A faint, light blue background image of a pair of scales of justice, positioned on the right side of the slide. The scales are slightly tilted, with the right pan being lower than the left pan. The background is a solid dark blue color.

Investigating Abuse, Neglect and Crimes against Persons with Disabilities who are Incarcerated

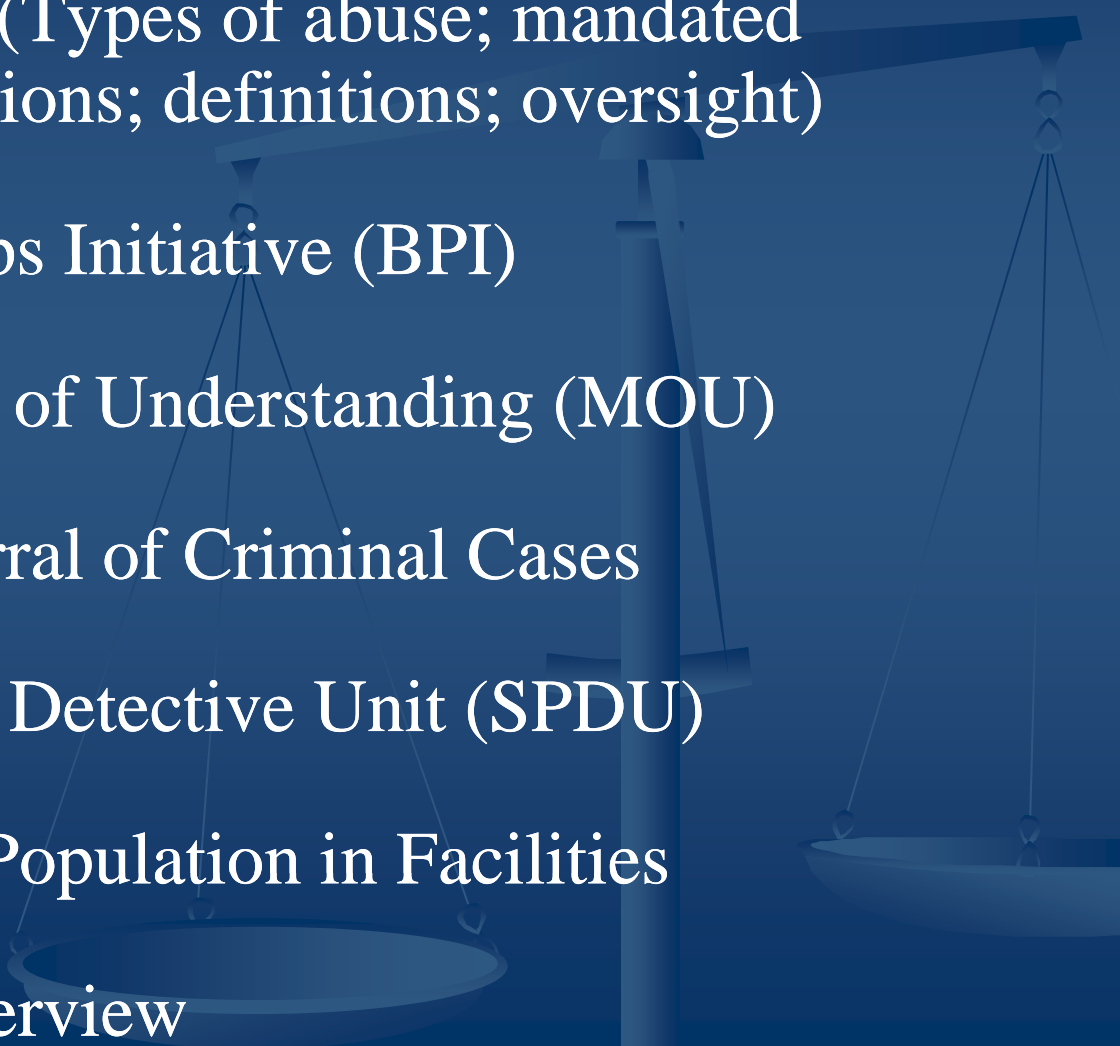
December 13th, 2011

Civil Investigator David Viens
Commonwealth of Massachusetts
Disabled Persons Protection Commission
(DPPC)

&

Trooper Lisa Washington-Brown
Massachusetts State Police

AGENDA

- Prevalence of Violence
 - Overview of DPPC (Types of abuse; mandated reporting; investigations; definitions; oversight)
 - Building Partnerships Initiative (BPI)
 - DOC Memorandum of Understanding (MOU)
 - Screening and Referral of Criminal Cases
 - Role of State Police Detective Unit (SPDU)
 - The Mental Health Population in Facilities
 - Role Play/Mock Interview
- 

Prevalence of Violence Against Persons with Disabilities



Prevalence of Violence Against Persons with Disabilities

- 54 million Americans with disabilities
(U.S. Department of Justice, 1998)
- 5 million crimes committed against persons with developmental disabilities each year in the U.S. compared with (Petersilia, Ph.D., UCD):
 - 1.4 million Child Abuse
 - 1 million Spousal Abuse
 - 1 million Elder Abuse
 - 800,000 Hate Crimes

Prevalence of Violence

- More than 90 percent of persons with developmental disabilities will experience sexual abuse at some point in their lives. 49 percent will experience 10 or more abuse incidents (Valenti-Hein & Schwartz, 1995)
- A study of psychiatric inpatients found that 81 percent had been physically or sexually assaulted (Jacobson & Richardson, American Journal of Psychiatry, 1987)

Prevalence of Violence

- 62% of women with physical disabilities reported experiencing emotional, physical or sexual abuse (Nosek & Howland, 1998)
- Only 3% of sexual abuse cases involving people with developmental disabilities will ever be reported (Valenti-Hein & Schwartz, 1995)

How Is Violence Possible?

- Social Isolation
- Dependency on Care
- Communication abilities
- Physical capabilities
- May not be believed
- Fear of retaliation



Where Does Violence Occur?

- Private Homes
- Community Residences
- Long-Term Care Facilities
- State Facilities
- Work and Day Programs
- Transportation Vehicles
- ANYWHERE





Massachusetts Adult Protective Service System

DISABLED PERSONS PROTECTION COMMISSION

- Department of Developmental Services
- Department of Mental Health
- Massachusetts Rehabilitation Commission

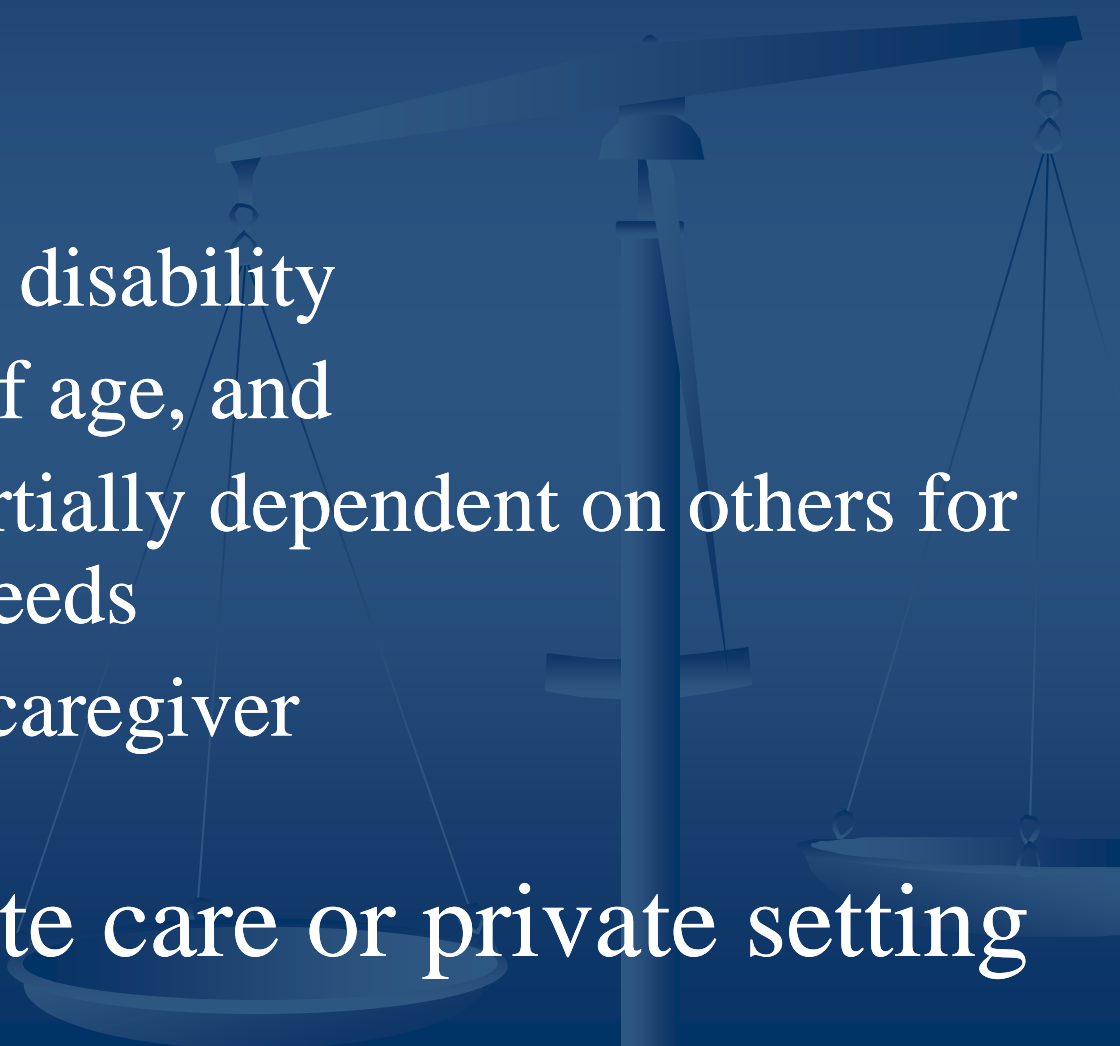
DPPC History

- Created in 1987 as an independent state agency responsible for the investigation and remediation of instances of abuse against persons with disabilities within our Commonwealth (M.G.L.c.19C)



DPPC Statute

M.G.L. c. 19C

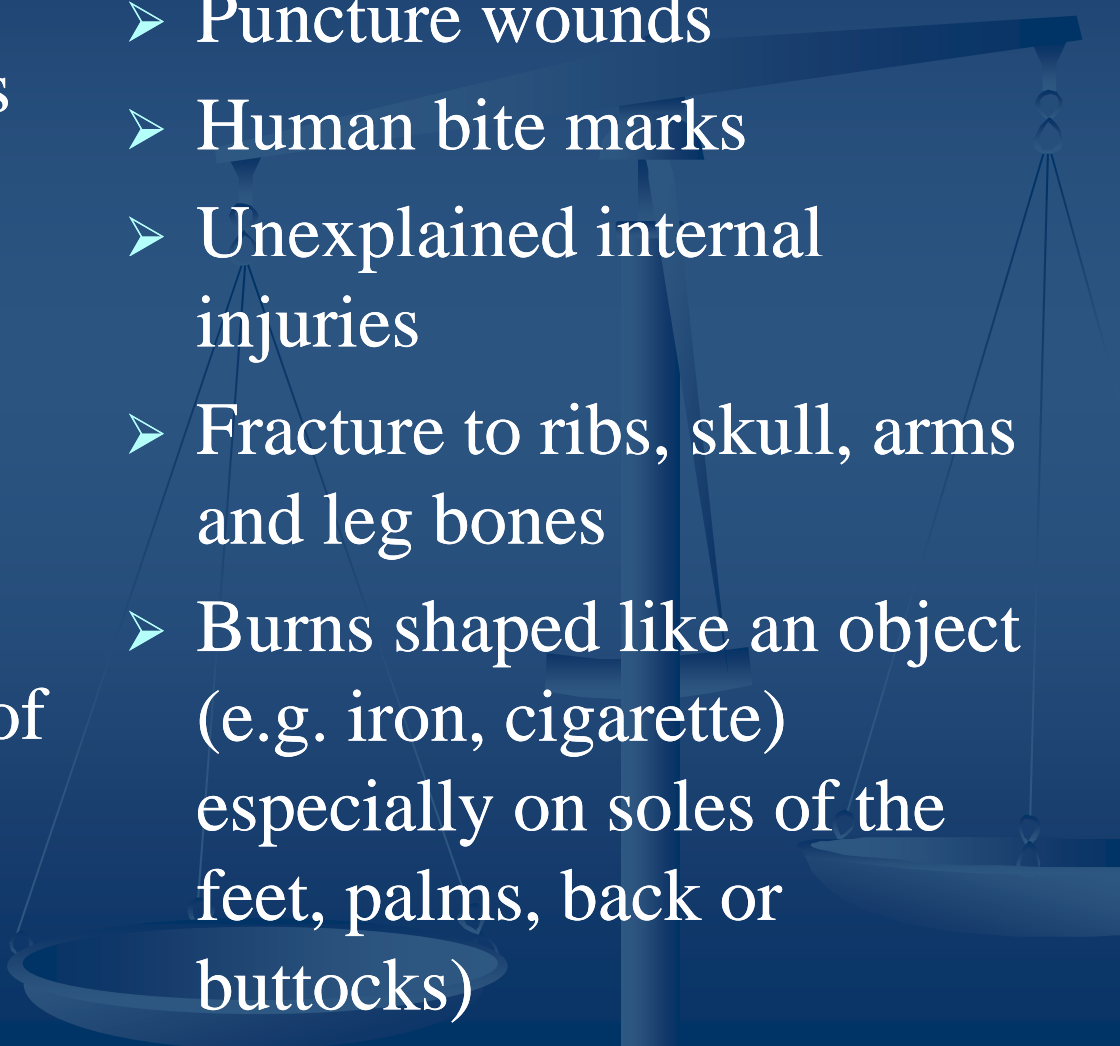
- 
- Jurisdiction:
 - Person with a disability
 - 18-59 years of age, and
 - Wholly or partially dependent on others for daily living needs
 - Abused by a caregiver
 - Residing in state care or private setting

Types of Abuse

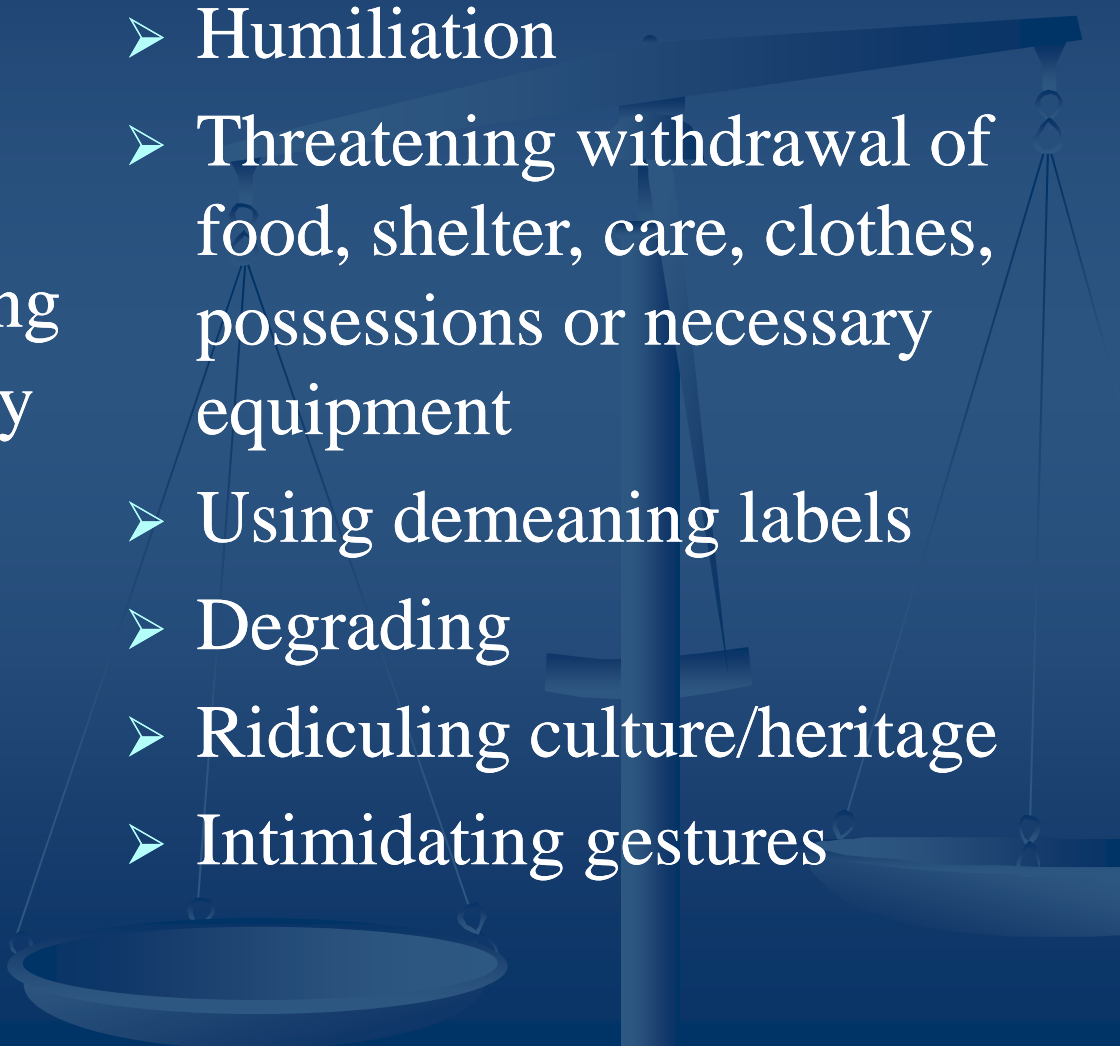


- Physical
- Emotional
- Sexual
- Omission (Neglect)
- Deaths
- *(Note: Financial Exploitation is not covered under c.19C, but should still be reported for appropriate referral.)*


Examples of Physical Abuse

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

Examples of Emotional Abuse

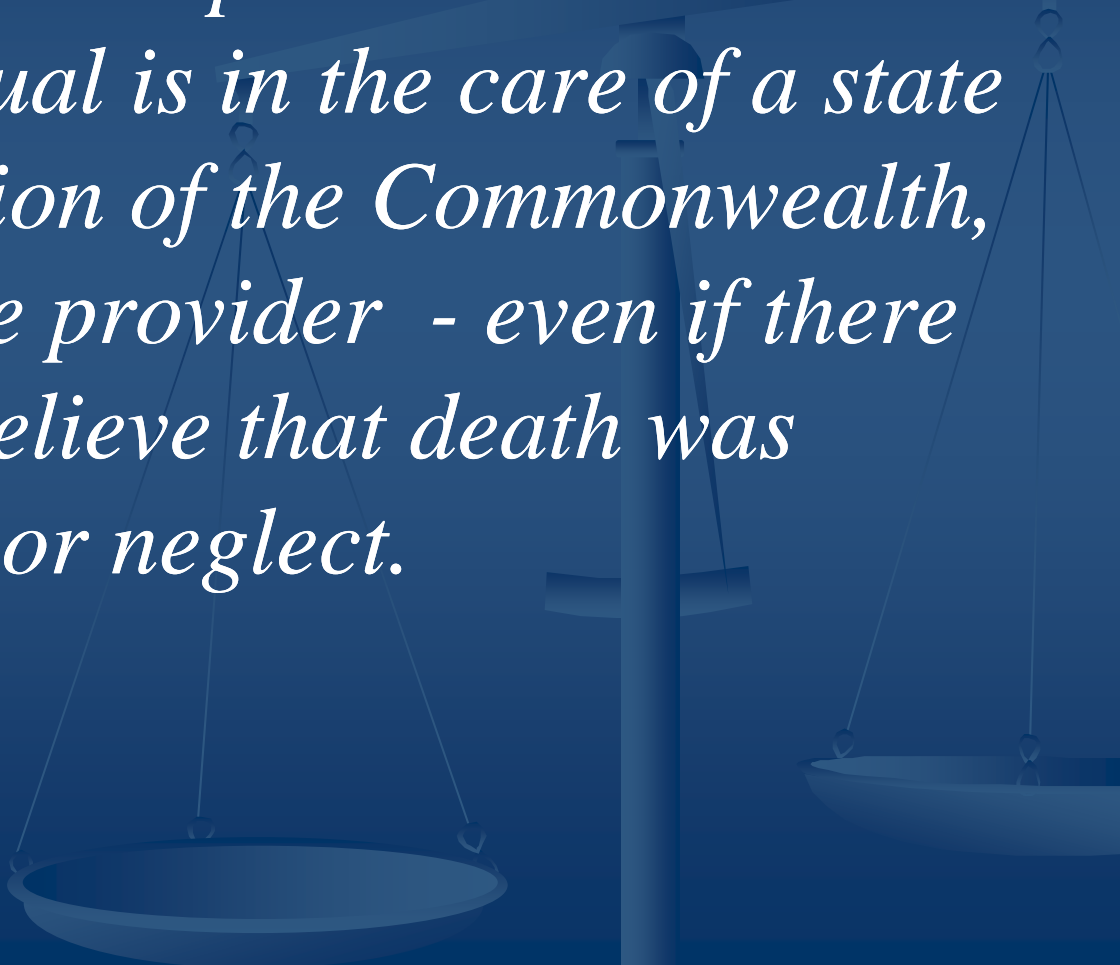
- Screaming, shouting, yelling, cursing
 - Threatening violence
 - Name-calling, belittling
 - Making discriminatory remarks
 - Mimicking, cruel teasing
 - Telling lies
 - General harassment
 - Sexual harassment
 - Humiliation
 - Threatening withdrawal of food, shelter, care, clothes, possessions or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

Some Indicators of Sexual Abuse

- Torn or stained clothing
 - Difficulty walking or sitting
 - Vaginal or rectal bleeding
 - Itching, pain or swelling in genital area
 - Bruising in genital area or inner thighs
 - Incontinence
 - Pregnancy
 - Vaginal infections
 - Sexually transmitted diseases
 - HIV, AIDS
- 

Deaths

ALL deaths must be reported to the DPPC when the individual is in the care of a state agency, subdivision of the Commonwealth, or private service provider - even if there is no reason to believe that death was caused by abuse or neglect.





"Building Partnerships"

Working Together to Protect

Persons with Disabilities

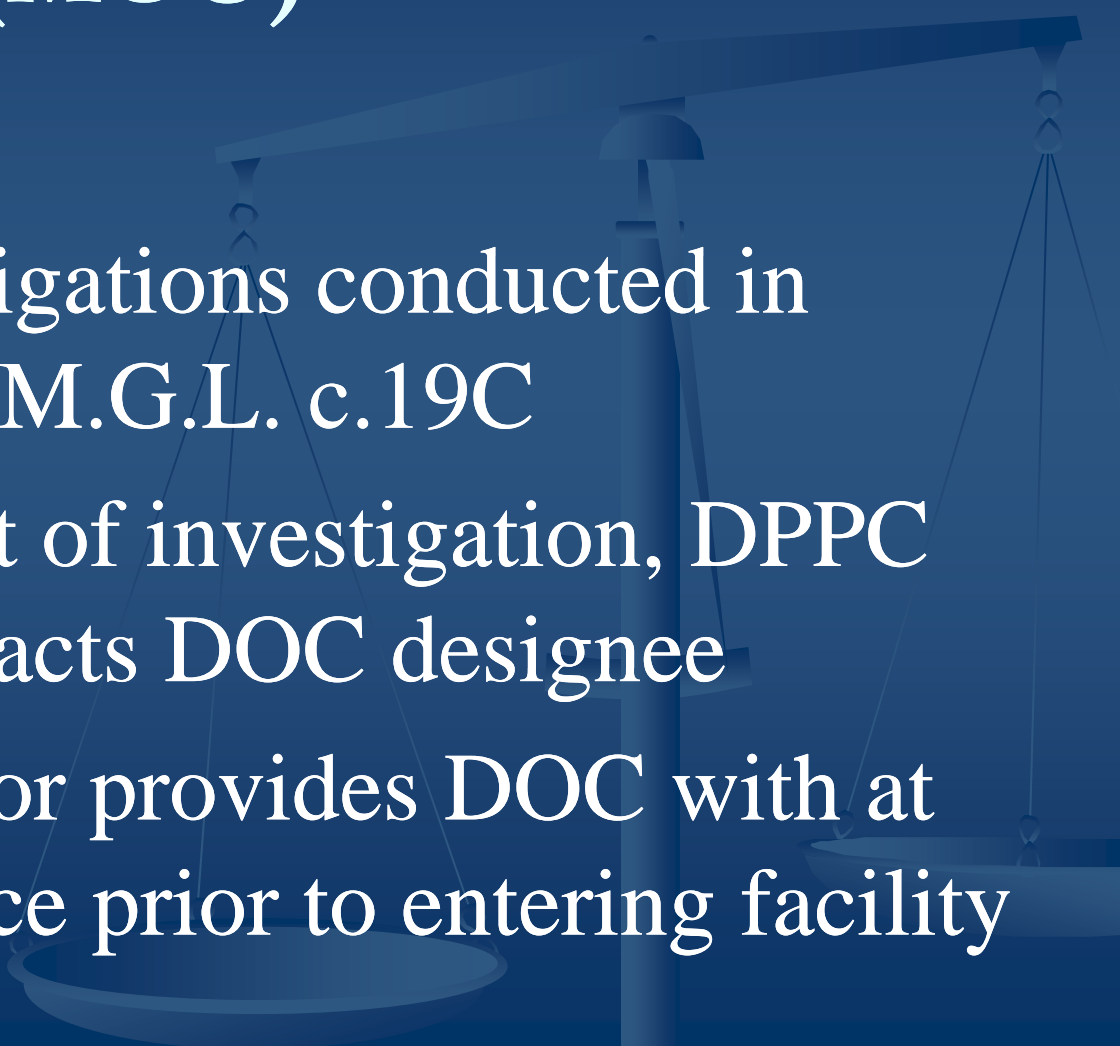


Steering Committee

- **Purpose of Steering Committee**
 - Directs activities of Building Partnerships for the Protection of Persons with Disabilities Initiative (BPI)

DPPC/DOC

Memorandum of Understanding (MOU)

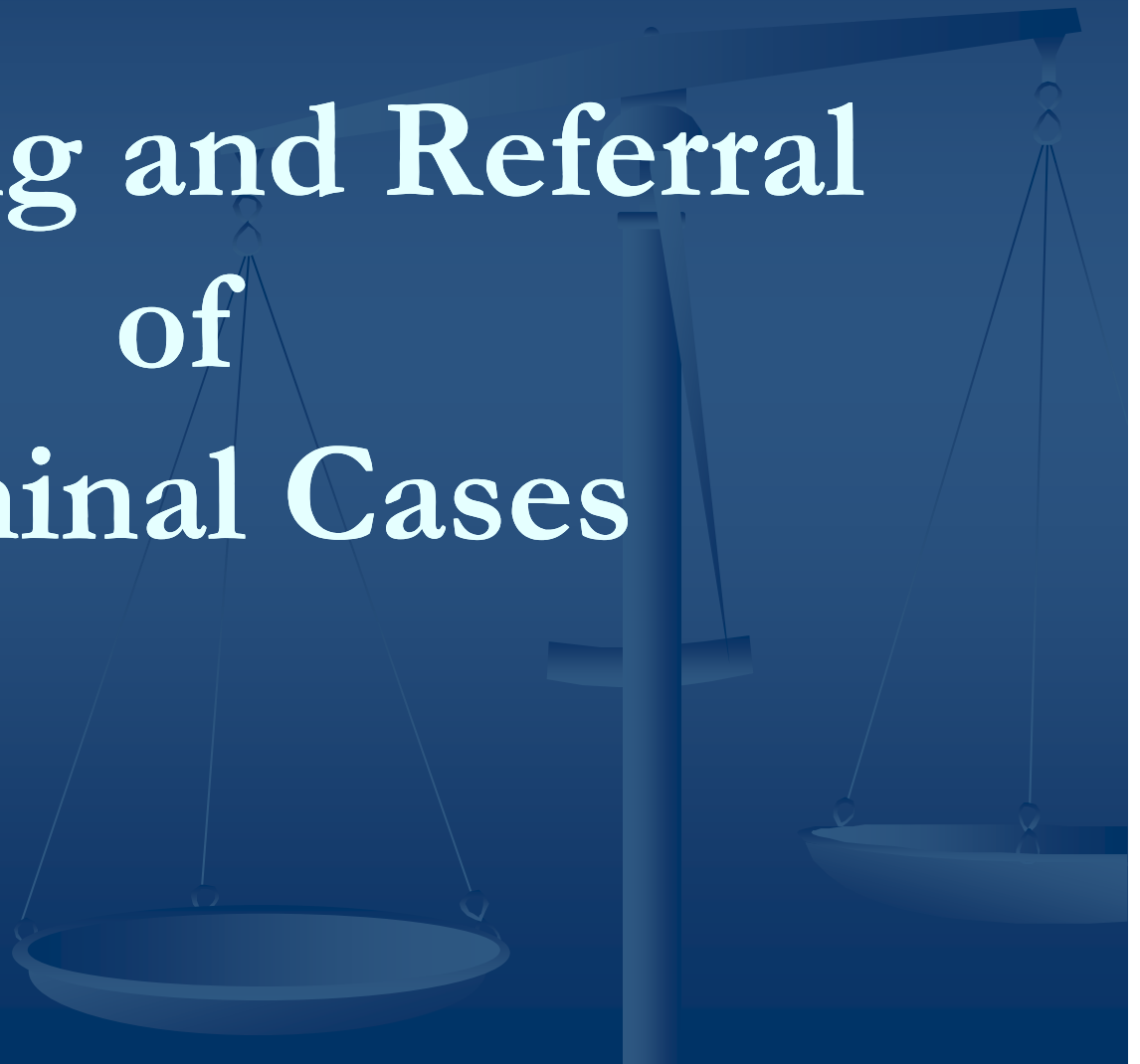


- All DPPC investigations conducted in accordance with M.G.L. c.19C
- Upon assignment of investigation, DPPC investigator contacts DOC designee
- DPPC investigator provides DOC with at least 24 hrs. notice prior to entering facility

DPPC/DOC MOU

- DOC provides DPPC investigator with access to all relevant records/information
- DOC staff cooperate with DPPC investigator during course of investigation
- SPDU reviews all complaints and refers cases to DA's Office if criminal
- DPPC investigator notifies DOC of any criminally referred cases

Screening and Referral of Criminal Cases



State Police Detective Unit

➤ Comprised of:

- Detective Lieutenant
- Four State Troopers

➤ Functions:

- Screen all Hotline Reports for evidence of criminal activity
- Refer cases to DAs and local police
- Conduct investigations
- Train law enforcement personnel

DPPC/SPDU Criminal Screening

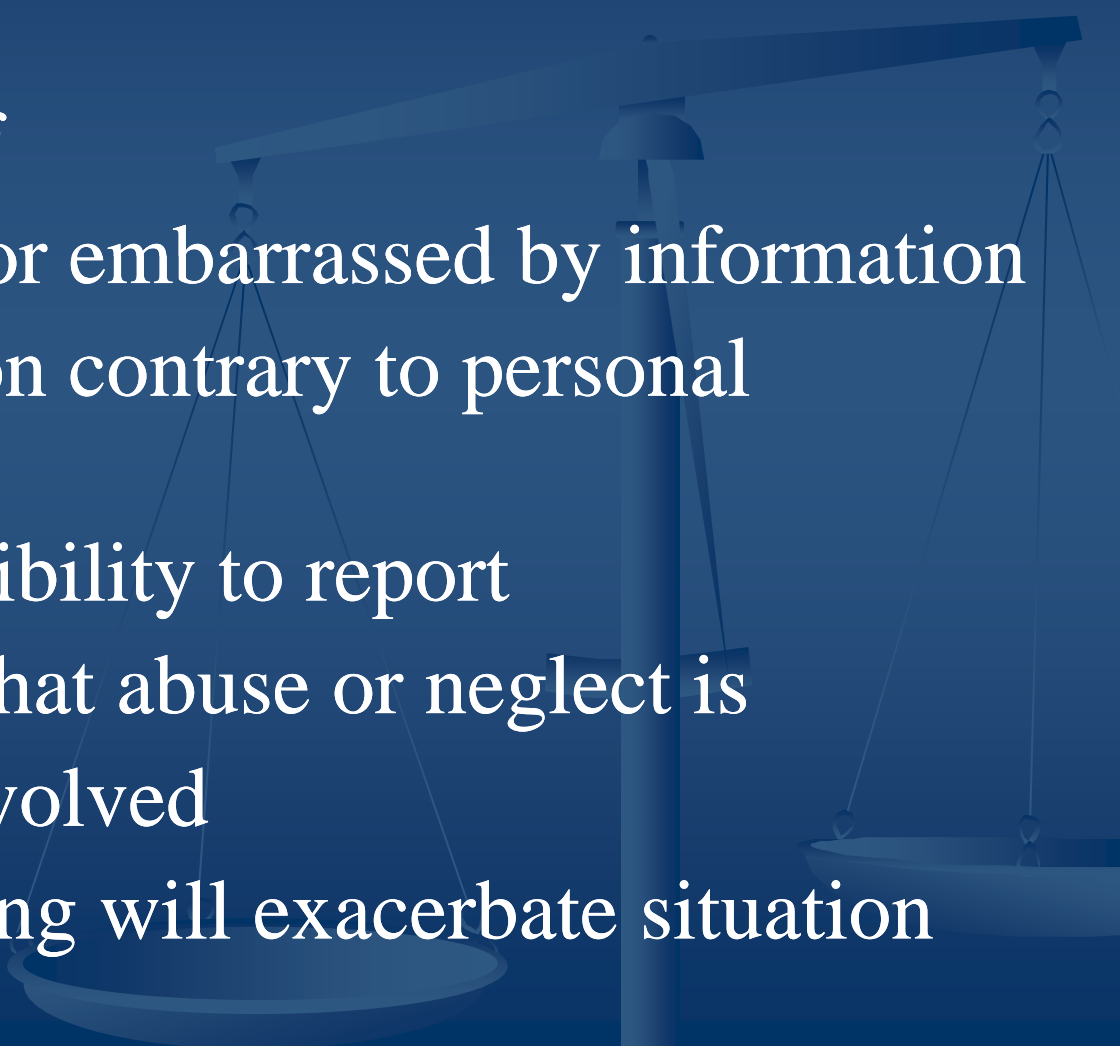
- District Attorney's office notified
- Designated Assistant District Attorney assigns criminal investigations to:
 - Local Police
 - State Police/D.A.'s Office
 - DPPC State Police Detective Unit (SPDU)
- Human Service agency contacts notified
- Civil Investigator proceeds with protective services



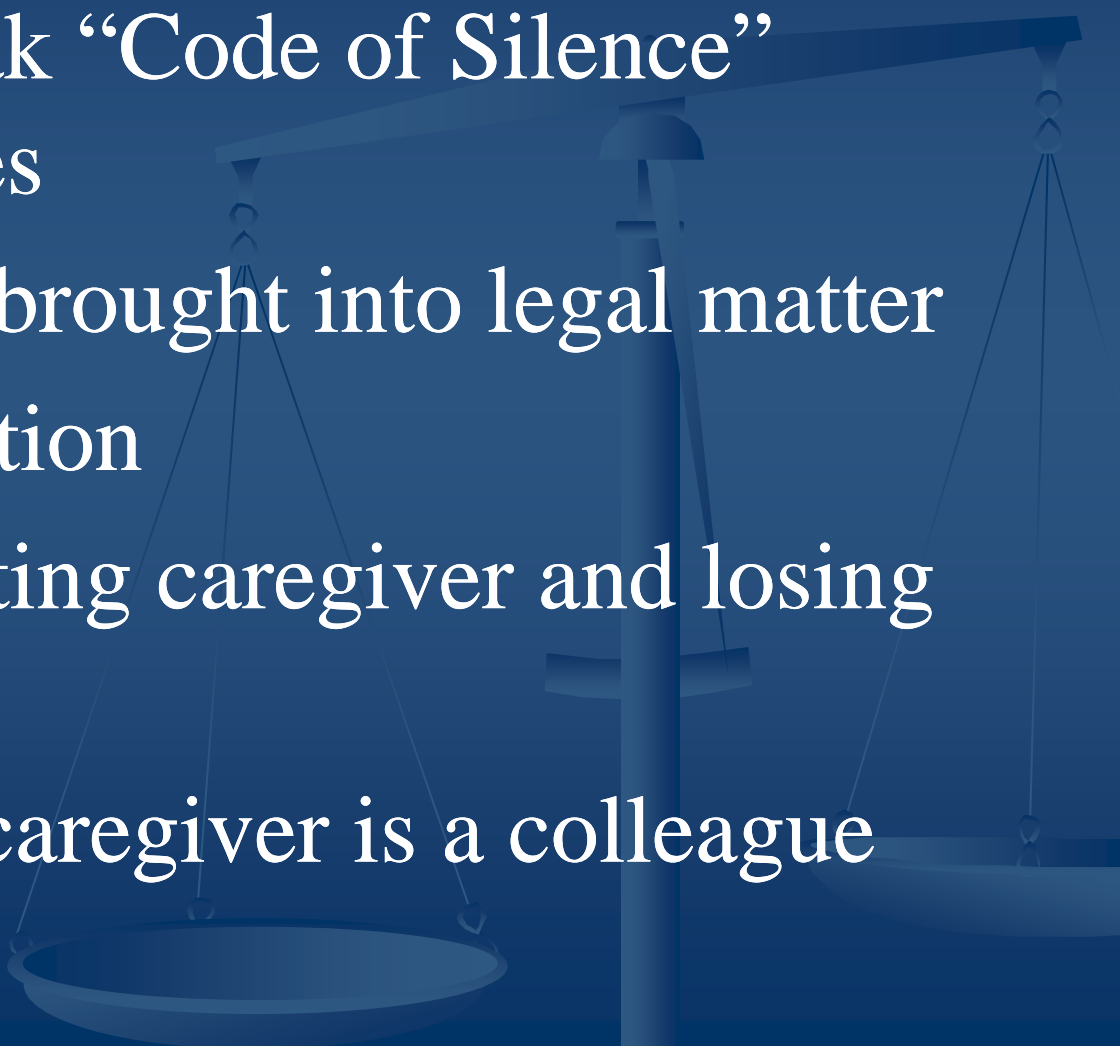
Reporting Abuse, Neglect and Mistreatment of Persons with Disabilities



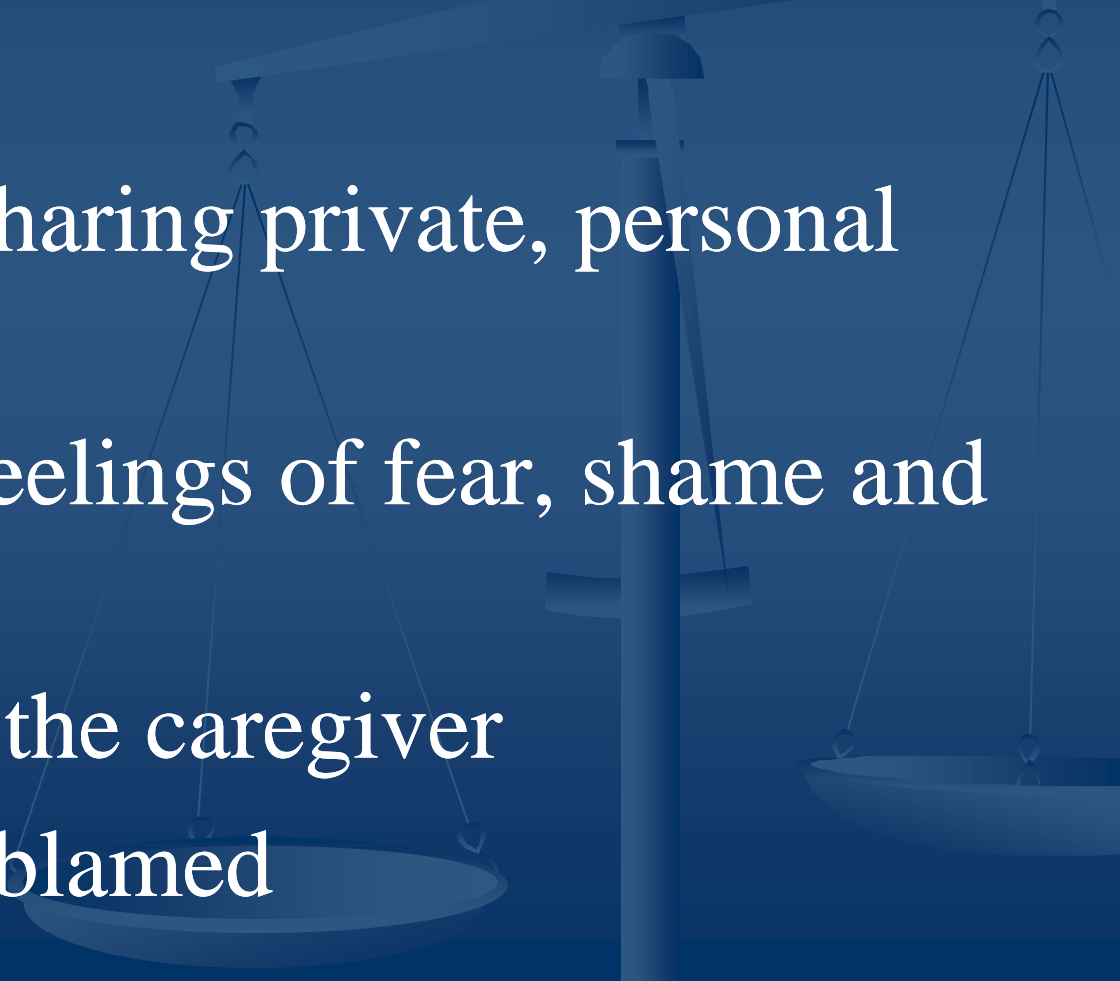
Reporting Difficulties for Professionals

- DENIAL/Disbelief
 - Shocked, angered or embarrassed by information
 - Hearing information contrary to personal standards
 - Unclear of responsibility to report
 - Not exactly sure what abuse or neglect is
 - Reluctant to get involved
 - Fearful that reporting will exacerbate situation
- 

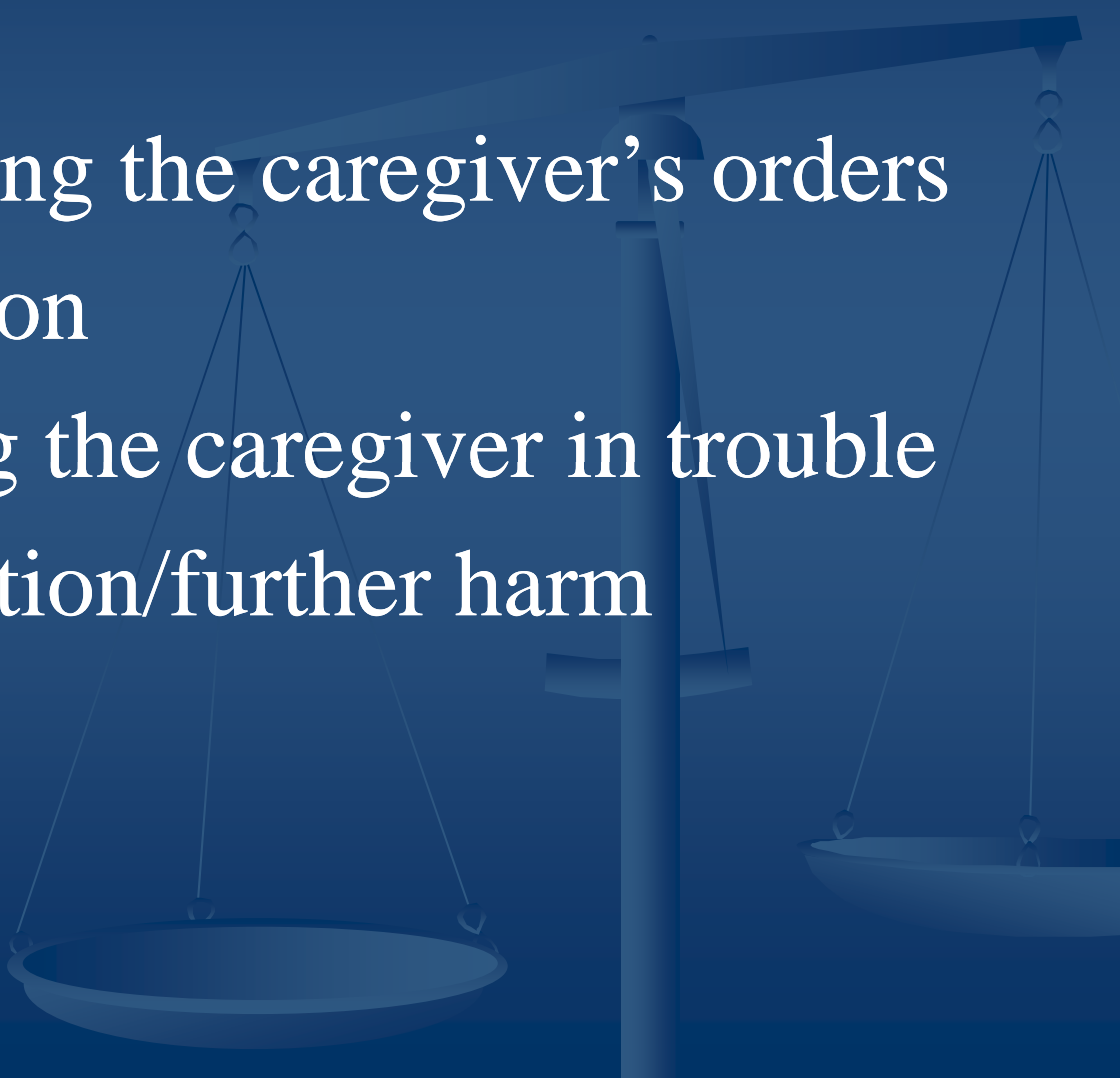
Reporting Difficulties for Professionals

- Reluctant to break “Code of Silence” among employees
 - Fearful of being brought into legal matter
 - Fearful of retaliation
 - Fearful of alienating caregiver and losing services
 - Reluctant when caregiver is a colleague
- 

What Makes Reporting Difficult for Victims

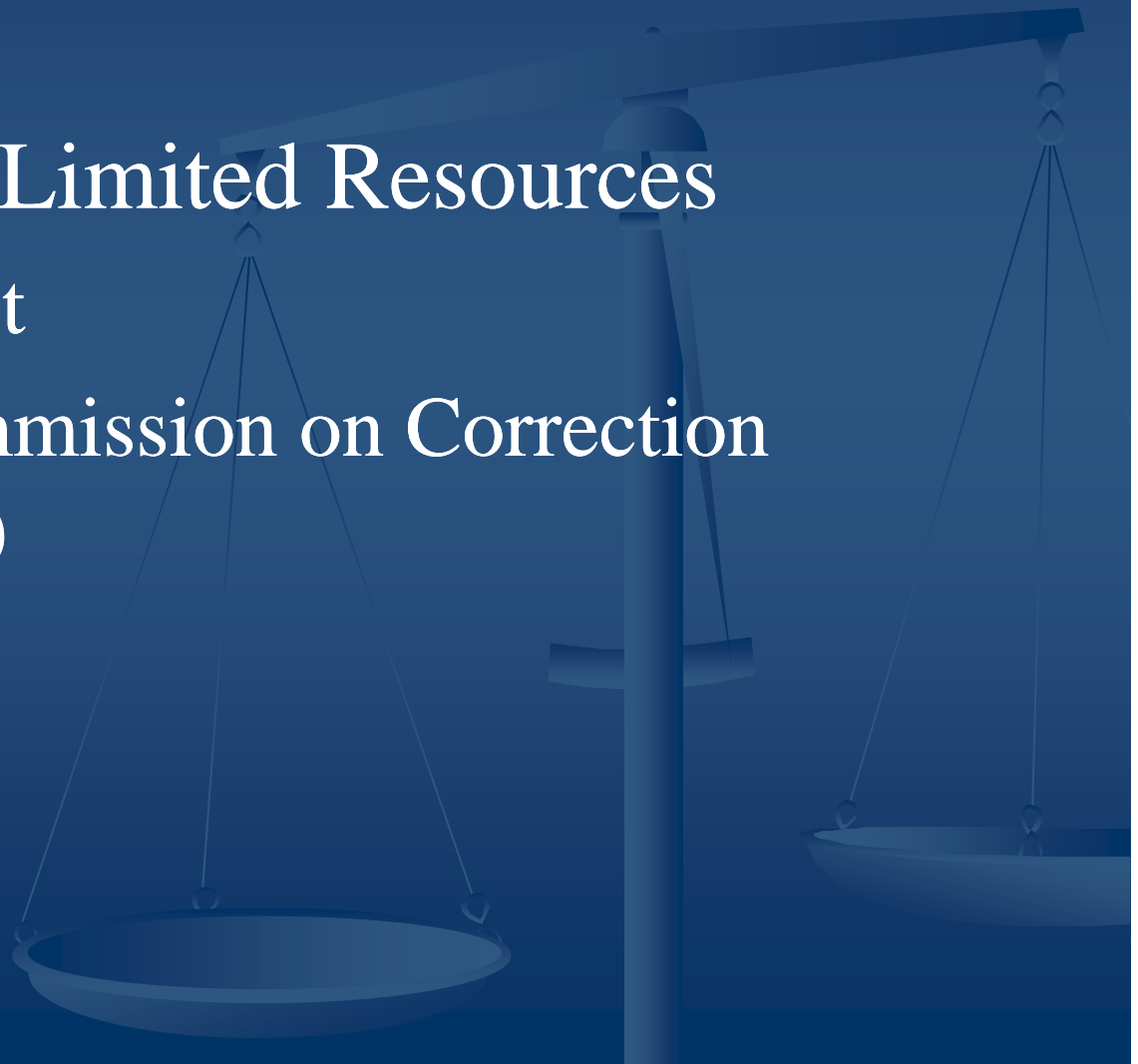
- Unable to explain abuse due to the nature of disability
 - Uncomfortable sharing private, personal information
 - Having intense feelings of fear, shame and guilt
 - Dependent upon the caregiver
 - Fearful of being blamed
- 

What Makes Reporting Difficult for Victims

- Fearful of violating the caregiver's orders
 - Fearful of rejection
 - Fearful of getting the caregiver in trouble
 - Fearful of retaliation/further harm
- 

The Mental Health Population in DOC Facilities

- Needs/Trends
- Challenges with Limited Resources
 - Health Care Cost
 - Governor's Commission on Correction Reform (GCCCR)
 - Hayes Report
 - Re-entry Plan



Needs/Trends in the Doc Facilities

➤ Medical Needs

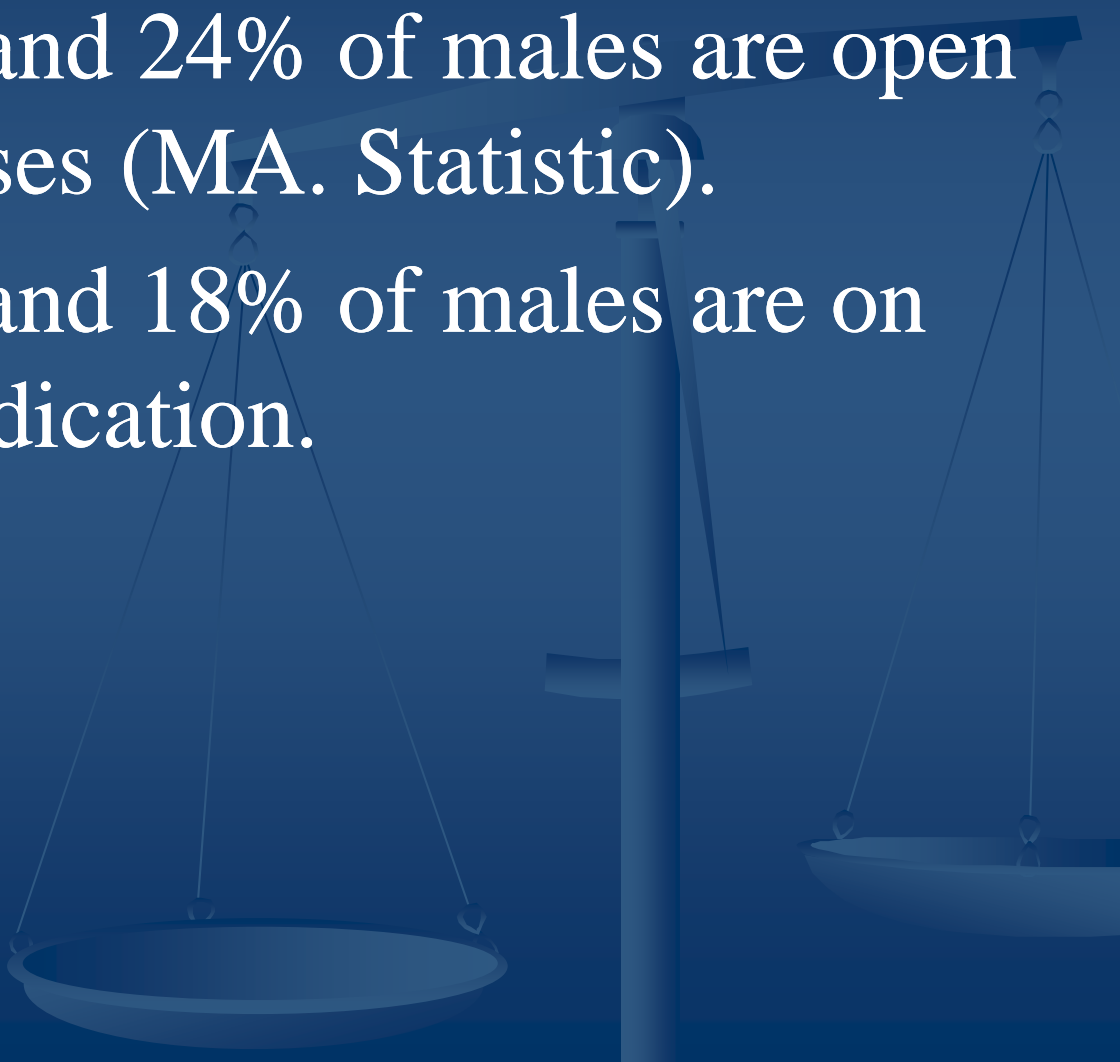
- Infectious diseases such as HIV and Hepatitis C are disproportionately higher among the offender population.
- Lifestyle choices including drug and alcohol abuse result in advanced aging of the population with associated medical problems.
- The “graying” of the DOC population results in approx. 50% of offenders enrolled in one or more chronic disease clinics ie: diabetes, hypertension and asthma.

Substance Abuse



- High incidence of co-occurring substance abuse and mental health issues.
- National research indicates that 80% of offenders either have an addiction to alcohol/drugs or alcohol/drugs were involved in the commission of their crime.
- Intense medical detoxification from drugs and alcohol required.

Mental Health

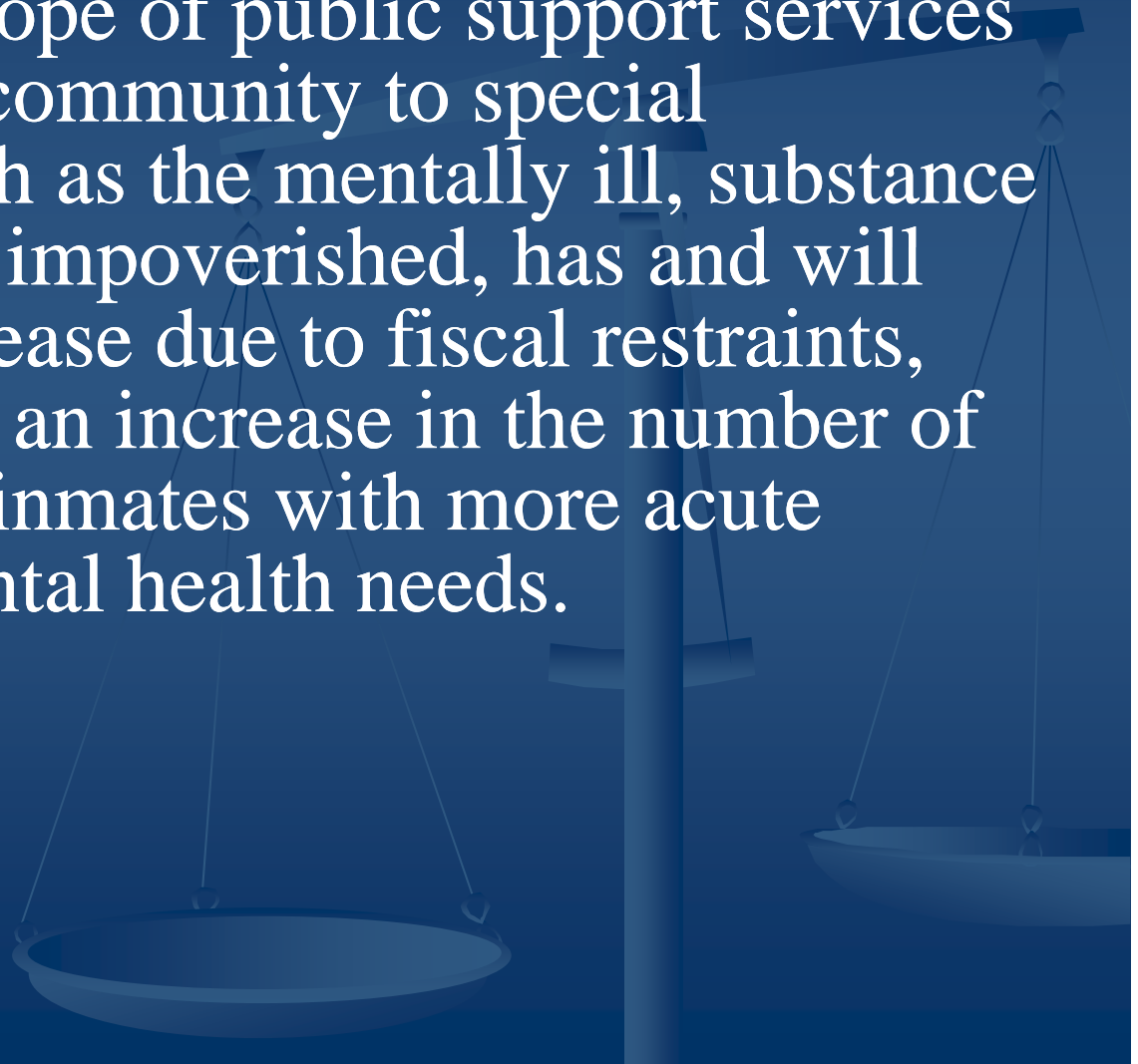
- 66% of females and 24% of males are open mental health cases (MA. Statistic).
 - 45% of females and 18% of males are on psychotropic medication.
- 

Challenges with Limited Resources in DOC Facilities

- As healthcare costs in the community continue to rise, so does the cost of correctional healthcare.
 - The female offender population continues to grow and, just as females in the community consume more healthcare resources than do males, this group will exert increasing pressure on the department service capabilities.

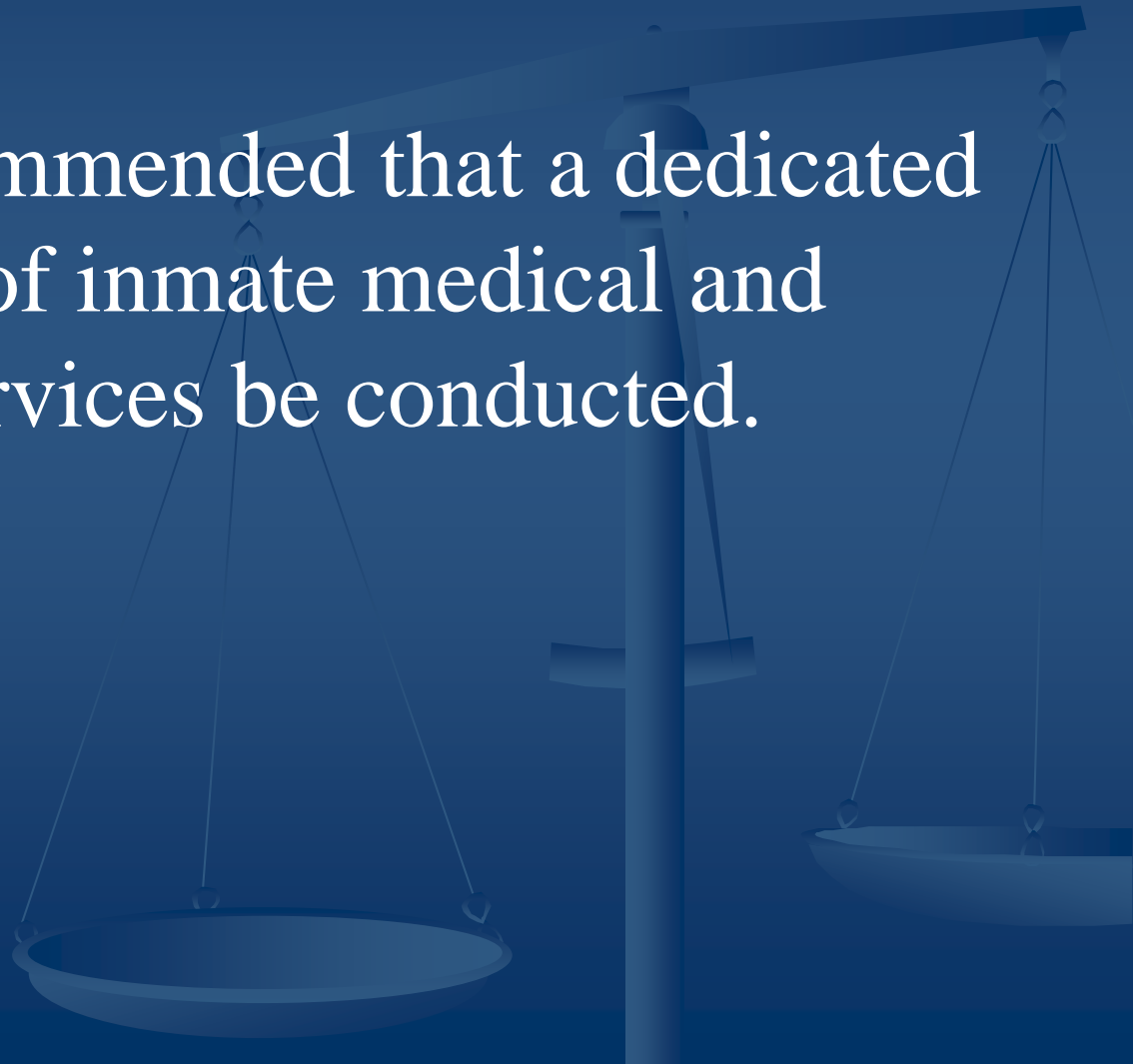
Challenges with Limited Resources in DOC Facilities

- The level and scope of public support services provided in the community to special populations, such as the mentally ill, substance abusers, and the impoverished, has and will continue to decrease due to fiscal restraints, likely leading to an increase in the number of newly admitted inmates with more acute medical and mental health needs.



Governor's Commission on Correction Reform (GCCCR) Medical/Mental Health

- The GCCCR recommended that a dedicated external review of inmate medical and mental health services be conducted.



Governor's Commission on Correction Reform (GCCR)


Medical/Mental Health

- The response by the DOC was a 24 member Medical Review Panel which examined
 - Overall scope of services provided to inmates for medical, dental, mental health care.
 - Gender specific medical and mental health needs of the female population.
 - In 2007, contracts were awarded to providers for the delivery of services need as recommended by the review panel.

The Hayes Report

- Lindsay Hayes, Project Director of the National Center on Institutions and Alternatives was contracted by the DOC to conduct a comprehensive review of the Department of Correction's suicide prevention policies, protocols, and practices, and issued a report with recommendations focusing eight critical components. This report is a response to the increased suicide rate in 2005.

Components of the Hayes Report

- Staff Training
 - Identification/Screening
 - Communication
 - Housing
 - Levels of Supervision
 - Intervention
 - Alternatives to Segregation
 - Follow-up/Mortality Review
- 

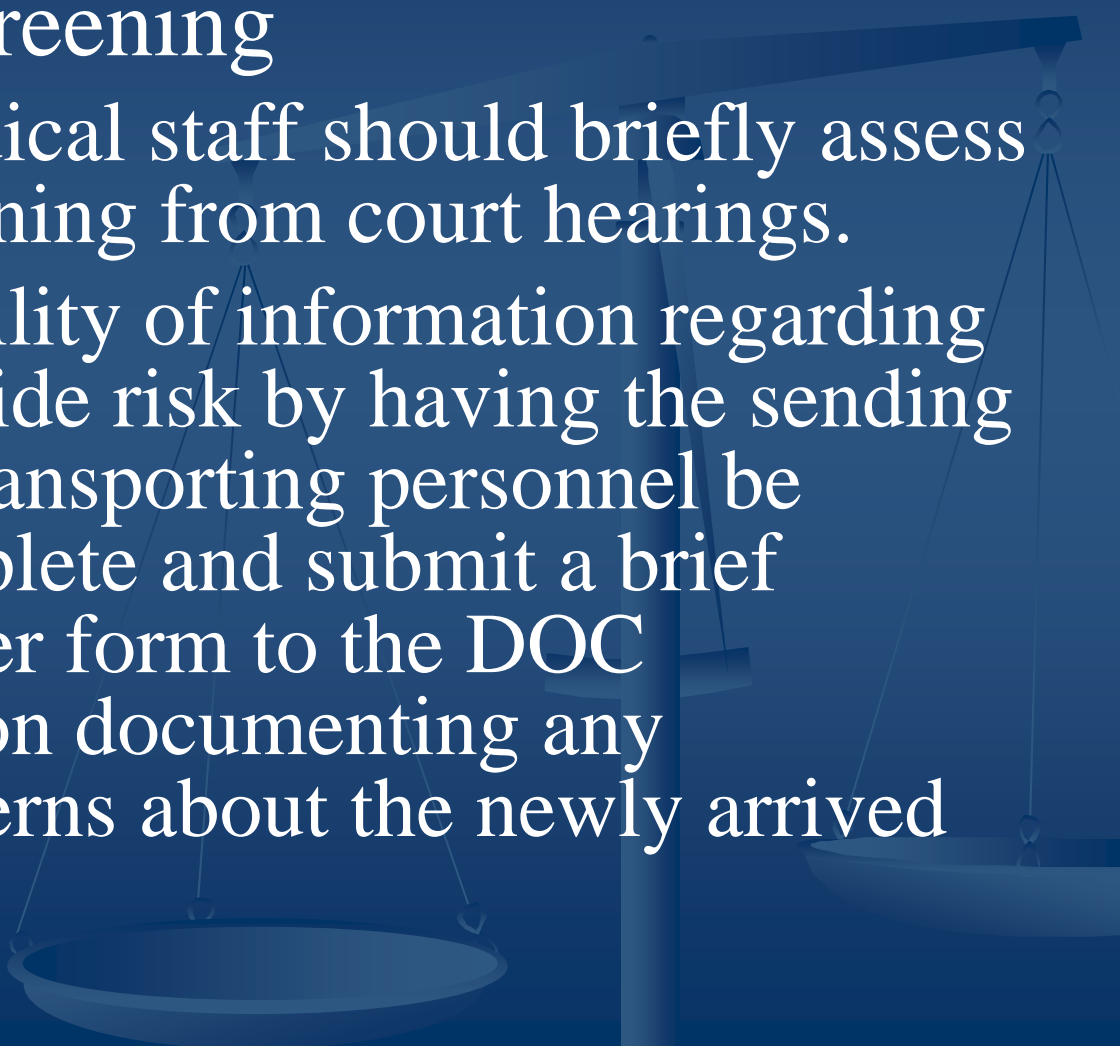
Components on the Hayes Report (continued)

➤ Staff Training

- Increase Suicide Prevention Training from 2 hours to 8 hours.
- All correctional, medical and mental health staff complete the curriculum.
- All correctional, medical and mental health staff complete receive a consistent and uniform 2-hour block of suicide prevention training on a yearly basis.

Component on the Hayes Report (continued)

➤ Identification/Screening

- Evaluation: Medical staff should briefly assess all inmates returning from court hearings.
 - Increase availability of information regarding an inmate's suicide risk by having the sending agency and/or transporting personnel be required to complete and submit a brief discharge/transfer form to the DOC booking/reception documenting any immediate concerns about the newly arrived inmate.
- 

Component on the Hayes Report (continued)

- The inquiry system of CJIS be updated each time an inmate is placed on mental health watch from suicide risk and to determine if the newly arrived inmate was on a mental health watch during a previous DOC confinement.
- Develop effective alternative placement options for those inmates suffering from severe and persistent mental health issues, but whose behavioral difficulties require more strict containment than can be afforded in general population.

Component of the Hayes Report (continued)

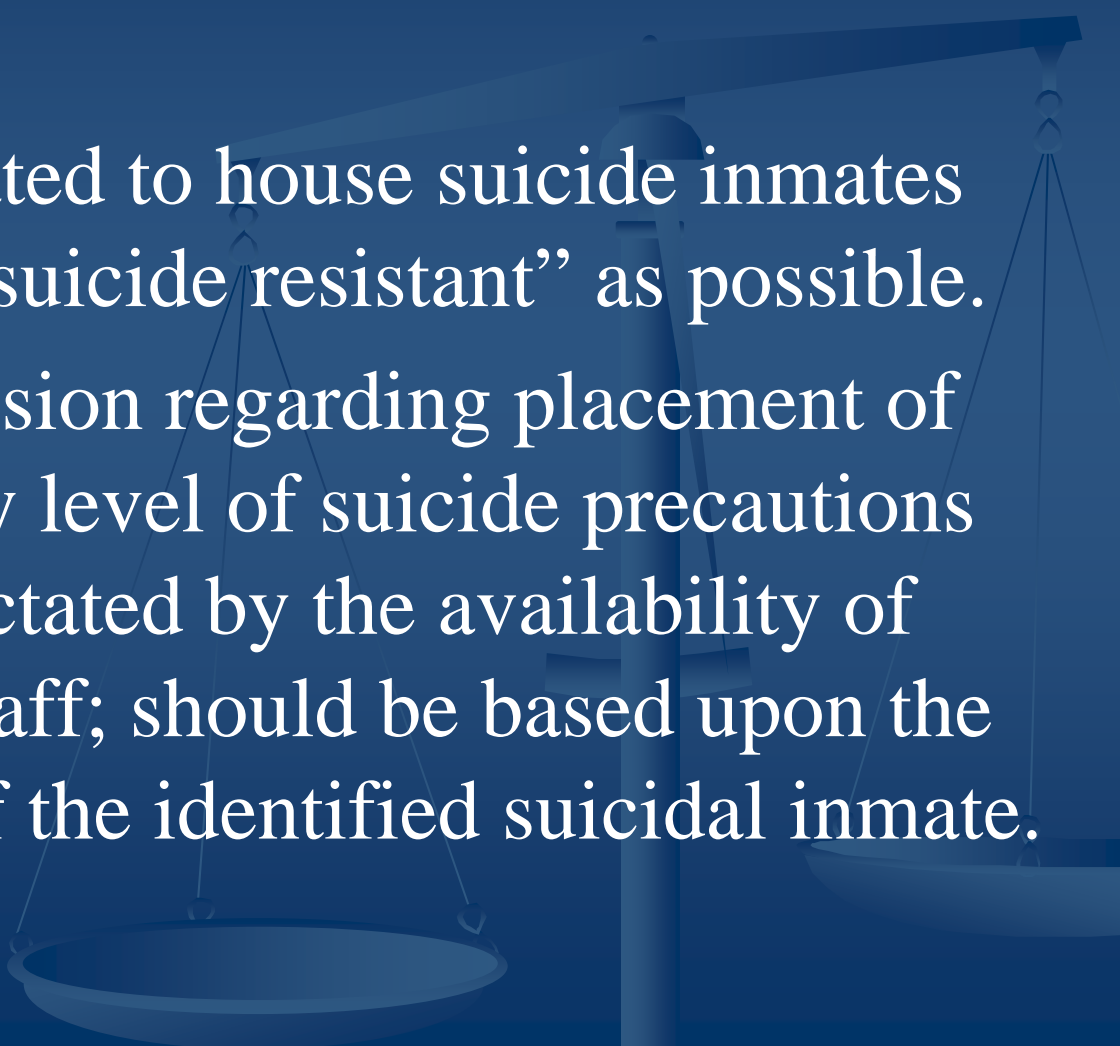
➤ Communication

- Unified audit protocol
- Code of Silence
- Frivolous Complaints



Components of the Hayes Report (continued)

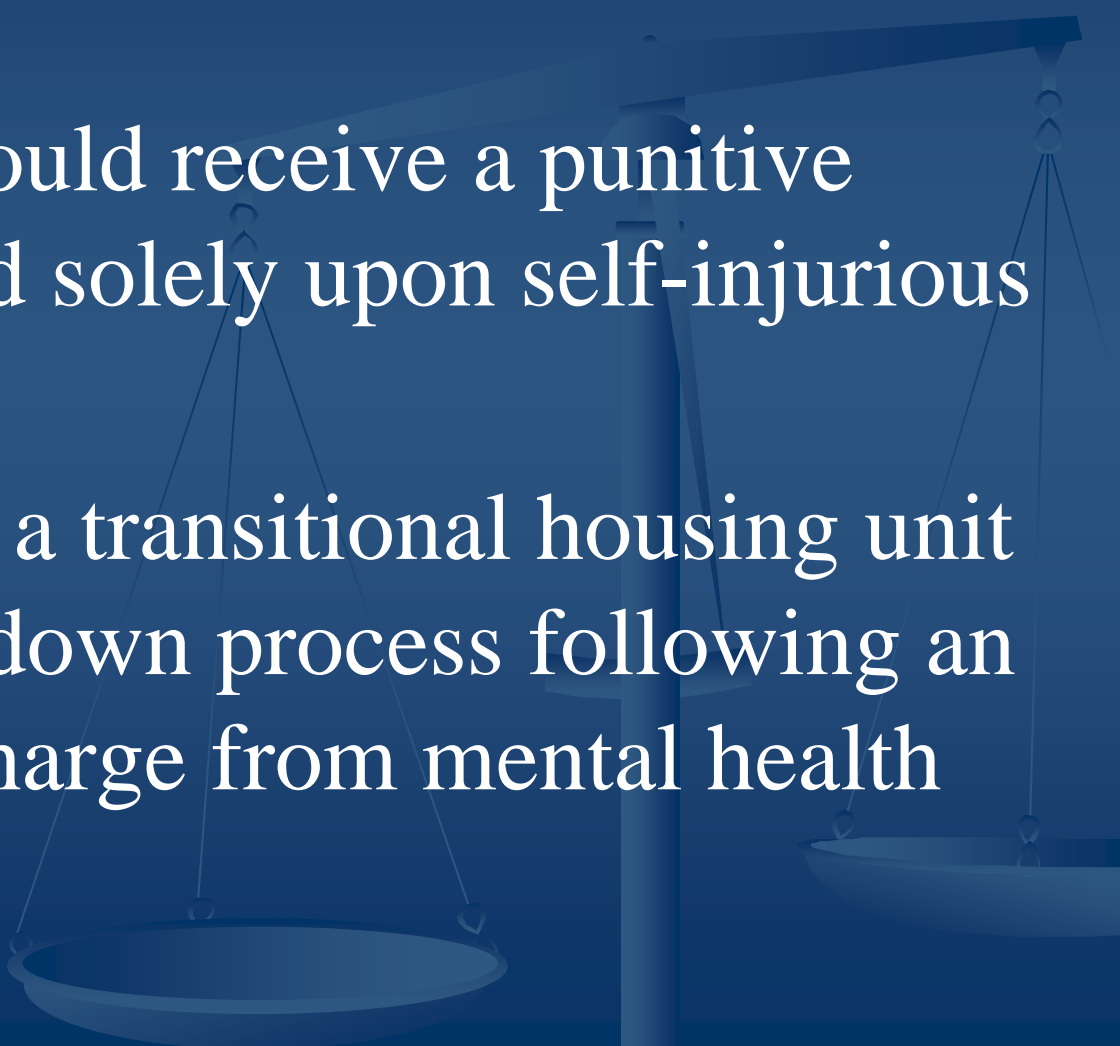
➤ Housing

- All cells designated to house suicide inmates are reasonably “suicide resistant” as possible.
 - The clinical decision regarding placement of an inmate on any level of suicide precautions should not be dictated by the availability of bed space and staff; should be based upon the specific needs of the identified suicidal inmate.
- 

Components of the Hayes Report (continued)

- Length of stay should be based on clinical judgement of mental health staff.
- Correctional staff should conduct documented observation at 15minute intervals.
- No inmate should receive a punitive sanction based solely upon self-injurious behavior.
- Should create a transitional housing unit and/or a step down process following an inmate's discharge from mental health watch.

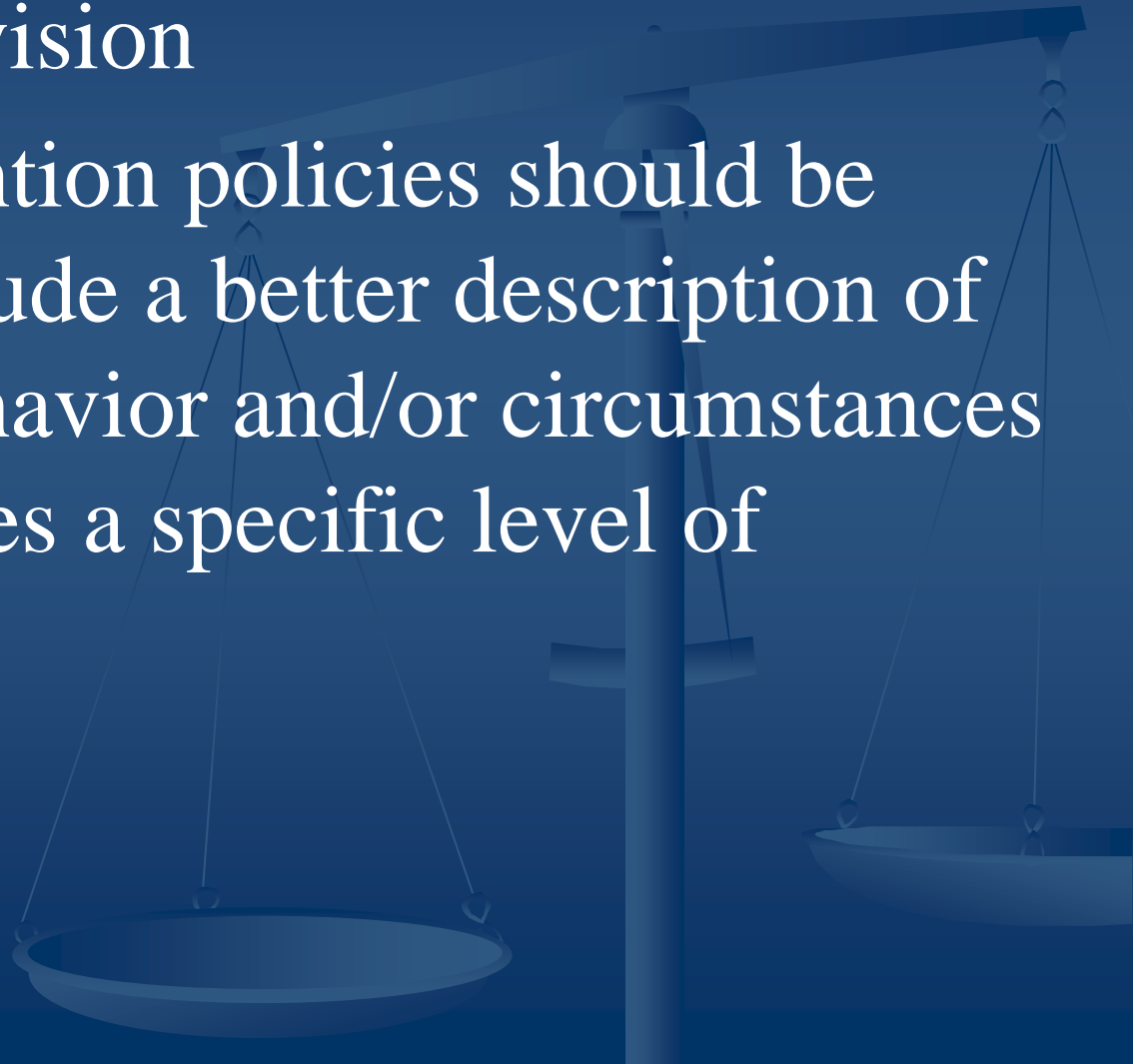
Components of the Report (continued)

- No inmate should receive a punitive sanction based solely upon self-injurious behavior.
 - Should create a transitional housing unit and/or a step down process following an inmate's discharge from mental health watch.
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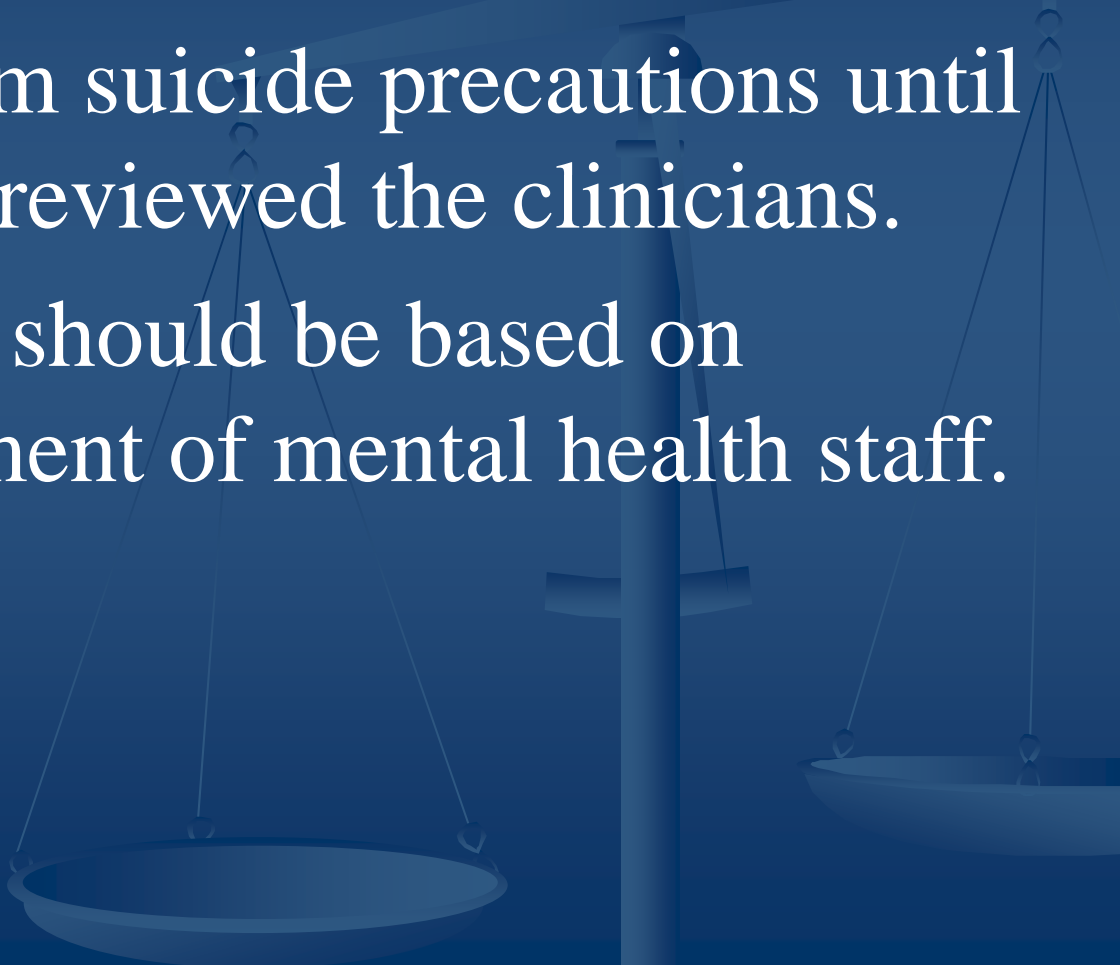
Components of the Report (continued)

➤ Levels of Supervision

- Suicide prevention policies should be revised to include a better description of the type of behavior and/or circumstances that necessitates a specific level of observation.



Components of the Report (continued)

- Policy should dictate that an inmate is not discharged from suicide precautions until their case was reviewed the clinicians.
 - Length of stay should be based on clinical judgement of mental health staff.
- 

Components of the Hayes Report (continued)

➤ Intervention

- Delay in medical/mental health care
 - causes
 - effects



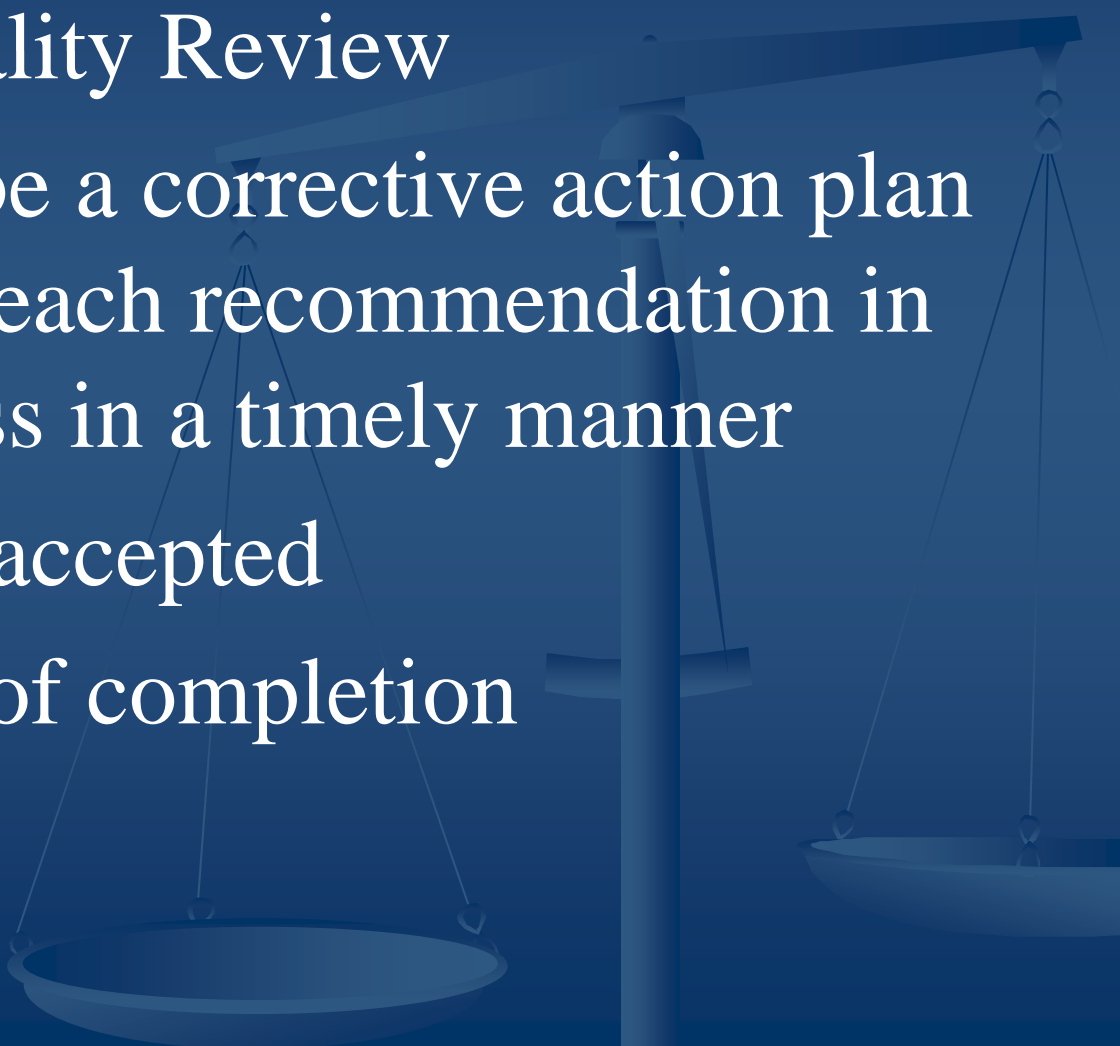
Components of the Hayes Report (continued)

Alternatives to Segregation

- Secure Treatment Program Unit
- Behavioral Management Unit
- Secure Treatment Program Unit



Components of the Hayes Report (continued)

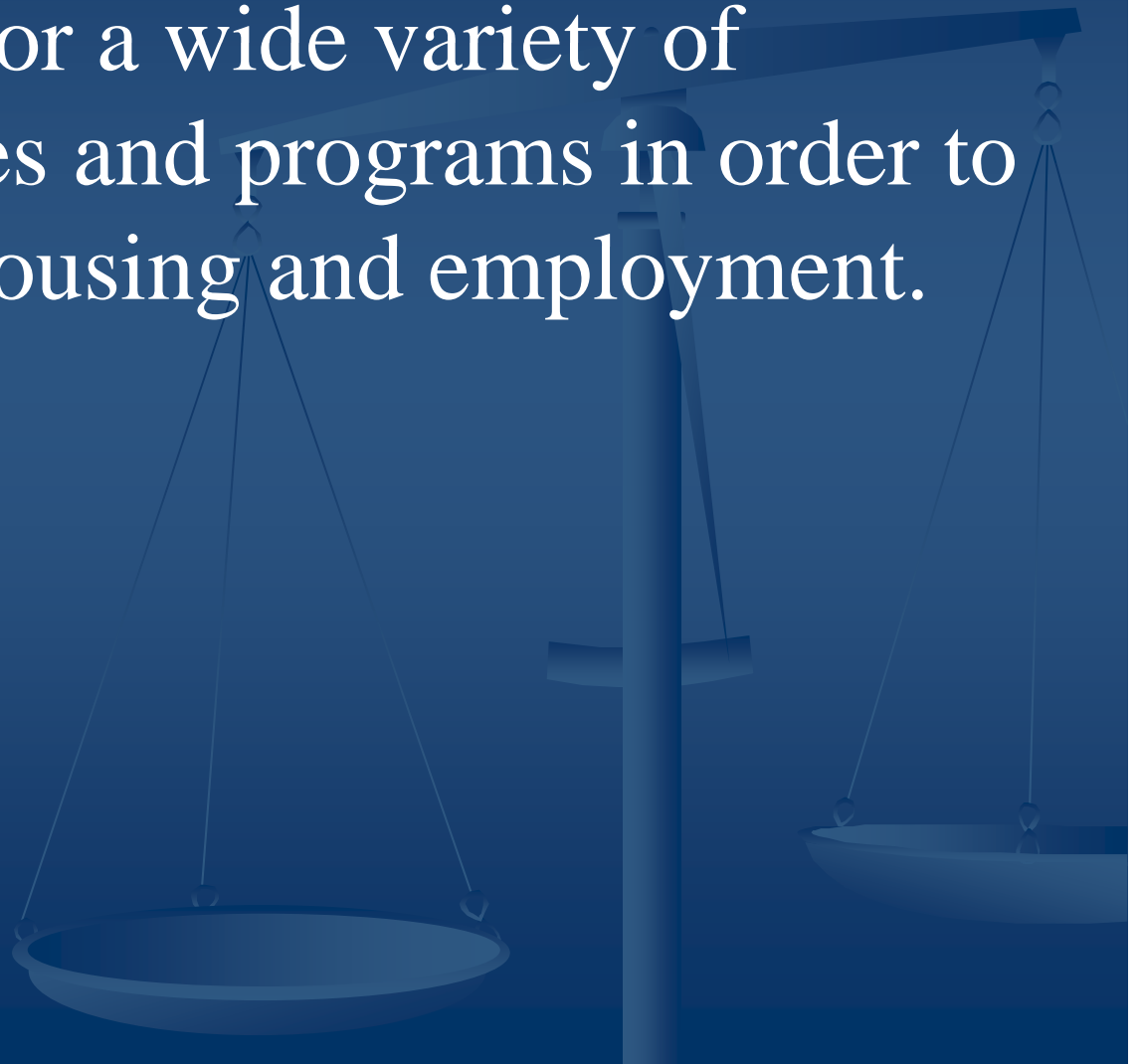
- Follow-up Mortality Review
 - There should be a corrective action plan in response to each recommendation in order to process in a timely manner
 - Rejected or accepted
 - Target date of completion
- 

Re-entry Plan

- The majority of offenders in the DOC have serious substance abuse problems, function educationally at less than a high school level, have long criminal histories including at least one prior incarceration and are in need of mental health and medical services.

Re-entry Plan

- There is a need for a wide variety of treatment services and programs in order to obtain suitable housing and employment.



Re-entry Plan

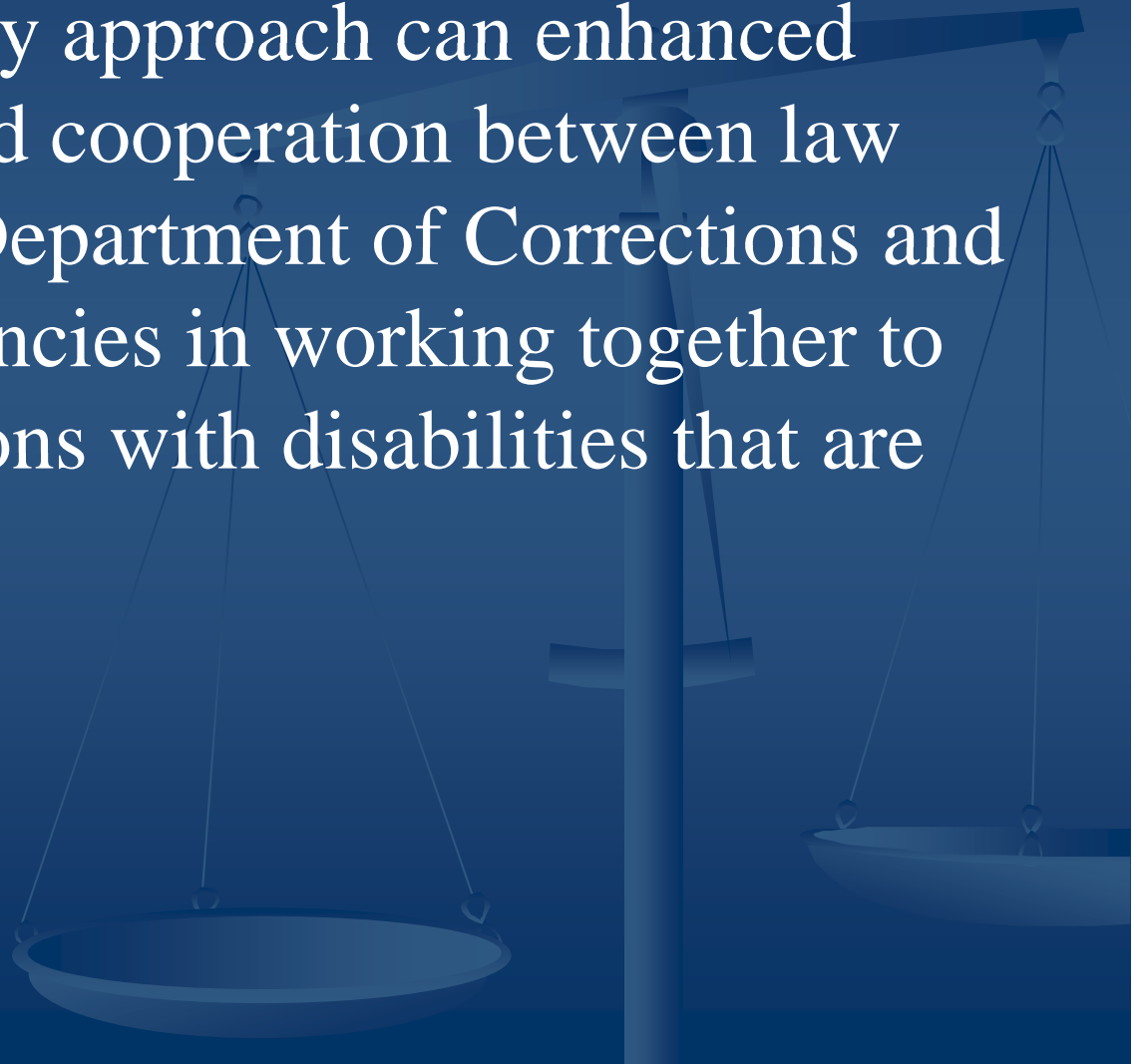
- The three year recidivism rate in Massachusetts for offenders released to the street from the DOC in 1995 was 44%, which dropped to 39% by 1999, and has remained at approximately 40% for offenders released until 2002.

Role Play/Mock Interview



Conclusion

- A multidisciplinary approach can enhanced communication and cooperation between law enforcement, the Department of Corrections and human service agencies in working together to better protect persons with disabilities that are incarcerated.



Conclusion

- Challenges investigators may face when investigating suspected abuse, neglect or crimes committed against inmates is relative to the lack of training of DOC staff, the lack of sharing information, the "Code of Silence" among DOC staff and inmates, and the delay in adequate medical care for current inmates or the continuity of care for newly committed inmates.
- In working together, crimes against persons with disabilities are being recognized, reported, investigated and prosecuted.