

## **VULNERABLE ADULT ABUSE**

### **Must a physician report suspected abuse of a vulnerable adult?**

Yes, when a physician has reasonable cause to believe that abandonment, abuse, financial exploitation, or neglect of a vulnerable adult has occurred, the physician must immediately report the incident to DSHS.<sup>1</sup> If there is reason to suspect sexual or physical assault of a vulnerable adult, the physician must immediately report the incident to the appropriate law enforcement agency and to DSHS.<sup>2</sup>

### **What is a vulnerable adult?**

Vulnerable adults include persons who:<sup>3</sup>

- Are 60 years of age or older and have a functional, mental, or physical inability to care for themselves.
- Have been found legally incapacitated.
- Have a developmental disability (i.e. a disability attributable to intellectual disability, cerebral palsy, epilepsy, autism, or another neurological or other condition closely related to intellectual disability which developed before age 18 and has continued, or can be expected to continue indefinitely, or to require treatment similar to that required for intellectual disabilities, and which constitutes a substantial limitation to the individual.
- Is admitted to any facility.
- Is receiving services from home health, hospice, or a licensed home care agency.
- Is receiving services from an individual provider
- Who self-directs his or her own care, and receives services for compensation from a personal aide registered with DSHS.

### **How must the report of vulnerable adult abuse be made?**

An immediate oral or written report must be made to DSHS. The report should include as much of the following information as possible:

- The name and address of the person making the report.

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<sup>1</sup> RCW 74.35.035(1).

<sup>2</sup> RCW 74.35.035(2).

<sup>3</sup> RCW 74.34.020(17).

- The name and address of the vulnerable adult.
- The name and address of the facility or agency providing care for the vulnerable adult.
- The name and address of the legal guardian or alternate decision maker.
- The nature and extent of the abandonment, abuse, financial exploitation, neglect, or self-neglect.
- Any history of previous abandonment, abuse, financial exploitation, neglect, or self-neglect.
- The identity of the alleged perpetrator, if known.
- Other information that may be helpful in establishing the extent of abandonment, abuse, financial exploitation, neglect, or the cause of death of the deceased vulnerable adult.

#### **Can a physician be held liable for reporting suspected vulnerable adult abuse?**

Generally, no. A physician who in good faith makes a report or testifies about suspected abuse, neglect, abandonment, financial exploitation, or self-neglect of a vulnerable adult is immune from liability resulting from the report or testimony.<sup>4</sup>

#### **Are there any penalties for failing to report suspected vulnerable adult abuse?**

Yes. Knowing failure to make a report constitutes a gross misdemeanor.<sup>5</sup> Failure to file a required report may also subject the physician to civil liability if the failure to file a report is a proximate cause of an actionable injury. Failure to file a required report may also constitute unprofessional conduct which could result in disciplinary action.<sup>6</sup> See **UNPROFESSIONAL CONDUCT**.

#### **Are there any penalties for filing a false report of vulnerable adult abuse?**

Yes. A person who intentionally, maliciously, or in bad faith makes a false report of alleged abandonment, abuse, financial exploitation, or neglect of a vulnerable adult is guilty of a misdemeanor.<sup>7</sup>

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<sup>4</sup> RCW 74.34.050(1).

<sup>5</sup> RCW 74.34.053(1).

<sup>6</sup> RCW 18.130.180(7).

<sup>7</sup> RCW 74.34.053(2).