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

**Violence Against Elderly People**

The woman was unable to care for herself. She did not know when to take her own medications. Immediate intervention was requested.

**Intervention:**

The woman was taken for psychiatric and medical evaluation. Relative provided written documentation that the woman was dehydrated and transported to the hospital. As the hospital staff notified APS, the victim’s care was coordinated by the Public Guardian.

**Services:**

Meals on Wheels and APS intervention.

**Conclusion:**

The Public Guardian proceeded to contact others in the victim’s home that she threatened to use the guns.

Multiple guns were found in the victim’s home that she threatened to use the guns.

The Public Guardian proceeded to contact each of them.

The woman was taken for psychiatric and medical evaluation. Relative provided written documentation that the woman was dehydrated and transported to the hospital.

**Conclusion:**

The woman was taken for psychiatric and medical evaluation. Relative provided written documentation that the woman was dehydrated and transported to the hospital.

**Accomplished:**

Educating state and federal policymakers and the public regarding the impact of human services programs on individuals, communities, and creating social services.

**Collaboration:**

With governmental and community-based organizations to ensure efficient and effective service delivery.

**Facilitates:**

Effective communication between and among individuals, communities, and county social services operations.

**Mission:**

To accomplish this mission, the Association…

Facilitates effective communication between and among individuals, communities, and county social services operations.

**Advocates:**

Effective communication between and among individuals, communities, and county social services operations.

**Collaborates:**

With governmental and community-based organizations to ensure efficient and effective service delivery.

**Communicates:**

Effective communication between and among individuals, communities, and county social services operations.

**Promotes:**

Human dignity and worth and the importance of family, friendship, and community life for all individuals, particularly the vulnerable and disadvantaged.

**Protects:**

Vulnerable children from abuse and neglect.

**Educates:**

State and federal policymakers and the public regarding the impact of human services programs on individuals, communities, and creating social services.

**Collaborates:**

With governmental and community-based organizations to ensure efficient and effective service delivery.

**Facilitates:**

Effective communication between and among individuals, communities, and county social services operations.

**Mission:**

To accomplish this mission, the Association…

Facilitates effective communication between and among individuals, communities, and county social services operations.

**Advocates:**

Effective communication between and among individuals, communities, and county social services operations.

**Collaborates:**

With governmental and community-based organizations to ensure efficient and effective service delivery.

**Communicates:**

Effective communication between and among individuals, communities, and county social services operations.

**Promotes:**

Human dignity and worth and the importance of family, friendship, and community life for all individuals, particularly the vulnerable and disadvantaged.

**Protects:**

Vulnerable children from abuse and neglect.

**Educates:**

State and federal policymakers and the public regarding the impact of human services programs on individuals, communities, and creating social services.

**Collaborates:**

With governmental and community-based organizations to ensure efficient and effective service delivery.

**Facilitates:**

Effective communication between and among individuals, communities, and county social services operations.

**Mission:**

To accomplish this mission, the Association…

Facilitates effective communication between and among individuals, communities, and county social services operations.

**Advocates:**

Effective communication between and among individuals, communities, and county social services operations.

**Collaborates:**

With governmental and community-based organizations to ensure efficient and effective service delivery.

**Communicates:**

Effective communication between and among individuals, communities, and county social services operations.

**Promotes:**

Human dignity and worth and the importance of family, friendship, and community life for all individuals, particularly the vulnerable and disadvantaged.

**Protects:**

Vulnerable children from abuse and neglect.

**Educates:**

State and federal policymakers and the public regarding the impact of human services programs on individuals, communities, and creating social services.

**Collaborates:**

With governmental and community-based organizations to ensure efficient and effective service delivery.

**Facilitates:**

Effective communication between and among individuals, communities, and county social services operations.

**Mission:**

To accomplish this mission, the Association…

Facilitates effective communication between and among individuals, communities, and county social services operations.
It all happened on just one day.

Who is most at risk?

Eldery, frail and dependent adults. We define them like this: An elderly 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.

As the State’s population ages, the risks and impacts of abuse escalate. The overall numbers of cases in the State include the following categories:

- 37% of the abuse victims are female.
- 63% of the elderly abuse victim are female.
- 27% were dependent adults.
- 44% of the victims have severe medical issues.
- 56% 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.

In a comparison with the U.S. 2006 population census data, while the population decreases with age, there is a corresponding increase in women in men. Currently, the State has 5.5 million people over the age 60, with 1.5 million elderly adults. This number is projected to increase by 20% over the next 20 years, with or without the current increase in the over 60 group. With the increase in the elderly population, the nation, the State and the family increase in people who are elderly. Financial abuse or exploitation includes the misuse of the person’s money, assets, property or possessions, or denial of food or medical care. People can also be denied the ability to make health care decisions, or medication. People can also be denied the ability to make health care decisions, or medication.

How are abuse and neglect defined?

- Physical abuse includes slapping, beating, burning or poisoning.
- Sexual abuse includes sexual contact or intercourse without the victim’s consent.
- Financial abuse or exploitation includes the misuse of the person’s money, assets, property or possessions, or denial of food or medical care.
- Emotional abuse includes verbal abuse, threats, or intimidation.
- Abandonment occurs when a caregiver desert’s the elderly or dependent person.
- Neglect by a caregiver includes ignoring, preventing a person’s physical or mental needs, or failing to provide food or medication. People can also be denied the ability to make health care decisions, or medication.
- Emotional abuse includes verbal abuse, threats, or intimidation.
- Abandonment occurs when a caregiver desert’s the elderly or dependent person.

As percentages, the perpetrators break down like this:

- Family members 55%
- Friends 4%
- Self 31%
- Caregiver 53%
- Other family members 10%
- Service Professionals 27

Types of abuse reported on March 3, 2004:

- Physical abuse 15% Physical abuse 15%
- Financial abuse 17% Financial abuse 17%
- Emotional abuse, abandonment and neglect 26% Emotional abuse, abandonment and neglect 26%
- Self-neglect 26%

Who is responsible for this abuse?

Nearly a third (33%) of the reported cases in that one day were self neglect. The next most common category was family members and a health care provider. As a percentage, the perpetrators break down like this:

- Family members 55%
- Self 31%
- Caregiver 53%
- Friends 4%
- Other family members 10%
- Service Professionals 27

What can we do about this abuse?

County Adult Services Programs can receive abuse reports, allegations, complaints, investigations, interdisciplinary conferences of community resources, family, friends, neighbors and officials in attempts to reduce or eliminate the risk to the elderly or dependent adult.

Members of the public

- Can report suspicions actions or concerns to their local Adult Protective Services office to report abuse and neglect. They can consult your local telephone directory for the number of your county Adult Protective Services office.
- Friends . . . . . . . . . . . . . . . . 13
- Other Family Member . . . . . . 90
- Parent . . . . . . . . . . . . . . . . . 12
- Caregiver . . . . . . . . . . . . . . . 53

Abuse categories and percentages:

1. Emotional abuse, abandonment and neglect 26%
2. Physical abuse 15%
3. Financial abuse 17%
4. Self-neglect 26%
5. Other family members 10%
6. Service Professionals 27

Need to know more?

1. Contact your local Adult Protective Services office to report abuse and neglect. They will provide additional information and resources for the victim and abuser.
2. Contact CWDA for information about the Adult Protective Services report and statewide Adult Protective Services report. (1) 800-600-0808
3. Go to our web site and click on Publications. You can then view or download this brochure and the 2004 Adult in the Day report.

County Adult Services Programs can receive abuse reports, allegations, complaints, investigations, interdisciplinary conferences of community resources, family, friends, neighbors and officials in attempts to reduce or eliminate the risk to the elderly or dependent adult.

Members of the public

- Can report suspicions actions or concerns to their local Adult Protective Services office to report abuse and neglect. They can consult your local telephone directory for the number of your county Adult Protective Services office.
- Friends . . . . . . . . . . . . . . . . 13
- Other Family Member . . . . . . 90
- Parent . . . . . . . . . . . . . . . . . 12
- Caregiver . . . . . . . . . . . . . . . 53

Abuse categories and percentages:

1. Emotional abuse, abandonment and neglect 26%
2. Physical abuse 15%
3. Financial abuse 17%
4. Self-neglect 26%
5. Other family members 10%
6. Service Professionals 27

Need to know more?

1. Contact your local Adult Protective Services office to report abuse and neglect. They will provide additional information and resources for the victim and abuser.
2. Contact CWDA for information about the Adult Protective Services report and statewide Adult Protective Services report. (1) 800-600-0808
3. Go to our web site and click on Publications. You can then view or download this brochure and the 2004 Adult in the Day report.

Abuse categories and percentages:

1. Emotional abuse, abandonment and neglect 26%
2. Physical abuse 15%
3. Financial abuse 17%
4. Self-neglect 26%
5. Other family members 10%
6. Service Professionals 27

Need to know more?

1. Contact your local Adult Protective Services office to report abuse and neglect. They will provide additional information and resources for the victim and abuser.
2. Contact CWDA for information about the Adult Protective Services report and statewide Adult Protective Services report. (1) 800-600-0808
3. Go to our web site and click on Publications. You can then view or download this brochure and the 2004 Adult in the Day report.

Abuse categories and percentages:

1. Emotional abuse, abandonment and neglect 26%
2. Physical abuse 15%
3. Financial abuse 17%
4. Self-neglect 26%
5. Other family members 10%
6. Service Professionals 27

Need to know more?

1. Contact your local Adult Protective Services office to report abuse and neglect. They will provide additional information and resources for the victim and abuser.
2. Contact CWDA for information about the Adult Protective Services report and statewide Adult Protective Services report. (1) 800-600-0808
3. Go to our web site and click on Publications. You can then view or download this brochure and the 2004 Adult in the Day report.
It all happened on just one day.

A frail 91-year-old woman with her son who lives in the back house. And “everything else.”

An 82-year-old woman has sores just one day.

Who is most at risk?

• Elderly folks and dependent adults. We define them like this: An elder is 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.

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

The overall rate of a type of abuse on March 5, 2004 was:

• 37% of the abuse victims are 65 or over.
• 62% of the elderly abuse victims are female.
• 27% were dependent adults.
• 44% of the victims have major medical impairment.
• 35% 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.
• 45% of the alleged perpetrators are family members.

As percentages, the perpetrators break down like this:

- 42% of the alleged perpetrators are family members.
- 26% of the victims of all types of abuse are described as self-neglecting.
- 45% of the alleged perpetrators are family members.

Types of abuse reported on March 5, 2004:

- Physical abuse includes slapping, kicking, beating or pushing.
- Sexual abuse includes the sexual contact without the victim’s consent, including sexual penetration against their will.
- Emotional abuse includes the use of words or actions to cause emotional distress or pain - other than sexual contact.
- Neglect by a caregiver includes ignoring a person’s physical or mental health needs, or failing to provide food or medication. People can also be neglectful if they are not receiving their medications properly.

Who is most at risk?

Who is responsible for this abuse?

Need to know more?

We define them like this: An elder is 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.

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

The overall rate of a type of abuse on March 5, 2004 was:

• 37% of the abuse victims are 65 or over.
• 62% of the elderly abuse victims are female.
• 27% were dependent adults.
• 44% of the victims have major medical impairment.
• 35% 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.
• 45% of the alleged perpetrators are family members.

As percentages, the perpetrators break down like this:

- 42% of the alleged perpetrators are family members.
- 26% of the victims of all types of abuse are described as self-neglecting.
- 45% of the alleged perpetrators are family members.

Types of abuse reported on March 5, 2004:

- Physical abuse includes slapping, kicking, beating or pushing.
- Sexual abuse includes the sexual contact without the victim’s consent, including sexual penetration against their will.
- Emotional abuse includes the use of words or actions to cause emotional distress or pain - other than sexual contact.
- Neglect by a caregiver includes ignoring a person’s physical or mental health needs, or failing to provide food or medication. People can also be neglectful if they are not receiving their medications properly.

Who is most at risk?

Who is responsible for this abuse?

Need to know more?

We define them like this: An elder is 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.

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

The overall rate of a type of abuse on March 5, 2004 was:

• 37% of the abuse victims are 65 or over.
• 62% of the elderly abuse victims are female.
• 27% were dependent adults.
• 44% of the victims have major medical impairment.
• 35% 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.
• 45% of the alleged perpetrators are family members.

As percentages, the perpetrators break down like this:

- 42% of the alleged perpetrators are family members.
- 26% of the victims of all types of abuse are described as self-neglecting.
- 45% of the alleged perpetrators are family members.

Types of abuse reported on March 5, 2004:

- Physical abuse includes slapping, kicking, beating or pushing.
- Sexual abuse includes the sexual contact without the victim’s consent, including sexual penetration against their will.
- Emotional abuse includes the use of words or actions to cause emotional distress or pain - other than sexual contact.
- Neglect by a caregiver includes ignoring a person’s physical or mental health needs, or failing to provide food or medication. People can also be neglectful if they are not receiving their medications properly.

Who is most at risk?

Who is responsible for this abuse?

Need to know more?

As percentages, the perpetrators break down like this:

- 42% of the alleged perpetrators are family members.
- 26% of the victims of all types of abuse are described as self-neglecting.
- 45% of the alleged perpetrators are family members.

Types of abuse reported on March 5, 2004:

- Physical abuse includes slapping, kicking, beating or pushing.
- Sexual abuse includes the sexual contact without the victim’s consent, including sexual penetration against their will.
- Emotional abuse includes the use of words or actions to cause emotional distress or pain - other than sexual contact.
- Neglect by a caregiver includes ignoring a person’s physical or mental health needs, or failing to provide food or medication. People can also be neglectful if they are not receiving their medications properly.
It all happened on just one day.

Some 75 women over the age of 60 were taken unawares in one stroke. It was a day in the life of the Adult Protective Services (APS) in California. The calls the APS received that day were related to elder abuse.

How are abuse and neglect defined?

- Physical abuse includes slipping, falling, beating, and choking.
- Neglect includes the non-provision of basic personal care, food, or medical care.
- Emotional abuse includes verbal abuse, threats, or intimidation.
- abandonment occurs when a caregiver abandons the elderly or dependent person.

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

The overall results of a 1 day in the life include the following statistics:

- 31.2% of the abuse victims are adults 65 years and older.
- 23.5% are elders aged 80 and over.
- 20% are dependent adults aged 80 and over.

- Financial abuse or exploitation includes the misuse of the person's assets or financial needs.
- Neglect by a caregiver includes failing to adequately care for medical care needs, or denial of food, medication, or other necessities.
- Psychological neglect causes the elderly to be isolated from friends and family.

What can we do about this abuse?

County Adult Services Programs can receive abuse reports. They can also provide information, counseling, and referral services to community resources, family friends, and neighbors in attempts to reduce or eliminate the risk to the elderly or dependent adult.

Members of the public

Citizens report suspicion actions or concerns with the county Adult Protective Services (APS) hot line, 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 elder abuse of similar or effective service delivery strategies, support research training for county APS and adult protective teams, and increase funding for critical programs to address independent and growing elder and dependent adult abuse in California.

Need to know more?

1. Contact your local telephone directory for the number of your county Adult Protective Services. They can provide information, counseling, and referral services.
2. Contact (800) 221-2122 for the information about the report and statewide Adult Protective Services (APS) number.
3. Go to the website and click on Publications.
4. You can read or download this brochure and statewide Adult Protective Services (APS) number.

Go to www.cwda.org and click on Publications.

A frail 91-year-old woman with dementia threatens to end his life. He gives him all his medication. She threatened and intimidated by the staircase to the rest of the commode. Plastic sheeting covers the commode and no kitchen or bathroom is available. Cigarette butts were on the floor. A 72-year-old woman is allegedly being abused physically by her son who lives in the back of her home. She is dirty, her house is filthy and cluttered; there are probably roaches and rats. A 100-year-old lives with others in a home which is in the process of renovation. She had strong, foul body odor, hypertension is non-ambulatory. She is incontinent.

As a group, elderly people are probably roaches and rats. A 100-year-old lives with others in a home which is in the process of renovation. She had strong, foul body odor, hypertension is non-ambulatory. She is incontinent.

- Physical abuse includes slipping, falling, beating, and choking.
- Neglect includes the non-provision of basic personal care, food, or medical care.
- Emotional abuse includes verbal abuse, threats, or intimidation.
- abandonment occurs when a caregiver abandons the elderly or dependent person.

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

The overall results of a 1 day in the life include the following statistics:

- 31.2% of the abuse victims are adults 65 years and older.
- 23.5% are elders aged 80 and over.
- 20% are dependent adults aged 80 and over.

- Financial abuse or exploitation includes the misuse of the person's assets or financial needs.
- Neglect by a caregiver includes failing to adequately care for medical care needs, or denial of food, medication, or other necessities.
- Psychological neglect causes the elderly to be isolated from friends and family.

What can we do about this abuse?

County Adult Services Programs can receive abuse reports. They can also provide information, counseling, and referral services to community resources, family friends, and neighbors in attempts to reduce or eliminate the risk to the elderly or dependent adult.

Members of the public

Citizens report suspicion actions or concerns with the county Adult Protective Services (APS) hot line, 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 elder abuse of similar or effective service delivery strategies, support research training for county APS and adult protective teams, and increase funding for critical programs to address independent and growing elder and dependent adult abuse in California.
What happened to the people in crisis on March 5, 2004?

AP 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
insulin-dependent diabetes. Her husband and
roommates have just committed suicide by
destroying food she had stored in their home. She was dehydrated and transported to the hospital.**

**INTERVENTION:** The victim was taken to the nearest hospital andimal and needed medical care immediately to manage his increased care needs. Limited food was consumed and offered to which the victim was unable to care for herself. She did not know when to take her own insulin. Immediate response by APS was requested.

**The victim connected with the Public Guardian’s office who has conservatorship. APS requested an emergency response button. Staff from Meals on Wheels and was provided an emergency response button. Staff from APS and Public Guardian provided ongoing monitoring and assistance.

**A 78-year-old man was found in his car
outside the building he lives in. The paramedics who came to the scene were not sure if it was still running. The victim was dehydrated and transported to the hospital.

**INTERVENTION:** Great APS arranged immediate medical care and sent the victim with the client’s husband and home health care manager to manage his increased care needs. Limited food was consumed and offered to which the victim was unable to care for herself. She did not know when to take her own insulin. Immediate response by APS was requested.

**The 90-year-old victim is unique, developmentally disabled, and pre-
chronic. His caregivers did not obtain needed medication or coaching and physical health services for him. They also left him alone with relatives who had abused him at school. APS intervened on the client’s behalf and removed him from the home.**

**INTERVENTION:** County APS investigated the incident, gathered information and advised the Real Estate Division of the Department of Community Affairs. Contact was also made with a legal services agency with the goal of having a pro bono attorney appointed to handle the case in a civil proceeding. The case remains under investigation.

**White an 81-year-old woman was hospital-
ized for open heart surgery and was diagnosed with hepatitis C, vertigo, asthma, sleep apnea, and symptoms similar to multiple sclerosis. The care provider is stealing the victim’s prescription medications and placing her in danger by driving her to appointments under the influence of these medications.**

**INTERVENTION:** County APS investigated the incident, gathered information.adowed the Regional Center. APS followed up with the victim’s high school counselor and medical providers and are assisting the parents in addressing care needs. The family is being assessed by an APS case manager.

**The victim is an elderly woman with
insulin-dependent diabetes. Her husband and
roommates have just committed suicide by
destroying food she had stored in their home. She was dehydrated and transported to the hospital.**

**INTERVENTION:** The victim was taken to the nearest hospital andimal and needed medical care immediately to manage his increased care needs. Limited food was consumed and offered to which the victim was unable to care for herself. She did not know when to take her own insulin. Immediate response by APS was requested.

**The victim connected with the Public Guardian’s office who has conservatorship. APS requested an emergency response button. Staff from Meals on Wheels and was provided an emergency response button. Staff from APS and Public Guardian provided ongoing monitoring and assistance.

**A 78-year-old man was found in his car
outside the building he lives in. The paramedics who came to the scene were not sure if it was still running. The victim was dehydrated and transported to the hospital.

**INTERVENTION:** Great APS arranged immediate medical care and sent the victim with the client’s husband and home health care manager to manage his increased care needs. Limited food was consumed and offered to which the victim was unable to care for herself. She did not know when to take her own insulin. Immediate response by APS was requested.

**The 90-year-old victim is unique, developmentally disabled, and pre-
chronic. His caregivers did not obtain needed medication or coaching and physical health services for him. They also left him alone with relatives who had abused him at school. APS intervened on the client’s behalf and removed him from the home.**

**INTERVENTION:** County APS investigated the incident, gathered information and advised the Real Estate Division of the Department of Community Affairs. Contact was also made with a legal services agency with the goal of having a pro bono attorney appointed to handle the case in a civil proceeding. The case remains under investigation.

**White an 81-year-old woman was hospital-
ized for open heart surgery and was diagnosed with hepatitis C, vertigo, asthma, sleep apnea, and symptoms similar to multiple sclerosis. The care provider is stealing the victim’s prescription medications and placing her in danger by driving her to appointments under the influence of these medications.**

**INTERVENTION:** County APS investigated the incident, gathered information.adowed the Regional Center. APS followed up with the victim’s high school counselor and medical providers and are assisting the parents in addressing care needs. The family is being assessed by an APS case manager.
What happened to the people in crisis on March 5, 2004?

INTERVENTION: The woman was taken to the nearest pediatric and mental hospital. Relates provided short-term 24-hour care. The Public Guardian’s office was brought in and agreed to look into appropriate placement and welfare of the case. APS provided short-term referrals. Unfortunately, due to her mental status, the client died in the hospital.

While an 80-year-old woman was developmentally delayed, and pre-clinical, her caretakers did not obtain needed medical care or mental and physical health services for her. She later hid from social workers with relatives who had shared a house with her.

INTERVENTION: County APS investigated the family and found that although the parents had a delay in coping with their son, they were seeking to work help. Social worker assistance through the full home supportive services program, and counseling services were secured from the local Regional Center. APS worked up with the victim’s high school counselor and medical providers and are assisting the parents in obtaining care for their son. The family is being served by an APS case manager.

What is the family’s role in this situation?

After the family visits, they will continue to monitor and assist the hospital.

INTERVENTION: County APS screened the family and found that although the parents had a delay in coping with their son, they were seeking to work help. Social worker assistance through the full home supportive services program, and counseling services were secured from the local Regional Center. APS worked up with the victim’s high school counselor and medical providers and are assisting the parents in obtaining care for their son. The family is being served by an APS case manager.

View our website at www.cwda.org

September 2004

The County Welfare Directors Association of California (CWDA) is a nonprofit membership representing the human service directors from each of California’s 58 counties. The Association’s mission is to promote a human service delivery system that encourages effectiveness of families and communities, and protects vulnerable children and adults from abuse and neglect.

The County Welfare Directors Association of California (CWDA) is a nonprofit membership representing the human service directors from each of California’s 58 counties. The Association’s mission is to promote a human service delivery system that encourages effectiveness of families and communities, and protects vulnerable children and adults from abuse and neglect.

The County Welfare Directors Association of California (CWDA) is a nonprofit membership representing the human service directors from each of California’s 58 counties. The Association’s mission is to promote a human service delivery system that encourages effectiveness of families and communities, and protects vulnerable children and adults from abuse and neglect.