). Mandated Reporters who file a report online are not required to file a written report.

Most verbal reports take 30-45 minutes. Please be as prepared as you can to provide information regarding:

- The nature of the abuse/neglect What is alleged, what has happened, where is it happening, when did it last happen, how long has it been happening, who is involved, who has observed, who has access, what was the outcome, what were the consequences, do we have any information regarding the likeliness of recurrence? Please be as specific as you can regarding the "who/what/when/where/why/how" information as it pertains to the situation.
- The elder's current condition What is the elder's level of functioning? Is the elder alert and oriented, or confused? Is there duress/intimidation from anyone involved? What is the elder's understanding of the situation, safety planning, and willingness to accept help?

Physicians, nurses, social workers, physical/occupational/speech therapists and Police Dept./Fire Dept. workers are Mandated Reporters under the elder abuse statute.

Although Protective Services understands that all information will not be known, questions will be asked regarding the information. The more firsthand information that can be provided, the better. Please report from the scene as appropriate, or as soon thereafter as possible.

Any reporting of alleged abuse in good faith shall not be liable in any civil or criminal action, provided the reporter did not inflict the abuse. The identity of the reporter is confidential; however, a reporter can choose to disclose that they are reporting. Something like "I'd like you to talk to a social worker, I'm worried you're not safe" or "I'm mandated to notify protective services" can be helpful. The identity of the reporter is strictly confidential unless a reporter opts to disclose his/her identity as the reporter.

Interpreter Services Available

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ELDER ABUSE QUICK REFERENCE GUIDE

www.minutemansenior.org

ABUSE	DEFINITION	INDICATORS
PHYSICAL	The infliction or threat of serious physical injury to an elder by an individual with an ongoing personal relationship with the elder. This would include spouses, children, grandchildren, siblings, niece/nephew, friends, neighbors.	 Unexplained injuries, or injuries whose explanation is inconsistent with the nature of the injuries (including fractures, punctures, burns, etc.) Presence of old and new bruising, shape of bruising similar to an object (i.e. hand prints or finger prints) Extreme injury (stab or gunshot wounds)
SEXUAL	Any form of sexual contact or activity without the elder's consent by an individual with an ongoing personal relationship with the elder or where the elder is incapable of providing adequate consent.	 Torn, stained or bloody underclothing Difficulty walking or sitting Pain, itching, bruising, bleeding in genital area Unexplained venereal disease or genital infections
EMOTIONAL	The infliction of mental or emotional anguish by threat, humiliation or other verbal or non-verbal conduct by an individual with an ongoing personal relationship with the elder.	 Hypervigilance of abuser's actions, movement, etc. Change in eating or sleeping habits Depression, withdrawal, agitation Crying, shaking, trembling Exaggerated fear response
NEGLECT	The failure or refusal by a caretaker to provide one or more of the necessities essential for physical well-being. Caretaker is defined as any adult residing with the elder or an individual providing substantial assistance on which the elder relies. Formal services through an agency are excluded.	 Dehydration, malnutrition Inadequate or inappropriate clothing Decubitus (bed sores) Unexplained deterioration of health Absence of eyeglasses, hearing aides, etc. Inadequate supervision, medical care
SELF-NEGLECT	The failure, inability or resistance of an elder to provide for him/herself, one or more of the necessities essential for physical and emotional well-being without which the elder would be in serious harm and unable to safely remain in the community.	Same as for Neglect
FINANCIAL	A non-accidental act or omission by an individual with an ongoing personal relationship with the elder, without the consent of the elder, which results in substantial monetary or property loss to the elder or substantial gain to the other person.	 Confused about bank book, bills, missing funds Does not recall signing documents AP is unemployed, dependent against elder's wishes Eviction pending due to non-payment