



## ACKNOWLEDGEMENT OF MANDATED REPORTER STATUS

Massachusetts law REQUIRES certain persons to report known or suspected abuse of people with disabilities. As an employee at a disabilities service agency, YOU are one of those persons - a "mandated reporter."

### WHEN ABUSE MUST BE REPORTED

I am required to report or cause a report to be made to the Disabled Person's Protection Commission (DPPC) Hotline (1-800-426-9009 or 1-888-822-0350 TTY) whenever I have reasonable cause to believe that a person with a disability known to me in my professional or official capacity may be abused or neglected. I understand that I can make a report anonymously, that there is no charge when calling the Hotline number, and that the Hotline operates 24-hours per day, 7 days per week, 365 days per year. I understand that I am required to make a written report to DPPC within 48 hours following the verbal report.

### ABUSE THAT MUST BE REPORTED

**Physical abuse**, meaning the use of physical force against someone in a way that injures or causes pain to that person.

**Sexual abuse**, which occurs when someone is forced to engage in unwanted, unsafe, or degrading sexual activity or exploitation without their express permission or knowledge.

**Financial abuse**, the illegal or improper use of another person's funds, property or assets without their express permission or knowledge, by a person in a position of trust.

**Neglect**, which occurs when someone responsible for the care and well-being of a person with a disability fails to provide for the basic daily living needs of that person resulting in, or placing them at risk of, serious physical or emotional injury.

**Emotional abuse**, which may be verbal or non-verbal, and occurs when someone is attempting to control another person through threatening, humiliating, or intimidating actions.

**Mistreatment**, meaning the use of medications or treatments, isolation or physical or chemical restraints which harms or creates a substantial likelihood of harm.

### HOW TO HANDLE AN ABUSE DISCLOSURE

I understand that disclosures of abuse are a very serious issue. I understand that it is never my responsibility to decide if an individual reporting abuse (from herein, referred to as the discloser) is an accurate reporter or the incident occurred. I understand that Triangle supports a trauma informed response, meaning that in responding to an abuse disclosure, I am expected to treat the discloser with compassion, and offer as much choice as possible around next steps. I am expected to inform the discloser of all required responses, including but not limited to the report to DPPC, and include them in such responses in whatever capacity they desire. I also understand that I should get only the minimal facts required to make a report, that questioning an individual can be re-traumatizing and that investigating abuse is the role of the DPPC-identified investigator and not myself. I understand that Triangle, Inc. has an Abuse Disclosure Checklist, available from Human Resources, and agree to follow it when responding to abuse.

I understand that maintaining confidentiality of the alleged victim is required according to Triangle, Inc. policy. I am only to share this information with other staff if the discloser gives me their express permission. Reports of abuse are not to be included in Triangle Participant Database, unless specifically requested by participant. Abuse reports are to be entered into the HCSIS

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database and I understand that I must make this entry or cause this entry to be made. If the alleged perpetrator is an employee of Triangle, Inc., I am required to tell the Director of Human Resources at Triangle, Inc.

I understand that the failure to report crimes and incidences of suspected abuse and neglect committed against persons with disabilities can result in severe consequences for the alleged victim, other potential victims, and the Mandated Reporter. Victims of abuse and neglect are at increased risk of further abuse, if it goes unreported. The frequency and severity of abuse and neglect are likely to increase over time if no intervention is made.

I further understand that as a Mandated Reporter, I can be fined up to \$1,000 for failure to report incidences of suspected abuse and neglect of individuals with disabilities. In addition, according to Triangle, Inc. policy, if I fail to report, I may be subject to disciplinary action, up to and including immediate termination.

I also understand that I am protected from retaliation from employees, consultants and volunteers of Triangle Inc. for reporting abuse through Triangle's Whistleblower Policy, which is available from Human Resources.

I, \_\_\_\_\_, affirm that I have read this statement and  
(Employee Name)

acknowledge that I understand that when I am employed at Triangle, Inc., I am required to report known or suspected abuse of people with disabilities in compliance with Massachusetts General Law, DPPC Enabling Statute [cMGL C19c Section 1].

\_\_\_\_\_  
Signature of Applicant/Employee

\_\_\_\_\_  
Date