Ministry to the Sick and Homebound
And
Vulnerable Adult Program Training

Training for
Extraordinary Ministers of Holy Communion to the Sick and Homebound (EMHC)
and Pastoral Care Providers (PCP)

Diocese of Palm Beach
Office of Safe Environments
2014
Vulnerable Adult Program Leadership:

A privilege, not a right

- The Diocese has developed high quality programs designed to provide safety for our vulnerable adults
Safe Environment Program
Training Objectives

- To foster a safe environment, for the sick, shut-in, and the elderly and to provide healthy, and loving relationships in the image of God

- To spot and report abuse of vulnerable adults and to maintain good boundaries in performance of your ministry
This Safe Environment Workshop will NOT address:

- Individual cases or issues
- Individual concerns about a particular person
- Personal issues/conflict with Church teaching and/or church personnel
Extraordinary Ministers Bring Communion to the Sick and Homebound

- **Do:**
  - Make an appointment
  - Recommended to go in pairs

- **Do Not**
  - Visit when you are ill
  - Stay too long
  - Assist with any household chores
Pastoral Care Providers

Volunteers who provide various types of service and assistance to the sick and shut-in as a form of ministry. Types of ministry-in-service may include but are not limited to:

- Vehicle Drivers
- Errand Runners
- Bereavement Ministers
- Care Givers
- Pastoral Ministers
- Health Ministers
- Helping with chores, etc.
Pastoral Care Provider Behaviors

- **Do**
  - Be compassionate
  - Be observant
  - Report concerns
  - Watch for warning signs of abuse
  - Use affirming responses (I am praying for you)

- **Do Not**
  - Use guilt statements (You are not as bad off as….)
  - Use strong statements (Men don’t cry)
  - God statements (It is God’s will)
  - Help with balance check books or other financial assistance
  - Give out your phone number (Use the parish’s)
Insurance Requirements for Extraordinary Ministers of Holy Communion & Pastoral Care Providers

- Personal Auto Insurance Minimum Requirements
  - $100,000 per person
  - $300,000 per accident

All employees and volunteers who regularly drive their own personal vehicle on Diocese of Palm Beach business, within the scope of their employment, are required to carry personal auto liability insurance at the $100,000/$300,000 level. A copy of the “declarations page” of the policy should be provided annually to the bookkeeper of each entity and maintained on file. In the event of an accident, a copy of that declarations page will be requested from the bookkeeper.

Have questions about insurance requirements? Call Ana Jarosz, Director of Insurance & Employee Services at 561-775-9525

DOPB Safe Environment Program
2014
Diocese of Palm Beach
Requirements for Extraordinary Ministers and Pastoral Care Providers

Need to Complete:

- Volunteer Application
- Level II FDLE/FBI Criminal History Background Screening
- Drivers License Check (if you are driving on behalf of the Diocese)
- Vulnerable Adult Training Program
  - Protecting God’s Children Articles: *Mitigation of Abuse of Vulnerable Adults Parts I-IV*
  - Answer Questions From Articles
Diocese of Palm Beach
Office of Safe Environments

Extraordinary Ministers of Holy Communion to the Sick,
Homebound and Pastoral Care Providers

Volunteer Application

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**EMERGENCY CONTACT INFORMATION**
(This information will only be used in the event of an emergency.)

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Diocese of Palm Beach
Requirements for Eucharistic Ministers
And Pastoral Care Providers
Checklist

Date as completed:

_________ Volunteer Application

_________ Level II FDLE/FBI Criminal History Background Screening

_________ Drivers License Check (if you are driving on behalf of the Diocese)

_________ Complete the Vulnerable Adult Training Program

_________ Read Protecting God’s Children Articles:

   Mitigation of Abuse of Vulnerable Adults Parts I-IV

_________ Answer Questions from Articles
Sexual and Other Abuses Against Vulnerable Adults

- This presentation is meant to cover the abuses that vulnerable adults suffer at the hands of predators.

- Ministers to the sick and shut-in, especially EMHC’s, clergy, and pastoral care providers must:
  - **watch** for signs of physical, emotional, neglect, sexual, financial and other abuses suffered by our vulnerable adults
  - **report** actual suspected abuse
Safe Environment Program
Guiding Directives

- Statues of the State of Florida
  - Florida Statue 415.102 – Protect vulnerable adults from sexual abuse
- Archdiocese of Miami Provincial Policy & the Diocese of Palm Beach
  - Incorporates the Protection of Children and Vulnerable Adults under one umbrella
Safe Environment Program Definitions Applicable to EMHC’s and Pastoral Care Providers

- **Vulnerable Adult** is a person over 18yrs of age or older whose ability to perform the normal activities of daily living due to impairment or to provide for his/her own protection due to the infirmities of aging.

- **Church Personnel** includes any person employed by or engaged in voluntary ministry or who provides service directly or indirectly for the diocese or entity thereof

- **Extraordinary Minister of Communion to the Sick and Homebound (EMHC)** An individual commissioned by the parish to:
  - Administer Communion to the sick and shut-in
  - Visit the homebound and their caregivers
  - Advocate and represent the homebound back to the community
  - Act as a powerful witness to the love and care of God
  - Act as a presence through prayer, listening, assessing and responding
Safe Environment Program Definitions Applicable to EMHC’s and Pastoral Care Providers

- **Pastoral Care Providers** – Volunteers who provide various types of service and assistance to the sick and shut-in as a form of ministry. Types of ministry-in-service may include but are not limited to:
  - Vehicle drivers
  - Errand runners
  - Bereavement ministers
  - Care givers
  - Pastoral ministers
  - Health ministers
  - Helping with chores, etc.

- **Volunteer** – Any unpaid person who is engaged or involved in any diocesan institution or parish activity and who has unsupervised contact or is entrusted with the care or supervision of children, the elderly or the infirmed.
“Being in the image of God the human individual possesses the dignity of a person, who is not just something, but someone.”

The purpose of a relationship determines its boundaries

- Examples of relationships include:
  - Minster/Individual Ministered To
  - Care Giver/Patient
  - Parent/Child
  - Brother/Sister
  - Husband/Wife
  - Friend/Friend
Ethics for Ministers and Pastoral Care Providers

- Identify Yourself
- Respect Privacy
- Maintain Confidentiality
- Report Warning Signs and/or Conditions that are unsafe
- Schedule Your Next Visit
- Participate in Ministerial Continuing Education
Additional Guidelines for Visiting Hospitals, Nursing Homes or Assisted Living Facilities

- Check with Nurses Station before visit
- Check to see if patient can take anything by mouth
- Knock before entering
- Do not sit on bed
- Never enter when call light is on
- Turn down volume on TV/radio if loud
- Don’t give out home phone number
EMHC/PCP Visit Evaluation

- Keep record of each visit
  - Evaluate each visit and compare over time for your ministry leader
  - Evaluate issues that may need to be reported
  - Assess needs of the individual
  - Allow others to be informed in your absence
## Eucharist Minister/Pastoral Care Provider Visit Evaluation

### MINISTER INFORMATION
- NAME (Print)
- PARISH OR ORGANIZATION NAME
- Eucharistic Minister
  - Pastoral Care Provider

### TYPE MINISTRY PROVIDED
- □ Holy Communion
  - Comment:
- □ Pastoral Care (Specify)
  - Comment:

### PERSON MINISTERED TO:
- Last Name
- First Name
- Facility Name
- Facility Address
- Date Last Visited
- Date of Visit
- Last Visiting Minister’s Name
- Comments from Last Visit

### OBSERVATIONS
- Special Needs Noted (Specify)
- Request(s) by Individual (Specify)
- Reported to Ministry Leader
  - Yes □ No □ If not, Explain:
- Reported to Facility Leader
  - Yes □ No □ If not, Explain:

### Ministry Leader
- Name (Print)
- Ministry Name

(To Make Additional Comments, See Reverse Side)
Skills Required of EMHC’s and Pastoral Care Providers (PCPs)

- **Preparation**
  - EMHC’s – Be familiar with and use the proper Rites
  - PCP’s – Remember and use your training

- **Listening**
  - Being present to the individual

- **Observing**
  - Taking note of the environment

- **Assessing**
  - Understanding grooming techniques and warning signs

- **Responding**
  - Reporting/Notify ministry leader, abuse hotline counselors or law enforcement
LOOK FOR THE SIGNS OF POTENTIAL ABUSE

- The ultimate goal of an emotional groomer is to gain control of the target and of the relationship

- The groomer seeks to gain power or dominance in the relationship by using any or all of the grooming tactics
The Nine Grooming Tactics

- Flattery
- Bribery
- Status
- Jealousy and Possessiveness
- Insecurity
- Accusations
- Intimidation
- Anger
- Control
Emotional Grooming

- When someone manipulates another’s emotions to skillfully gain control of that person

- Emotional grooming is used to seduce, coerce, or “con” others into doing something that they would not ordinarily do to include sexual activity
Key Elements of the Emotional Grooming Process

- False sense of trust – a groomer convinces the victim that he/she is the only person in the world to trust

- Secrecy – groomers persuade their victims to keep “our little secret” hidden from others
Language Cons

- Words and phrases – or “lines” – that groomers use to trick and manipulate their targets

- Sometimes lines make a target feel special or desired; other times they make a target feel guilty or threatened.

- Lines may seem genuine or sincere at first, but their real purpose is to control the target

- Language cons are used to convince targets to do things they shouldn’t do
Types of Abuse Suffered by the Elderly, Sick, and Shut-in

- Physical
- Sexual
- Emotional
- Spiritual
- Financial
- Medication
- Neglect
Types of Abuse Suffered by the Elderly, Sick, and Shut-in

- Physical abuse
  - Shaking
  - Face slapping
  - Hair pulling
  - Use of implements (belts, hairbrushes, etc.)
  - Intrusive procedures
  - Lack of appropriate physical nurturing
Types of Abuse Suffered by the Elderly, Sick, and Shut-in

- Sexual abuse
  - Can be physical
  - Penetration
  - Touching of genitals
  - Can be emotional
  - Watching sexual behavior
  - Sexualized language
  - Intrusive questions
  - Can happen in private (covert)
  - Can happen in the presence of others (overt)
Types of Abuse Suffered by the Elderly, Sick, and Shut-in

- Emotional abuse
  - Verbal, i.e., screaming, name calling, sarcasm, ridicule, or listening to that happen to a family member
  - Neglect of dependency needs
  - Abandonment
Types of Abuse Suffered by the Elderly, Sick, and Shut-in

- Spiritual abuse
  - Living with inhuman rules or a skewed philosophy of living
  - When physically, sexually, or emotionally abused, a vulnerable adult may lose his or her faith in God
Warning Signs of Abuse

- **Physical abuse**
  - Torn, stained or bloody underwear
  - Pain, swelling or itching in the genital area
  - Pain in urination or defecation, or urinary or anal bleeding
  - Sphincter control problems
  - Increase in physical complaints (headaches, stomachaches, abdominal pain)

- **Emotional**
  - Anxiety – related illnesses
  - Poor self-concept
  - Depression
  - Signs of de-compensation (a complete breakdown and loss of psychological balance)
Warning Signs of Abuse

- **Spiritual**
  - Anger at God
  - Refusal to pray for a specific person
  - “Flight into religion”
  - Belief that one is uniquely and specially sinful

- **Behavioral**
  - Sleep disturbances
  - Changes in eating patterns
Responding to Abuse

When a vulnerable adult discloses abuse:

- Believe the vulnerable adult
- Remain calm
- Listen without interrupting
- Reassure victim that he or she is loved and cared for
- Respond to his or her questions or feelings with calm, matter-of-fact attitude, but don’t pressure them to talk more
- If the vulnerable adult expresses concerns of his/her safety or his/her family’s safety, tell the victim that all that can be done to keep him/her safe will be done
- Reassure the vulnerable adult that he/she did the right thing by telling you
- Tell the victim that it is not his or her fault
- Instruct the victim to tell you right away if the offender attempts molestation again or bothers him or her in any way
- Report appropriately
EMHC or PCP Person to whom disclosure was made; family, friends, staff members and volunteers:

- Acknowledge difficult feelings and issues
- Keep those directly involved informed of developments. (Depending on direction from support resource, i.e. HHS)
- Do not gossip; operate on a need-to-know basis – the less said publicly, the better
- Do not label the vulnerable adult or family – avoid stereotypes
- Follow all established procedures for reporting and follow-up
Reporting Actual/Suspected Abuse

A person receiving an allegation of sexual abuse of a minor or vulnerable adult by Church Personnel must immediately report the allegation. Our policy requires priests to report allegations that are made in a spiritual counseling context, even though the law exempts ministers from the requirement of reporting. The only exception to this is the confidentiality of the confessional. At the outset, families should be informed of the requirement.

**Step 1**  
The person receiving the allegation immediately makes an oral report to **1-800-96ABUSE** (1-800-962-2873). Notes should be taken including names, dates, and times, and a log should be kept of all telephone calls made.

**Step 2**  
The person receiving the allegation makes an oral report to the Chancellor of the Diocese of Palm Beach at (561) 775-9507, (cell 561-373-7990) who reports it to the bishop and diocesan attorney.

**Step 3**  
The person receiving the allegation contacts our Victim Assistance Coordinator, Terry Fretted at (561) 801-0999

**Step 4**  
The person receiving the allegation informs the school principal, pastor or the appropriate immediate authority.

**Step 5**  
The person receiving the allegation sends a written report to the Department of Children and Families within 48 hours. Instructions regarding information to be included in this report are available from your entity’s pastor, principal, or administrator or the Chancellor’s office.
- Summary -
Put Your Skills Into Practice

- **Preparation** – knowing the concepts before you interact with the sick and homebound
  - Know the Universal Health Precautions
  - Know the Procedures for Patients in Isolation
- **Listening** – being present to the individual
- **Observing** – being on the alert for warning signs of abuse or neglect
- **Responding** – how and to whom to report
Read the following four Articles and answer the attached questions.

The Prevention and Mitigation of Abuse of Vulnerable Adults

Part I: The Paradox of Vulnerability

Part II: Grooming Behavior

Part III: Mitigation

Part IV: Case Studies
The Prevention and Mitigation of Abuse of Vulnerable Adults Part I: The Paradox of Vulnerability

By Paul Ashton, Psy.D., D.Min.

As readers of the Protecting God's Children® for Adults articles, you have learned about the signs of child sexual abuse, the traits of those who may present a danger to children, and measures you can take to prevent abuse. The next series of four PGCA articles explores other vulnerable populations. The Church is studying vulnerable populations such as the elderly, handicapped, mentally ill, and intellectually challenged. As members of the Catholic community, we must learn about the threats these at-risk populations face and strive to stop the abuse. We hope you find these articles helpful in preventing the abuse of all vulnerable people.

"I tell you, if they keep silent, the stones will cry out!"

-Luke 19:40

When we speak of vulnerable adults, we must think of all of the ways in which we are vulnerable in situations—in relationships and in the various circumstances in our lives. This four-part series of articles will address the issue of vulnerable adults and how we, through the Protecting God's Children® (PGC) Program, can address the various circumstances that arise in certain areas of concern. The content of the PGC program for adults is effective in addressing abuse prevention for vulnerable adults. These articles will address various areas of concern in protecting those we love—including ourselves.

Dictionaries define “vulnerable” as:

--Capable of being physically or emotionally wounded;

--Open to attack or damage, assailable [vulnerable to criticism].

We are all, therefore, through the ordinary actions of our daily lives, by definition—vulnerable. All of us are Children of God who have been made good and placed on the path to perfection of God’s love by opening ourselves up to God’s will. However, this places us all in a vulnerable position as we trust others to assist, guide, and nurture us.

We seek a delicate balance when we are open to God’s will, confident in our chosen path, and determined in our Faith all at the same time. The Saints give us concrete examples of this, showing us clearly both the joys and sufferings of putting one’s self in a vulnerable position. Jesus, himself, became vulnerable for love of us.

Through His example, we strive to live in the sureness of Faith, while finding our way through vulnerable times, places, and circumstances in our lives.

If we strive to be the opposite of vulnerable, we become invulnerable or invincible. We find ourselves as persons living in a world that is impenetrable, indestructible, powerful, secure, strong, unbeatable, and untouchable.

While at first glance these words evoke images of power and privilege, and places that might offer peace of mind and heart, we see that they are words that do not in any way demonstrate the qualities of a good Christian minister.
Synonyms for the word vulnerable are accessible, defenseless, sensitive, susceptible, tender, thin-skinned, unguarded, unprotected, unsafe, weak, wide open; antonyms are closed, guarded, protected, safe, and secure.

Words have power; adding simply a prefix of a couple of letters can change its meaning entirely. So too can a title, position, or circumstance in life make a measurable difference in the way we perceive, embrace, and accept vulnerability. For those with much, embracing the posture of vulnerability can mean either a great leap into the unknown or a small step toward it. It all depends upon the circumstances of support and resources available. For those with fewer resources, the movement toward vulnerability may be shorter in distance, but with a higher cost to the person emotionally.

The measure can’t be quantified or qualified. Thus, we can never effectively compare the lives of those persons living with and without disabilities. How often are God’s gifts overwhelming blessings for some, but challenges for others?

**The Paradox of Vulnerability**

All of these introductory words, while perhaps somewhat confusing, lead us to explore the paradox of vulnerability. Vulnerability is most often associated with being helpless and weak, but we find that being vulnerable affords us the opportunity to accept the kindness of others in ways that we never expected. Jesus’ example of the man born blind in John 9:3 is a perfect example of our Christian call to help those less fortunate than ourselves. Jesus answers the disciple’s queries of why the man was born blind by stating: “Neither he nor his parents sinned; it is so that the works of God might be made visible through him.”

Being vulnerable also makes one open to being hurt. When the disciples asked Jesus about the origins of the man’s blindness, they referred to the common theological thought at the that time that it was due to sin. When individuals use the vulnerabilities of others to label, take control of them, act out their frustrations or anger upon them, or exploit them, this is the gravest of sins. Hurting others who are defenseless is reprehensible.

This problem has been repeated through the ages in various forms. Unfortunately, we see the problem as something or someone far from our reach, and come to the rescue too late. Most unfortunate is the fact that we have not eradicated it from our ways altogether.

Carmelite Saint Teresa Benedicta (Edith Stein) who lived through the torments of the concentration camps, summed up the appropriate Christian response to these tragedies by saying, “The burden of the cross that Christ assumed is that of corrupted human nature, with all its consequences in sin and suffering to which fallen humanity is subject. The meaning of the way of the cross is to carry this burden out of the world. Suffering brings us face to face with each other and ourselves in ways that are impossible to avoid. Pain gets our attention and forces us to figure out what we stand for, which is what life and death are all about. The answers are not completely satisfying at the intellectual level. Thus, we find ourselves, reluctantly at first, on a pilgrimage with God through the worst of what humankind is capable of perpetrating. We are on a journey with God through the crushing realities that spring up right in the middle of our lives—sickness, death and the loss of fortune or friends, opportunities and dreams. What good answers could these possibly have?”

Saint Theresa Benedicta hearkens back to the age-old question the Disciples asked Jesus: “Why is there suffering?” Jesus’ response is clear and makes the works of God visible—our duty is to carry the burdens of the cross out of the world.

We again see the paradox—“Being vulnerable isn’t about being weak; it’s about harnessing the necessary strength to be open and authentic.” Being true to our call as Christians is to let God’s power and grace work through us to give a voice to every vulnerable person we encounter. To further the
paradox, we must identify the various ways we can become vulnerable so we are open to healing and binding the wounds of others. Embracing the opportunities before us by taking on the posture of Jesus’ great mandatum is as unique as each of us who have been specially created. There is no prescription, formula, or specific way to carry the burdens out of the world. Simply put, we should be encouraged by paying close attention to our own interior life and be propelled from these graces to move forward in reaching out to give voice and to extend a hand to vulnerable others. Focusing on being better at what we do best will create communities of care and concern for all—where each voice, especially vulnerable unheard voices, will be listened to and heard clearly. As leaders in our blessed Church, we have the opportunity to seek out the vulnerable, listen to them and provide a plan for their safety and wellbeing.

Our history of salvation has proven over time that God keeps His promises to us. He would never leave us to suffering without Hope. His grace working through all of us, from the weakest to the mightiest, empowers us to call forth the voices of those who have been silenced. Our call is to protect them and to raise them up as loved, cherished, and viable members of the community whose gifts are affirmed and encouraged.

End of Article I
The Prevention and Mitigation of Abuse of Vulnerable Adults Part II: Grooming Behavior

By Paul Ashton, Psy.D., D.Min.

As readers of the Protecting God's Children® for Adults articles, you have learned about the signs of child sexual abuse, the traits of those who may present a danger to children, and measures you can take to prevent abuse. The next series of four PGCA articles explores other vulnerable populations. The Church is studying vulnerable populations such as the elderly, handicapped, mentally ill, and intellectually challenged. As members of the Catholic community, we must learn about the threats these at-risk populations face and strive to stop the abuse. We hope you find these articles helpful in preventing the abuse of all vulnerable people. (Part One)

While each of us can be vulnerable in any given set of circumstances, we will look at four basic types of vulnerable persons and hear about their experiences of abuse in their own voices. As I have discussed, the term vulnerable adults can apply to people with physical, mental, or emotional conditions or an illness that renders them unable to defend, protect, or get help for themselves when injured or emotionally abused. The term applies also to the elderly, whose various circumstances make them vulnerable to those who might cause them harm.

Grooming Behavior

Sexual abuse of vulnerable adults is as complex to understand as it is for us to comprehend the molestation of children. Among vulnerable adults, the abuser’s patterns are similar to the behavioral patterns of those who abuse children. In particular, there are abusers who seek out and “groom” vulnerable adults or others who, when exposed to particular situations, give into the pressures of those events by abusing others. Those abusers, most unfortunately, are primarily found among the family members, caregivers, and others who are known and trusted by the vulnerable adult.

Predators who identify and engage their victims employ grooming behavior. Grooming is a means for an offender to gain control of a vulnerable adult and bring about their cooperation. The predator carefully and patiently grooms a vulnerable adult for the type of relationship they seek. They gain the vulnerable person’s trust, break down their defenses and manipulate them into performing or permitting the desired sex act or behavior they seek. If necessary, the predator will gain access to the vulnerable adult by employing the same techniques with the victim’s parents or caretakers. The process is called grooming. It increases the predator’s access to his victim and decreases the likelihood of discovery. Grooming occurs in three basic forms:

1. Physical
2. Psychological
3. Community

*Physical grooming involves touch.* The perpetrator may initially touch the vulnerable adult in completely acceptable ways and, as the victim becomes more familiar with the abuser, he or she then increases the level of sexual contact by gradually conditioning the vulnerable adult. Eventually this will lead to sexual touch. These acts are so subtle that the vulnerable adult does not realize what is happening.
Psychological grooming is equally subtle and similarly progressive. The predator may begin by showing careful and special attention to the vulnerable adult by being friendly, empathetic, or very understanding. The abuser creates a sense of dependence in the vulnerable adult by developing a special relationship with them. The perpetrator eventually convinces the vulnerable adult that they have caused the behavior the perpetrator inflicts. In many ways, it is like brainwashing the vulnerable adult. Physical threats of injury to the vulnerable adult or their family may take place. All of these techniques leave the vulnerable adult conflicted, confused, helpless and dependent.

Community grooming provides the perpetrator with the environment they need to do their manipulations. They project their image as a wonderful person to the families, employers, and others in the community. They mimic the behavior of good caregivers to get access to their victims. They do good things to accomplish a very evil act. When anyone makes a comment about the integrity of the perpetrator the community acts with outrage—not at the perpetrator, but at the accuser, because the acts seem inconceivable from this individual.

Paying careful attention to the abuser’s grooming behaviors provides us with an effective tool to monitor vulnerable adults who are often too trusting. We must advocate for these persons to eradicate the risk of harm.

End of Article II
The Prevention and Mitigation of Abuse of Vulnerable Adults Part III: Mitigation

By Paul Ashton, Psy.D., D.Min.

As readers of the Protecting God’s Children® for Adults articles, you have learned about the signs of child sexual abuse, the traits of those who may present a danger to children, and measures you can take to prevent abuse. The next series of four PGCA articles explores other vulnerable populations. The Church is studying vulnerable populations such as the elderly, handicapped, mentally ill, and intellectually challenged. As members of the Catholic community, we must learn about the threats these at-risk populations face and strive to stop the abuse. We hope you find these articles helpful in preventing the abuse of all vulnerable people.

Statistics tell us that the abuse of vulnerable adults is usually emotional, physical, or financial instead of abuse that is sexual in nature. Exploitation of a sexual nature has been reported to be one percent of the cases of abuse. Approximately 500,000 allegations of abuse against vulnerable adults are reported to Adult Protective Services each year, but it is thought that only a small percentage of cases are ever reported. Studies indicate that as many as 10 percent of the vulnerable adult population is subject to abuse and that only one-in-six cases of abuse are ever reported.

While bias against vulnerable adults is a major contributing factor to the low reporting and prosecution rates, the same factors that have an impact on the prosecution of child sexual abuse also play a major role when the victim is a vulnerable adult. An important aspect of this problem is the fact that these are adults and they have the right to consent to or to refuse participation in the report, investigation, or prosecution of the matter; however, many are very fearful to do so.

When the victim is an adult with developmental disabilities, the offender is often a caregiver. However, when the victim is an elderly person, the most likely perpetrator is a family member. Forensic evidence is hard to find and it is often a challenge for prosecutors to find ways to convince a jury than an adult-child would deliberately harm a parent or elderly family member.

Some of the warning signs of an inappropriate relationship with a vulnerable adult are the same as those that indicate someone is a potential risk to harm a child. Warning signs are:

1. Always wants to be alone with the person;
2. Discourages others from being around and arranges to have the targeted person in areas where they cannot be monitored;
3. Thinks the rules do not apply to them; or
4. Uses bad language or tells dirty jokes around the person.

Additional signs that indicate a caregiver is a risk of harm to a vulnerable adult can be found when:

1. The person acts with indifference toward the vulnerable adult in his or her care; or
2. The caregiver or family member prevents the adult from speaking to visitors.
Using these warning signs as a guide to screen out possible perpetrators of abuse, we further protect vulnerable adults by controlling access to those who are vulnerable by:

1. Using written, standard applications when employing or contracting with a caregiver;
2. Requiring a type of criminal background check or making sure the facility where the vulnerable adult lives enforces this employment practice;
3. Checking the references of people who come forth as caregivers; and
4. Having face-to-face interviews with the caregivers and communicating with them often.

Monitoring techniques should include making sure all family members have access to the programs in which the vulnerable adult is involved. In addition, facilities serving the vulnerable adult population should have policies regarding the use of secluded areas. If it is a home situation, various family members should check in randomly, including during bathing/showering times and throughout the day.

Most importantly, being aware of the vulnerable persons in our lives is crucial. It is extremely important to talk with, listen to, and observe the vulnerable adults in our lives. Listen between the lines and pay careful attention to even the slightest signs of fear in a vulnerable adult. Do not ignore any sign that makes you uncomfortable. Act upon and investigate this as soon as you are able.

Most especially notice the following:

1. Injuries such as cuts, bruises, and other wounds that appear to be uncared for or do not heal;
2. Poor skin color, sunken eyes, dehydration, or apparent malnutrition;
3. Frequent trips to the hospital;
4. Soiled clothing, apparent pain upon touching;
5. Lack of social contact;
6. Fear, anxiety, anger, depression, and confusion; or
7. Apparent disorientation or confusion and far-fetched stories to explain their situation and/or circumstances.

It is extremely important to remember that one of the key warning signs that indicates a caregiver or family member is abusing a vulnerable adult is that the caregiver or family member isolates the victim from other people. They refuse to allow visitors and keep the vulnerable adult away from anyone who might observe the signs of abuse or neglect. In addition, the abusive caregiver passes off reports from the vulnerable adult as a part of their vulnerability—namely, they are confused, unreliable in relating the truth, or have dementia or another cognitive dysfunction. Caretakers may also claim that the vulnerable adult is getting back at them for not allowing them to eat a favorite food or that the vulnerable person is telling lies about the caregiver to hurt them. Here again we note the grooming behaviors.

In addition, there are environmental signs that a vulnerable adult is being abused. Living conditions that are inadequate or consistently unclean is cause for concern. Other environmental clues include room temperatures that are extreme and foul odors in the home. When the vulnerable adult always appears hungry, has unusually poor hygiene, has financial problems that were not there previously, or experiences the disappearance of items, e.g., jewelry, clothing, cash, etc., the time to act has come.
The most important thing anyone can do to prevent this from happening is to report any suspicion of abuse against a vulnerable adult to the authorities as soon as possible. Communicating concerns prevents abuse from continuing. Continue pursuing your concerns until you are satisfied that safety has been achieved. Each of us has the moral responsibility to report suspected abuse. If we notice that a caregiver or family member is behaving in a way that indicates they are a risk to the vulnerable adult, communicate your concern to that person or report the suspected problems to someone who can make a difference as soon as possible.

End of Article III
As readers of the Protecting God’s Children® for Adults articles, you have learned about the signs of child sexual abuse, the traits of those who may present a danger to children, and measures you can take to prevent abuse. The next series of four PGCA articles explores other vulnerable populations. The Church is studying vulnerable populations such as the elderly, handicapped, mentally ill, and intellectually challenged. As members of the Catholic community, we must learn about the threats these at-risk populations face and strive to stop the abuse. We hope you find these articles helpful in preventing the abuse of all vulnerable people.

When considering the position of any adult as “vulnerable”, we must also look at persons in the caregiving role. A vulnerable adult can be anyone who shares a caregiving or ministerial relationship with another person where there is a presence of unilateral power. For example, relationships such as those between a teacher and an adult student, a spiritual director and a directee, a psychotherapist and a client, or a doctor and their patient all constitute helping relationships where one person has power over the other. Despite the age, consent, and disposition of an adult in this type of relationship, the adult who is ministering is always responsible for upholding professional boundaries. When a professional or person who is ministering or volunteering abuses their position of power with another adult, it is a serious violation of trust, ethics, and morality. Persons approaching others for help are always vulnerable in this regard.

There are those with psychological or character logical disorders who approach others for assistance in ministry. In many cases, these are not known until you are well into the caregiving relationship. Careful attention must be paid in all situations, and supervision is always beneficial, if not required, when a member of the clergy, religious or minister/volunteer offers pastoral counseling, spiritual direction, or pastoral advice in any manner. In these cases, outside assistance should be sought immediately to assist you in determining the best course of action to protect yourself and others for any potential harm.

The voices of those who have been abused suffer from being silenced. It may bring us a better understanding to hear their stories through these case studies so that we can grasp the depth of the pain and difficulties one must endure when abused.

Let us hear now from four individuals whose voices have been stifled, silenced, or taken away.

**CASE STUDIES**

**John**

My name is John. I am 44-years-old and have been living in a beautiful home run by the Brothers who have always been so nice and kind to me. I am a person living with Down syndrome and my family is too old to take care of me. They brought me here 10 years ago and I love it. The food is good, and we have lots of things to do. There used to be lots of Brothers here, but a lot of them died because they were too old. I miss them; they were always nice to me. My parents can’t come too often anymore because my dad has a hard time to drive, but they come as often as they can and bring me nice things. I miss them, but I talk to them on the phone.
There are lots of new people working here. I miss the old ones who were nicer. I try to clean my room and keep everything nice, but the new workers get mad. I am not supposed to say anything. Some of them yell at me, but then they get to be nicer when I give them some of the chocolates my parents give me. Sometimes I give them some of the presents I get from people and then they don’t yell.

I have been having a problem and I can’t make it to the bathroom at night fast enough and then I have an accident. The man who works at night gets really mad and I am afraid of him. He yells all the time and he pinches me really hard and makes me sleep in my wet pajamas. It gets really cold and he takes my blanket away.

Last week he hit me and it hurts. I am really afraid to tell anyone because he told me that if I do they will throw me out and I will have to sleep on the road. I don’t know what to do.

Lisa

My name is Lisa. I can’t talk; I can’t move my fingers or my arms or legs. I can’t do anything. I am 28 or 29 now. I forget. The days and nights seem all the same. I have been living in this nursing facility for seven years since my parent’s insurance ran out and I had to leave the rehab. I was in a car accident when I was 19. My three friends died in the crash; I survived, sort of. We weren’t drinking and driving or doing anything wrong, but the man driving the truck who hit us was really drunk. The doctors diagnosed me with complete quadriplegia, and I need a ventilator to breathe.

I cannot begin to describe all of my feelings to you because much of what I feel I forget. I am sad most times, but happy when friends and family visit. They take good care of me here and make me feel comfortable and loved. I feel loved.

A while ago a new guy who works here was hanging in my room a lot. He seemed very nice. He comes to wash and sweep the floors and empty the trash and things. One night, very late, he came into my room and raped me. I couldn’t move, I couldn’t scream, I couldn’t say anything. I didn’t feel anything. He came back three more nights and did the same thing. He didn’t hurt me, but I don’t know why he is doing this to me. I wish he would go away and it would stop.

My body is changing and they don’t know why. I keep hearing them talk about pregnancy. My parents are furious and I can’t say anything.

Agnes

Hello, I am Agnes. I am almost 89 years old and very proud of it. I live at the same home I shared with my husband and family and my own mother and father since I was born. Can you believe that I have lived here for 89 years? This was my grandparents’ house. They lived and died here and my parents did, too. When my husband died 12 years ago, I made my children promise to never send me to a nursing home. I want to live and die here. This is where I belong.

Everything had been going along very well for a long time, but I am getting older now, and things are harder to accomplish. My children come and visit and my grandchildren come, too. They help me with chores around the place and keep the house in good shape. All of my friends and old neighbors have died or moved and gone away.

I watch mass on TV and the priest and deacon visit. They suggested to my daughters for me to get food delivered every day from Catholic Charities. They said I was eligible. They have free hot lunches made by the vocational high school students delivered five days per week. I didn’t want any part of it, but they said I should try it. I did and the lunches were great. They tasted good, and the elderly man who delivered them every day was so nice. We became good friends. He used to do extra things for me and never ever
charged me a penny. He did take a piece of pie or some candy once in a while, but was always so nice. Then he got sick and couldn’t work anymore. I found out later that he was a volunteer! God bless him.

It has been a real nightmare since. He was replaced by a young man around 26 years old. At first he was very nice. He came in and asked to use the bathroom once, and then another time asked for a glass of water. We became friendly too, but he became very mean. The first time he asked to borrow money was fine. I gave him 10 dollars and he gave it back a week or so later. Then he asked for 20 and then more and more. He kept saying that he had a sick mother at home without food. He even took some of my free meals to give her. I finally had to say that I couldn’t give him any more money, and then he said that he would hurt my granddaughter who is only 17 years old. He saw all of my family pictures and asked about everyone and I told him all about them. He asked where one of my granddaughters lived, where she went to school and so on. I didn’t think anything of it at the time, but I soon found out why he wanted to know. I am so afraid. I don’t sleep anymore, and I am quickly running out of money. Now he says that he wants me to give him some of my jewelry. I am afraid to tell anyone. I feel trapped and alone. How did this happen?

Jeff

My name is Jeff and I am 21 years old. My life is really a mess. I am drinking more and more to forget about my problems. I lost my job and I am living in my parent’s basement. I have lost all respect for myself and everyone in my family has lost respect for me.

My parents gave me an ultimatum and told me to clean my act up. They suggested a therapist and I went for a few sessions, but it wasn’t working. I started going to AA meetings and that was helpful and I started all over again being sober. One of the people at the AA meeting told me that she knew a really good spiritual counselor who worked in one of the local churches. She said that the counselor had a background in addictive behaviors and she only charged twenty-five dollars per session, so I called her and gave it a try. I went to a few sessions and she was really understanding and helpful. She was about 49 years old and still very attractive, and she seemed to know me better that I knew myself. She really was a wonderful person. I had been going to see her every week for a few months and then she told me part of my problem was sexual. I trusted her. I don’t know what happened, because it happened so fast, but now I am in a sexual relationship with her. She says that it is healing for me. I really feel weird about the whole thing and I don’t know how to end it. I tried once, but she became very sad and started crying saying that she failed me, and she only wanted me to be better. I don’t know what to do or who to tell. I feel responsible for this whole mess and I don’t want her to get in any trouble or anything. I am so upset and confused; all I want to do is to go back to drinking.

End of Article IV
Answer the following Questions
Answer Key at the end of the Training

Protecting God’s Children for Adults

The Prevention and Mitigation of Abuse of Vulnerable Adults Part I: The Paradox of Vulnerability

1) The paradox of vulnerability is best described as
   A) The ability to be empathetic to the sufferings of others.
   B) Being aware of our own sufferings and uniting them with Jesus’ suffering.
   C) Being vulnerable isn’t about being weak; it’s about harnessing the necessary strength to be open and authentic.
   D) Making oneself appear weak so as to be in solidarity with victims.

The Prevention and Mitigation of Abuse of Vulnerable Adults Part II: Grooming Behavior

1) Psychological grooming by a perpetrator:
   A) Is a slow, deliberate and careful process.
   B) Is a rapid, cunning and efficient process.
   C) Includes physical threats to the victim and their families.
   D) Both A and C

The Prevention and Mitigation of Abuse of Vulnerable Adults Part III: Mitigation

1) When it comes to reporting the abuse of vulnerable adults, only ____ in 6 cases are ever reported to authorities?
   A) 2
   B) 1
   C) 3
   D) 0

The Prevention and Mitigation of Abuse of Vulnerable Adults Part IV: Case Studies

1) In a ministerial or professional relationship, what kind of power is essential to put a person in a vulnerable position?
   A) passive aggressive power
   B) contractual power
   C) unilateral power
   D) bilateral power
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THANK YOU FOR YOUR TIME

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