Elder Abuse and the Role of Adult Protective Services in California

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What Is Adult Protective Services?

Adult Protective Services is a county-based program that intervenes to remedy or reduce danger to dependent adults and frail elders that are at risk of physical, sexual, mental or financial abuse, neglect or self-neglect.

Pop Quiz!

1. When did elder abuse first become recognized by the Federal Government?

2. When did Adult Protective Services become a statewide program with mandated minimum standards for casework and reporting?
Elder Justice Act

- Signed into law as part of the Affordable Care Act.
- Mandates reporting of elder abuse crimes for residents of Skilled Nursing Facilities.
- Establishes a national resource center on elder abuse.
- Provides funding and support to Adult Protective Services.

SB2199

- W & I Code Changes
- Penal Code Enhancements
- Expanded Mandated Report
- State-wide Mandated APS Program
- Increased penalties for failure to report abuse
- State-wide mandated reporting of elder abuse
- 24 Hotline Established to Report Abuse

APS in CALIFORNIA

- All 58 counties have an APS Program
- Programs differ by county.
- All have some type of 24-hr. capability
- Rural counties may have APS and IHSS workers sharing cases.
- Geographical challenges in large, rural counties.
- Budgetary restrictions/fewer resources.
Realignment of APS

- 2011 State of California turned oversight of APS back to local government.
- Fiscal advantages for multiple programs.
- County APS programs vary significantly as a result.
- Limited APS data available about impact.

Incidence of Elder Abuse

- Prevalence estimate 4 - 6% of the US elderly population are victims.
- In CA, approximately 50% of cases are Self-Neglect, over 30% Financial Abuse


New York State Elder Abuse Prevalence Study

- Only 1 in 24 cases of abuse is reported.
- Annual incidence of approximately 260,000 abuse incidents.
- For every 1,000 elders over age 60, 76 will experience an abuse incident annually.
- Financial exploitation is the most commonly reported type of abuse.

Profile – the Abused

- Majority are women age 75 and older
- Usually live with the abuser
- Depend on the abuser for care
- Abusers often dependent financially, emotionally on the abused
- Often reluctant to tell someone about the abuse due to shame
- Fear of consequence for reporting

Why Elders and Dependent Adults?

- Increased vulnerability due to functional dependency on others
- Medical frailty
- Cognitive impairment
- Dwindling support system
- Caregiver burnout
- Financial incentives

Types of Abuse Mandated to be reported in CA

- Physical (including sexual)
- Isolation
- Abandonment
- Neglect of Other
- Financial abuse – undue influence
- Self neglect
- Emotional/psychological abuse (not required but encouraged)
Indicators of Physical abuse
- Improper care of injury
- Injury inconsistent with explanation
- Bruises, welts, discoloration
- Unexplained bruises/welts in different stages of healing
- Unexplained dehydration
- 3rd stage bedsores
- Bruises, swelling or bleeding in external genitalia, vagina or anal areas

Financial Abuse
- Title changes in real property or will when the person is incapable of understanding the nature of the transaction
- Suspicious withdrawal of cash/ unusual activities from financial accounts
- Inclusion and undue influence and control of financial decision-making
- Forging and signature inconsistency
- Pattern of spending changes
- Numerous unpaid bills

Isolation
- Intentionally isolating a person from social contacts such as telephone calls, visits and receiving mail
- "False imprisonment"
- APS gets many reports from distant family and concerned friends
Abandonment

- Desertion of an elder or dependent adult by a person
  - Who has assumed responsibility for providing care, OR
  - Who has physical custody of that elder or dependent adult.

Indicators of Neglect

- Failure to assist in personal hygiene or in the provision of food, clothing or shelter
- Failure to provide medical care for physical or mental health needs
- Failure to protect health or failure to prevent malnutrition
- Use of physical, chemical restraint or psychotropic medication for punishment, or beyond that use for which the medication was ordered pursuant to a physician or surgeon

Neglect by others/Severe Bodily Injury
Self-Neglect/Inability to Manage Indicators

- Dirt, fleas, lice, rashes, sores, fecal/urine smell, inadequate clothing, malnourishment, dehydration
- Cluttered, dirty living environment
- Self-endangering behavior—suicidal acts, wandering, refusing medical attention, isolation, substance abuse
- Hoarding, giving money away, failure to pay bills

Hoarding and Cluttering Behaviors

Mental Health Association of San Francisco
Institute on Compulsive Hoarding and Cluttering

http://www.mentalhealthsf.org/programs/chc/

Impact of Compulsive Hoarding

- Significant distress or impairment in functioning
- Reclusiveness
- Death
- Homelessness
- Shame and depression
Overarching APS Framework

**Mission**
To maintain the health and safety of elders and dependent adults in the community in the least restrictive environment.

**Guiding Principle**
Every action taken by Adult Services must balance the duty to protect the safety of the vulnerable adult with the adult’s right to self determination.

APS Interventions

- Conduct investigation and forward findings to local law enforcement as appropriate.
- Arrange for the immediate safety of the individual.
- Develop a plan for the care and safety of the individual and their property.
- Initiate referral for conservatorship, when necessary.
- Refer to community agencies and support resources.
- General advocacy.

Intake Process

- Intake worker receives call or faxed report
- Report of Abuse (SOC 341) is generated
- Assigning supervisor reviews the Report of Abuse and determines the response time
- Cases needing immediate response will be forwarded to an Urgent Response worker to follow up
- Non-urgent cases will be disseminated to the carrying units to respond accordingly.
APS Worker's Dual Role

- Goal:
  - Gather information as evidence
  - Coordinate with Law Enforcement
  - Develop plan to prevent future abuse or neglect.
  - Interview client, alleged abusers and collateral
  - Investigate indicators of abuse or neglect
  - Gather evidence such as bank statements, legal documents, and significant contact info
  - Preserve evidence by taking pictures
  - Coordinate with law enforcement and justice system

- Maintain client in his/her own home in the community for as long as possible to prevent institutionalization.
- Build rapport
- Carry out biopsychosocial assessment
- Be clinically aware
- Provide advocacy
- Provide needed S/T case management
- Link client to resources
- Monitor compliance and progress

Barriers to Services

- Stigma and shame
- Client refuses to cooperate
- Cultural perceptions
- Bad experiences in working with social service or "government" agencies
- Language barriers
- Mental capacity
Self Determination

- Respect for self-determination of the client except when a crime has been committed
- A victim may refuse/withdraw consent at any time to an investigation or to services by APS, unless a Penal Code Section has been violated
- If an individual lacks capacity to give consent or is under the influence of other(s) a petition for temporary conservatorship may be initiated
- Least restrictive services

Probate Conservatorships

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<tr>
<th>Estate</th>
<th>Person</th>
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<tbody>
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<td>There must be evidence that the conservatee is substantially financially resources or resist influence.</td>
<td>The proposed conservatee is unable to properly provide for his personal needs for physical health, food, clothing, or shelter</td>
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Determining Capacity

- MSWs/LCSWS cannot legally determine capacity
- Referral to physician or psychologists
- The Probate Court determine one’s legal capacity.

Probate Code 810-813 http://www.leginfo.ca.gov/cgi-bin/displaycode?section=prob&group=00001-010000&file=810-813
What Must be Reported?

Mandated Reporter, who in their professional capacity, or within the scope of their employment

Has observed, reasonably suspects, or has knowledge of an incident that reasonably appears to be:

PHYSICAL ABUSE, NEGLECT, ISOLATION, FINANCIAL EXPLOITATION, ABDUCTION, ABANDONMENT, OR PSYCHOLOGICAL ABUSE

How to Report

- APS Jurisdictions must have 24 Hour reporting Capabilities.

- To Report Abuse call the county where the abuse occurred. Refer to Handout with County Lists.

- File Written Report within 2 Business Days; FAX to APS jurisdiction where the client lives.

Who is a Mandated Reporter?

- Agency employees providing services to elder/dependent adults
- Nutrition service employees
- IHSS providers
- Adult Day Care facilities employees, Regional Centers
- Law Enforcement, Public Guardians, Conservators
- Welfare Dept. Employees, County Employees
- Clergy
- Financial Institutions/Notaries
- Day Program for clients with Developmental Disabilities
- Independent Living Centers camps, foster homes

*Anyone working in a setting that serves the elderly or adults with disabilities is mandated reporter.
Bay Area APS Reporting Numbers

- APS – SF County 415-355-6700
- APS – Alameda County 510-577-1900
- APS – Contra Costa 925-646-2854
- APS – Marin County 415-499-7118
- APS – San Mateo 1-800-675-8437
- APS - Napa County 707-253-4625
- APS – Sonoma County 1-707-565-5940

Forensic Centers

- Four Forensic Centers in California
  - San Francisco www.sfefc.org – Attend a Meeting!
  - Los Angeles: Herschell Larrick – Herschell.Larrick@aging.org
  - Orange County: www.elderabuseforensiccenter.com
  - LA: www.laelderabuse.org
  - San Diego: http://www.sandiego.gov/sandiegofamilyjusticecenter/services

- Two in US outside of CA
  - New York: http://nycace.com/
  - Hawaii: http://www.elderjusticehonoilu.com/

California Elder Justice Coalition

Review the Blueprint for more information about California’s current response to Elder abuse.

http://wiseandhealthyaging.org/cejc-blueprint
Ageless Alliance
United Against Elder Abuse
http://agelessalliance.org/

National Adult Protective Services Association
http://www.napsa-now.org/

National Committee for the Prevention of Elder Abuse
http://preventelderabuse.org/