

"Building Partnerships"
Working Together to Protect
Persons with Disabilities



The Building Partnerships Initiative

Building Partnerships for the Protection of Persons with Disabilities (BPI) is a statewide Massachusetts initiative that, using a multidisciplinary approach, links law enforcement, adult protection, human services and others to address violence committed against persons with disabilities. The partnership was formed in 1999 to effectively address abuse, neglect and crimes committed against persons with disabilities. In addition, the partnership was created to respond to the fact that crimes committed against persons with disabilities in the Commonwealth were not being recognized or reported to the appropriate authorities. Having started as a federally funded Byrne grant program, BPI is currently funded through an award to the Hampden District Attorney's Office from the Department of Developmental Services (DDS).

The Memorandum of Understanding

The partnership initiative brings together, through formal Memorandums of Understanding (MOU), the District Attorney, DPPC, human service organizations and law enforcement agencies in each county. The goals of the initiative are to provide protection, treatment and continuity of care for persons with disabilities who are victims of a crime; to increase awareness of crimes being committed against persons with disabilities; to increase communication and cooperation between law enforcement and agencies providing services to persons with disabilities; and to ensure that crimes committed against persons with disabilities are promptly reported, investigated by trained law enforcement personnel and prosecuted by the District Attorneys.

Goals of the Initiative

- Provide protection, treatment and continuity of care for persons with disabilities who are victims of a crime
- Increase awareness of crimes being committed against persons with disabilities
- Increase communication and cooperation between law enforcement and agencies providing services to people with disabilities
- Ensure that crimes committed against persons with disabilities are promptly reported, investigated by trained law enforcement personnel and prosecuted by the district attorneys

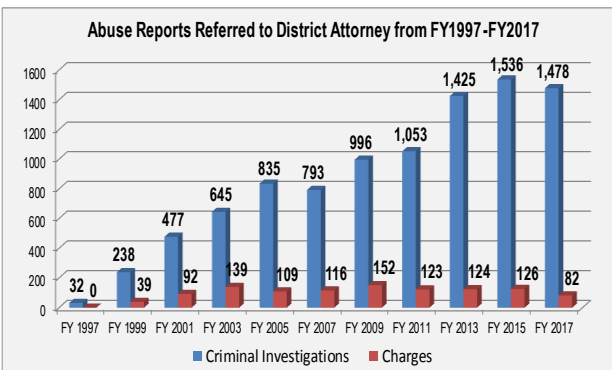
The Steering Committee

A "Building Partnerships" steering committee, chaired by Northwestern District Attorney Scheibel, was formed to facilitate the grant's legislative and training activities. Through the efforts of the steering committee, local and state police, civil investigators, victim witness advocates, assistant district attorneys and human service providers have received training in recognizing, reporting, investigating and prosecuting crimes committed against persons with disabilities. Legislation has been filed calling for enhanced penalties for those who commit crimes against persons with disabilities.

In addition, the steering committee, with the Massachusetts Continuing Legal Education (MCLE), developed "A Practical Guide to the Reporting, Investigation and Prosecution of Crimes Committed Against Persons with Disabilities." The guide was distributed to all the courthouses in Massachusetts.

Criminal Investigations

With the inception of the MOU, in fiscal year 2017, 1,478 cases were investigated criminally resulting in at least 82 criminal complaints. The following graph depicts the increase in abuse reports referred to the district attorneys for criminal investigation and possible prosecution for fiscal years 1997 through 2017.



The "Building Partnerships" initiative continues to enhance the safety and well being of persons with disabilities and provides the groundwork for effective prevention strategies. The initiative has changed the way we, in Massachusetts, address crimes committed against persons with disabilities and it affords victims with disabilities the same protections and rights as the public at large.

If you would like additional information on the Building Partnerships Initiative, please call (617) 727-6465 x234.



300 Granite Street, Suite 404
Braintree, MA 02184
Phone: (617) 727-6465
FAX: (617) 727-6469
Web: <http://www.mass.gov/dppc>
HOTLINE: (800) 426-9009
(888) 822-0350 TTY

Charles D. Baker Governor
Karyn E. Polito Lt. Governor
James T. Brett Chairperson
Yndia Lorick-Wilmot, Ph.D. Commissioner
Maurice Medoff Commissioner
Nancy A. Alterio Executive Director



Special Point of Interest

This booklet was made possible through a grant provided by the Executive Office of Public Safety (EOPS).

Inside this brochure:

What is the DPPC?	1
Vulnerability of the Disabled	1
Mandated Reporters	2
How To File A Report	2
The State Police Detective Unit	2
Statutory Definitions	2
Types of Abuse	3
Indicators of Abuse	3
Abuse Prevention	3
Building Partnerships Initiative	4

The Commonwealth of Massachusetts Disabled Persons Protection Commission

Abuse and Neglect of Persons with Disabilities

What is the Disabled Persons Protection Commission?

The Disabled Persons Protection Commission (DPPC) is an independent state agency created by legislation in 1987. Massachusetts General Law chapter 19C (M.G.L. c. 19C) established the DPPC to *protect adults with mental and physical disabilities, between the ages of 18 and 59, from abuse or neglect by their caregiver(s)* whether in a private, family or state care setting. The DPPC enabling statute fills the gap between the child abuse (through the age of 17) and elder abuse (age 60 and over) statutes.

Mission Statement

The mission of the DPPC is: *"To protect adults with disabilities from the abusive acts or omissions of their caregivers through investigation oversight, public awareness and prevention."*

Vulnerability

According to the United States Department of Justice, there are 54 million Americans living with disabilities. Persons with disabilities are some of our most vulnerable citizens. The vulnerability of a person with a disability is heightened especially when they are dependent upon a caretaker. Assistance with daily living activities such as bathing, dressing and personal hygiene fosters dependence and requires close personal contact between the caretaker and a person with a disability. Persons with disabilities may have an impairment of those abilities critical for self-defense and avoidance of violence, including communication or physical challenges. These situations are unique and place persons with disabilities at greater

Role of the D.P.P.C.

In cases of suspected physical, emotional and sexual abuse or neglect of a person with mental or physical disabilities, the DPPC:

- Receives and screens reports of suspected abuse, neglect and deaths through a 24-Hour Hotline
- Conducts investigations
- Oversees investigations conducted on DPPC's behalf by other state agencies: Department of Developmental Services (DDS), Department of Mental Health (DMH) and the Massachusetts Rehabilitation Commission (MRC)
- Ensures that the appropriate protective services are provided when abuse has been substantiated or risk is determined
- Provides training and education for service providers, law enforcement personnel and the public
- Provides assistance to the public in clarifying the presence of abuse and neglect



risk of sexual assault and abuse.

What Is A Mandated Reporter?

Mandated Reporters are persons who, as a result of their profession, are more likely to be aware of abuse of persons with disabilities. Mandated Reporters are required, by law, to report cases of suspected abuse to the DPPC when they have a suspicion that a person with a disability is suffering from a reportable condition of abuse or neglect.

In Massachusetts, mandated reporting is an individual responsibility. Generally speaking, it is up to the individual reporter to be certain that a report of suspected abuse or neglect is filed. **Mandated Reporters should not rely on others to file reports for them.**

Who are Mandated Reporters?

- * Medical personnel
- * Social workers
- * Police officers
- * Daycare workers
- * Probation officers
- * Public/private school teachers
- * Employees of private agencies providing services to people with disabilities
- * Employees of state agencies in the Executive Office of Health & Human Services
- * Medical examiners
- * Foster parents
- * Dentists
- * Guidance/Family counselors
- * Psychologists
- * Educational administrators

How To File A DPPC Report

"If you suspect abuse or neglect, trust your feelings and address the situation."



Call the DPPC 24-Hour Hotline at:

1-800-426-9009
1-888-822-0350 (TTY)

What Is Reportable?

The standard for reporting suspected abuse or neglect in Massachusetts is any situation where there is a reasonable suspicion to believe that abuse or neglect exists. Neglect may include patient on patient abuse.

Mandated Reporter Protection

Mandated Reporters are immune from civil or criminal liability as a result of making a report. Non-mandated Reporters are also protected providing the report was made in "good faith." In addition, the DPPC will conduct investigations into allegations that people have been retaliated against for providing information to the DPPC.

Failure to Report

Failure to report incidences of suspected abuse and neglect can result in severe consequences for the alleged victim, other potential victims, and the Mandated Reporter.

In Massachusetts, if a Mandated Reporter fails to file a report, they are subject to a fine of up to \$1,000.

The State Police Detective Unit



During fiscal year 1998, a State Police Detective Unit (SPDU) was established within the Commission. The SPDU is comprised of a lieutenant, sergeant and three troopers.

The SPDU is physically located within the offices of the DPPC. The troopers of the SPDU review 100% of all complaints received by the Commission to determine which of these complaints constitute criminal activity against a person with a disability.

Contacting The Police

Abuse or neglect committed against a person with a disability might also be a crime. Call your local police immediately if you think a crime, such as an assault, harassment, threat or larceny, has been committed.

In an emergency, contact your local police department or **dial 911**.

Statutory Definitions

Abuse: a serious physical or emotional injury to a disabled person, which results from an act or omission, including unconsented to sexual activity.

Act or Omission: An Act is defined as "...a caretaker's intentional, reckless or negligent action." An Omission is defined as "...a caretaker's failure to take action to protect or provide for the daily living needs of a disabled person."

Caretaker: is defined as "A disabled person's parent, guardian, or other person or agency responsible for the disabled person's health or welfare by providing assistance in meeting a daily living need, whether in the same home as the disabled person, a relative's home, a foster home, or any other day or residential setting."

Disabled Person: a person between the ages of 18 and 59, who is mentally retarded, or otherwise mentally or physically disabled and, as a result of his/her disability, is wholly or partially dependent upon others to meet daily living needs.

Mandated Reporters: persons who, as a result of their profession, are more likely to be aware of abuse of persons with disabilities, and so are required to report cases of suspected abuse to the DPPC when they have reasonable cause to believe that a disabled person is suffering from a reportable condition of abuse (see list of Mandated Reporters). Note: Mandated reporters are immune from any civil or criminal liability as a result of making a report, and are subject to a fine of up to \$1,000 for failure to file a report.

M.G.L. c. 19C: a Massachusetts state law that provides for the investigation and remediation of abuse of adults with disabilities.

Types of Abuse

Physical

- Puncture wounds
- Bruises on several different surface areas
- Bruises in various stages of healing
- Multiple bruises, or bruises forming patterns or clusters
- Human bite marks
- Fracture to ribs, skull, arms and leg bones
- Unexplained internal injuries
- Bilateral bruises (e.g. top of shoulders, both sides of face, insides of thighs)
- Burns shaped like an object (e.g. iron, cigarette) especially on soles of the feet, palms, back or buttocks

Neglect

- Patient on Patient abuse
- Dehydration
- Malnutrition, constant hunger
- Inadequate living conditions
- Lack of supervision
- Outdated/unmarked medications are present
- Decubiti (bedsores), skin rashes, lice
- Evidence of poor hygiene
- Lack of clothing, improperly clothed
- Unattended physical, medical, mental conditions
- Lack of needed adaptive aides: eyeglasses, hearing aide, walker, TTY, etc.

Emotional & Verbal

- Screaming, shouting, yelling, cursing
- Threatening violence
- Name-calling, belittling, making discriminatory remarks
- Mimicking, cruel teasing
- Telling lies
- General harassment
- Sexual harassment
- Humiliation
- Threatening withdrawal of food, shelter, care, clothes, possessions or necessary equipment
- Using demeaning labels
- Degrading
- Ridiculing culture/heritage
- Intimidating gestures

Sexual

- Torn clothing
- Stained clothing
- Stained bed/bedding
- Difficulty walking
- Difficulty sitting
- Vaginal bleeding
- Rectal bleeding
- Itching or swelling in the genital area
- Pain in the genital area
- Bruising in the genital area
- Bruising of the inner thighs
- Incontinence
- Pregnancy
- Vaginal infections
- Sexually transmitted diseases
- HIV, AIDS

Behavioral Indicators of Abuse and Neglect

Victim may:

- Exhibit distrust of others
- Exhibit emotional outbursts
- Obsess, worry or appear anxious about her/his own performance
- Have low self-esteem or confidence
- Have a sudden loss of appetite
- Criticize caretaker constantly
- Curse, hit, scratch caregiver
- Request separation from caregiver
- Exhibit fear of the caregiver
- Exhibit fear of the dark, being alone, people, places or going home
- Cry easily, frequently
- Express feelings of hopelessness
- Want to die
- Exhibit stress-related illness
- Exhibit self-injurious behaviors
- Have nightmares or difficulty sleeping
- Be isolated from others
- Be emotionally withdrawn, detached
- Have startled response to movement
- Be incontinent, malodorous, unpleasant
- Be resistant to taking medication, being bathed, eating or allowing caregiver to provide care
- Abuse alcohol or other substances
- Have rapid physical deterioration
- Refuse offers of assistance
- Be fearful of intimacy and touch
- Be sexually promiscuous
- Exhibit aggressive, disruptive or delinquent behavior
- Express self-hate, self-blame, guilt or shame
- Be fearful of abandonment, rejection or retaliation
- Experience stunted growth and developmental delays
- Have attention and learning disorders
- Engage in destructive activities
- Learn passive/aggressive behaviors
- Adopt same behaviors as the abuser

Abuse Prevention Strategies

- Have knowledge of the nature and symptoms of abuse and neglect
- Train an Abuse Team how to handle suspected cases of abuse and neglect
- Promote awareness of DPPC and post phone numbers and poster
- Have the Team educate employees about the DPPC and the reporting requirements
- Establish procedures for protective service intervention, including referrals to law enforcement authorities
- Establish trusting relationships with self-advocates in your care
- Develop programs that empower people with disabilities to resist abuse, such as providing information about:

- * Stranger danger
- * Communication skills
- * Individual rights
- * Relationships
- * Sex education
- * Self-defense
- * Getting help from trusted individuals
- * Safety planning
- * Assertiveness training
- * Improving self-esteem

