n 87-year-old woman with senile dementia, whose husband/sole caregiver has just committed suicide by shooting mself in their home, is unable to care for herself. She does not know when to take her own medications. She has no mily in the area. Immediate response is requested • A 23-year-old developmentally delayed man is living with relatives e attends a day program and was arriving there on a regular basis with spoiled food for his lunch, which was prepared to his family • An 81-year-old diabetic wheelchair user is left alone all day without food. She has cognitive impairments and stays in the basement room with only a commode and no kitchen or bathroom access. She may not be able to ansfer to the commode. Plastic sheeting covers the stairway to the rest of the home • The victim is a 57-year-old mar agnosed with bi-polar disorder. There is no running water in the home and no electricity. The toilet and sinks do no ork. There are feces on the carpet and the **or program of the post program**. He does not follow doctor's refers and is non-compliant with his medicators is house while the specific or has not paid his mortgage of ome owners' association fees • A 90-year **Margaretic** for himself or his spouse who is now hospitalized oth he and his wife have refused additional help in the past They currently receive minimal help of three hours a ceek. The home is cluttered and unsafe. The functional help in the past for approximately one month. Their son has cen contacted and is unresponsive • A 6 **Decat** all **Caretic Creater** for the victim's other son, who is allegedly a crack idict and abusing the victim. The reporting party received a letter from the victim's other son describing unsanitary

ving conditions, abuse and neglect to the v timidated by the abusive son that she will le epatitis C, vertigo, asthma, sleep apnea, and s ctim's prescription medications and placing h edications • A 79-year-old female who lives uring the conversation, she had no idea what he was speaking to, what they were talking abo o care for herself • A 71-year-old woman has l he family believes her husband is putting son

The letter writer adds that the victim is so 52-year-old female suffers from osteoarthritis ple sclerosis. The care provider is stealing the r to appointments under the influence of these a was contacted about non-payment of a loan alking about. She asked at least five times who y is concerned for her mental status and abilit The alleged victim is trying to change her will

de found a 61-year-old male victim lying in urine and feces. Broken glass and cigarette butts were on the floor • A 8-year-old alleged victim is being intimidated by daughter. During a Medi-Cal eligibility meeting, the daughter hit the ctim in the arm and later pushed her into the car. The daughter is trying to keep other family members away from the puple, yells at the victim, and threatened the doctor with a malpractice suit • An 83-year-old woman has Alzheimer's ad her husband also has memory problems. A son hired a caregiver who frequently doesn't show up for work and elicit oney from them. Their church has found another caregiver, but there may be problems firing this one • A recen pen-heart surgery patient, a 72-year-old male, was physically assaulted by his adult son in the home resulting in need or minor medical care. The son is also financially exploiting the client, leaving him with no money for food. • A on is failing to give his 62-year-old, mentally ill mother her medication correctly. This contributes to the woman's elusional behavior. She sleeps for two to three days at a time. The son leaves her alone. He uses her money for his owr eeds. • A 62-year-old diabetic man woke one day with his hands taped onto his wheelchair. His daughter gave him to shots and he passed out. The daughter took \$500 from the client's account. • A frail 91-year-old woman with

on March 5, 2004...

A 72-year-old woman is allegedly being abused physically by her son and possibly also emotionally by her husband. Physical abuse resulted in bruising. The victim is afraid to report any abuse.

The son of an 80-year-old woman is taking all her money, the title to her house, and "everything else."

A frail 91-year-old woman with mild dementia, receiving hospice services in her home, suffered bruising and skin tears resulting from physical abuse by one of her care providers.

A home health aide found a 61year-old male victim lying in urine and feces. Broken glass and cigarette butts were on the floor.

An 81-year-old diabetic wheelchair user is left alone all day without food. The victim is unclear in her thinking processes. She stays in a basement room with only a commode and no kitchen or bathroom access. It is unclear whether she can transfer to the commode. Plastic sheeting covers the staircase to the rest of the house.

A 71-year-old woman is threatened and intimidated by her son who lives in the back yard and abuses drugs and alcohol. The victim is extremely fearful of her son.

A realtor pressured and used undue influence on an 85-yearold man to take advantage of the sale of his home.

An 82-year-old woman has sores all over her body. She is dirty, her house is filthy and cluttered; there are probably roaches and rats.

It all happened on just one day.



Friday, March 5, 2004, to be exact. It was a **Day in the Life** of the Adult Protective Service (APS) agencies in California's 58 counties, who reported the calls they received in this 24 hour period. There were 327 calls. If this number isn't staggering enough, consider this: only 1 in 14 incidences of abuse or neglect is actually reported. And in cases of financial abuse, only 1 in 100 is reported.

This snapshot in time portrays alarming images of ongoing assault, profound self-neglect, suicide attempts, financial exploitation and elderly people living in squalor, fear and in many cases, swirling in dementia.

How are abuse and neglect defined?

- Physical abuse includes slapping, hitting, beating or pushing.
- Abuse includes the use of physical restraints without written doctor's orders, including confining a person against their will.
- Sexual abuse is any kind of sexual activity to which the victim either does not consent, or is incapable of consenting to.
- Emotional abuse includes verbal abuse, threats, and intimidation.
- Abandonment occurs when a caregiver deserts the elderly or dependent person.

- Neglect by a caregiver includes ignoring a person's physical or medical care needs, or denial of food or medication. People can also be referred for self-neglect if they are failing to adequately care for themselves.
- Financial abuse or exploitation includes the misuse of the person's assets, property or possessions, or manipulating the senior or dependent adult for the financial gain of another.

Who is most at risk?

Elderly folks and dependent adults. We define them like this: An elder is defined as a person over the age of 65. A dependent adult is defined as a person 18–64 years of age with a significant disability that limits their ability to protect or care for themselves.



In a comparison with the U.S. 2000 population census data, while the population decreases with age, victimization of older men and women increases.

Currently, the State has 3.5 million people over the age of 65—the largest older adult population in the nation. This figure is projected to increase by 172% over the next 40 years, with most of the growth occurring in the next 20 years! With this increase in life span of the elder population will also come increases in adults victimized.

As the State's population ages, the risks and impacts of abuse escalate.

The overall results of a Day in the Life included the following statistics:

- 37% of the abuse victims are 80+.
- 63% of the elderly abuse victims are female.
- 27% were dependent adults.
- 64% of the victims have major medical issues.
- 53% of the victims are described as exhibiting some degree of cognitive impairment.
- 26% of the victims of all types of abuse are described as self-neglecting.
- 42% of the alleged perpetrators are family members.

- Family members and health care providers make the majority of the calls to APS.
- The complexities of the abuse issues indicate that the victims are likely to need interventions from more than one agency (e.g., mental health, law enforcement, In-Home Supportive Services), reinforcing the importance of multidisciplinary teams in the treatment of adult abuse.

Types of abuse reported on March 5, 2004:



Who is responsible for this abuse?

Nearly a third (102) of the reported cases on that one day were self neglect.

The rest were committed by:

Caregiver	53
Spouse	30
Parent	12
Other Family Member	90
Friends	13
Service Professionals	27

As percentages, the perpetrators break down like this:

Self 31%
Family 40%
Caregiver 16%
Service Professionals 8%
Friends 4%

What can we do about this abuse?

County Adult Service

Programs can receive abuse allegations, conduct assessments, provide services, coordinate efforts of community resources, family, friends and neighbors in attempts to reduce or eliminate the risk to the elderly or dependent person.

Members of the public

can report suspicious actions or concerns to statewide and local APS hotlines, and support local programs that work to prevent or resolve the abuse of elderly and dependent adults. **Lawmakers can** promote research and data collection into both causes of abuse and effective service delivery strategies, support more training for county APS and multidisciplinary team members, and increase funding for these critical programs in order to address widespread and growing elder and dependent adult abuse



in California.

Need to know more?

Consult your local telephone directory for the number of your county Adult Protective Services office to report abuse and neglect. They can also provide you with referrals and resources for

Contact CWDA for information about the

seniors and disabled adults.

- Day in the Life of Adult Protective Services report and statewide Adult Protective Services issues. (916) 443-1749.
- *G*o to www.cwda.org and click on Publications. *Y*ou can read or download this brochure and the full **Day in the Life** report.

on March 5, 2004...

An 86-year-old woman has memory loss, pneumonia, difficulty breathing and bruises on her body. She refuses to go to the hospital. She will die in her house if she doesn't get medical attention.

An 80-year-old man is blind and trying to care for his wife who has Alzheimer's. Their mobile home smells of urine and feces. Their children do not visit.

An 88-year-old female with a history of dementia, arthritis, and hypertension is non-ambulatory. She had strong, foul body odor, black teeth, and appears not to have had a bath in a year. She is not receiving her medications properly.

A non-verbal 68-year-old woman with unknown medical problems lives with her husband and daughter in a violent household. The daughter's husband has been physically assaultive to all.

The wife of an 88-year-old man with dementia threatened to give him all his medication to end his life.

A 77-year-old man and his wheelchair-dependent wife live with a daughter and nine other family members. The man has suffered a serious permanent shoulder injury in the past as a result of his daughter pushing him into a railing. The victim and wife lock themselves in their room because they fear family members.

A 100-year-old lives with others in a home which is in deplorable condition and a health hazard.

What happened to the people in crisis on March 5, 2004?

APS interventions vary depending on the client's circumstances, the resources available within the community and the resources available within the APS agency. Here's how four were handled.

The victim is an elderly woman with senile dementia. Her husband and sole caregiver has just committed suicide by shooting himself in their home. The woman was unable to care for herself. She did not know when to take her own medications. Immediate response by APS was requested.

INTERVENTION: The woman was taken for psychiatric and medical evaluation. Relatives provided short-term 24-hour care. The Public Guardian's office was brought in and the person was conserved. The Public Administrator was contacted to assist with her husband's funeral arrangements. Multiple guns were found in the victim's home that she threatened to use on herself and others, so the guns were removed. The victim connected with Meals on Wheels and was provided an emergency response button. Staff from APS and Public Guardian provide ongoing monitoring and assistance.

. . .

A 74-year-old man was found by his caregiver after being on the floor of the home for two to three days. The paramedics were called. The victim was dehydrated and transported to the hospital.

INTERVENTION: County APS arranged immediate medical care and

then met with the client and his home health care manager to discuss his increased care needs. Assisted living was encouraged and offered to which the man agreed. With the client's consent, APS contacted family members who agreed to look into appropriate placement and monitor his care. APS provided care facility referrals. Unfortunately, due to his severe neglect, the client died in the hospital.

The 18-year-old male victim is autistic, developmentally disabled, and psychotic. His caretaker parents did not obtain needed medication or mental and physical health services for him. They also left him alone with relatives who had abused him as a child.

INTERVENTION: County APS interviewed the family and found that although the parents have difficulty coping with their son, they were willing to seek help. Staff obtained assistance through the In-Home Supportive Services program, and counseling services via the local Regional Center. APS followed up with the victim's high school counselor and medical provider and are assisting the parents in addressing care issues. The family is being served by an APS case manager.



While an 81-year-old woman was hospitalized for open heart surgery, her half-brother got her to sign a power of attorney and a quitclaim deed. He then sold her house without her knowledge or consent. The police were unwilling to press charges because of the power of attorney.

INTERVENTION: County APS investigated the situation, gathered information and alerted the Real Estate Fraud Division of the Department of Consumer Affairs. Contact was also made with a legal service agency with the goal of having a pro bono attorney assigned to handle the case as a civil proceeding. The case remains under investigation. The County Welfare Directors Association of California (CWDA) is a non-profit association representing the human service directors from each of California's 58 counties. The Association's mission is to promote a human services system that encourages self-sufficiency of families and communities, and protects vulnerable children and adults from abuse and neglect.

To accomplish this mission, the Association...

- **..Advocates** for policies that will further the mission of the organization.
- ... Educates state and federal policy-makers and the public regarding the impact of human services policies on individuals, communities, and county social services operations.
- ... Collaborates with governmental and community-based organizations to ensure efficient and effective service delivery.
- ... Facilitates effective communication between and among county social service agencies, and state and federal administrative agencies, including the exchange of knowledge and best and promising practices.



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