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Abuse, Neglect, and Exploitation of Vulnerable Elders

Educational Objectives

1. To describe the variety and dynamics of self-neglect and abuse.
2. To illustrate cases of familial self-neglect and of financial exploitation.
3. To demonstrate the roles that Adult Protective Services (APS) plays in the investigation of adult abuse, neglect, and exploitation.
4. To describe the protections available to vulnerable adults in the Commonwealth.

Case Study A

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Background

Self-neglect is the most frequent form of abuse and neglect substantiated by Adult Protective Services (APS) investigations. Moreover, these investigations often uncover complex and interrelated situations that require the combined skills and expertise of organizations working in concert.

Case Study

An APS complaint was received by the local DSS on John F., a 40-year-old diabetic male, non-compliant with his medications and mildly mentally retarded. A Sheriff's deputy, who had accompanied EMS to the home, called in the complaint. John also had a diagnosis of Schizoaffective Disorder and had past hospitalizations due to violent behavior and poor impulse control. Because of medical noncompliance, he had large bleeding ulcers on both legs and had lost feeling in one foot. The complaint also included John's 60-year-old diabetic mother who was bed ridden, blind, and unable to care for herself. Concerns existed about her safety while in her son's care. Environmental conditions added to the family's problems: there was no running water due to the failure of the family's well. Family members were using a bucket for elimination and had no way to bathe or clean the floors, which were reported to have human feces and blood from the client's ulcers.

DSS Response

Because of the complexities of the situation and questions about who the actual patient was, all of the service providers were asked to participate in developing a collaborative plan to ensure the safety and well-being of both mother and son. Once the Adult Protective Service investigation began, however, it was discovered that John's uncle was also in need of services. Because he did not complain and had less obvious problems, his needs had not become visible to his family members or the responders.

During a conference called by the DSS Director and attended by representatives of the Emergency Medical Service (EMS), the Community Services Board (CSB), the Sheriff's Department, the Health Department, the Department of Social Services (DSS) and John's extended family, the discussion centered on how to meet the needs of the client and his mother. John's primary care doctor, while not in attendance, had asked the CSB's psychiatrist to express his frustration with the client's noncompliance with home health services and medication and his grave concerns about the client's prognosis.

The Sheriff's deputies reported that in addition to the 40-year-old male and his mother, a brother and an elderly uncle were in the home. The brother was reported to have very mild cognitive difficulties, but able to work outside the home. He left whenever his older brother became aggressive. The uncle reportedly was afraid of his nephew due to physical assaults; however, he refused to press charges, fearing his nephew would only return home after any arrest. The deputies concurred with that assessment, and contended that no judge would believe the nephew was capable of criminal intent.

The CSB psychiatrist and the Health Department's nursing director stated that complications such as retinal detachment, massive sepsis and amputation were realistic outcomes for John and that he required intravenous antibiotics and ongoing skilled care. As a result, it was agreed that the DSS would file for an Emergency Protective Order due to John's self-neglect. Once the order was in place, a competency hearing would be arranged. The CSB agreed to provide documentation of his psychiatric problems and to contact the primary care physician for documentation of his medical issues. The Health Department and the DSS also agreed to another Universal Assessment Instrument (UAI) to document the need for skilled intervention. A cousin agreed to become the guardian if John was deemed incompetent.

The needs of the mother were questioned. Initially a UAI was identified as being needed, but review of a recent hospital statement indicated that the mother had been found eligible for nursing home placement. The group members also agreed that if water could be restored to the house, the brother and the uncle could remain in the home. The Health Department representatives, therefore, agreed to assist the extended family and to provide bottled water.

APS Investigation

The APS investigation found the home situation as described in the conference. It also was discovered that the uncle had serious medical problems. The muscles in his hands had contracted, and he only had pincher movement of his first finger and thumb on both hands. He had lost over twenty pounds in a very brief time and admitted to having severe difficulty in taking care of his own needs, although he was the primary caretaker in the family. He also explained that John had physically and verbally abused him because his infirmities made it impossible for him to do things as quickly as John wished.

The mother was willing to leave the home and her sons, but not to leave her brother. The APS staff, therefore, contacted the Health Department, which worked with the DSS to complete a UAI on the uncle. When he was found eligible for nursing home placement, he and his sister agreed to placement if they could live in the same home. Since placement was not immediately available, the DSS placed the mother and uncle in a motel and arranged for in-home services until two beds could be located in a

community nursing home. Within ten days, brother and sister were placed in a nursing home. The uncle, however, had several chronic medical problems that had been ignored for years. His health rapidly deteriorated. He died several months after his placement. His sister, however, remains in the home and is doing well.

John had to be hospitalized in order to stabilize him, and he then was moved to an assisted living facility. Due to complications from his medications, however, he had to be returned to the hospital. His condition did improve, but at the time of his discharge he required more intensive care than the first facility was able to offer. Therefore, he was placed in a facility with several levels of care. Since placement, his diabetes has remained under control, but he has not been able to move to a less restricted level of care due to the cumulative nature of his medical and mental health problems.

Conclusion

Although several community agencies and extended family members were involved with the client and his mother, it was only when these parties came together that it was possible to formulate a plan to protect the client from self-neglect and his mother from neglect. Before the collaboration, each of the involved parties operated with little awareness of what the others were doing, with the result that each was frustrated and unsure how to proceed. Collaboration was the key in developing a comprehensive plan to identify the problems of all of the family members and to offer a response to each problem.

In addition, because the various players had been responding to specific problems and complaints, they were unaware of the very serious health problems of the uncle. Because he did not complain, the parties who were concentrating on the more obvious presenting problems of the client and his mother did not evaluate him. It was only when his needs were assessed that it became apparent that his problems were as serious as those of the other family members. The uncle's situation highlights the need for those working with problematic families to assess all of the family members, not just those whose problems are the most evident.

Study Questions

1. When should a multi-disciplinary meeting be held on a case, and who/what agency should take the lead?
2. In a multi-problem family, who should be assessed for being at-risk?
3. Who/what agency should be the lead case manager after service plans are developed?

Case Study B

Adult Protective Services and Financial Exploitation of Older Adults

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Marjorie Marker is an Adult Services Program Consultant with the Virginia DSS. Before coming to VDSS in 1994, she had worked for the Department of Medical Assistance Services in utilization review, regulations, and policy since 1986. She has a Master degree in Sociology from the University of Virginia.

Background

Financial exploitation of the elderly is a growing crime. Older consumers are 12 percent of the population, yet 35 percent of all fraud victims. It is estimated that 70 percent of the nation's wealth is controlled by persons who are 50 years of age and older. Exploiters are frequently relatives or caregivers, often living with the victim, and they may be financially dependent upon the victim. Formal reports of abuse, neglect, and exploitation are perceived to be only a rough sample of the actual number of elder abuse cases. In fiscal year 2002, there were 11,306 reports of adult abuse, neglect, and exploitation made to the Virginia Department of Social Services, Adult Protective Services (APS) Program in Virginia. Of this total, 302 were cases of adult exploitation.

Case Study

Mary R. is an 85-year-old Caucasian female living with her daughter in the family home. Following an argument between Mary and her daughter, her daughter took Mary to a local motel. During her stay there, the cleaning lady, Debra W., befriended Mary. Debra invited Mary to move in with her and her husband. Mary accepted, and during the year that Mary lived with the couple, Debra took Mary to a doctor to get permission for Mary to sign a power-of-attorney (POA). The doctor did not think that Mary was competent to sign a POA and sent a statement to that effect to Mary's lawyer. Debra took Mary to another lawyer and never told him about the doctor's letter stating that Mary was not competent to sign a POA. The POA papers were drawn up and signed. Once Debra had the POA, she deeded half of Mary's house to herself. She sold the house to Mary's daughter and had the profits of the sale written into checks towards her husband's debtors. A few days after selling the house, Debra placed Mary in a nursing home. However, she took Mary out of the nursing home a few days after admission, when the Medicaid worker began to question the sale of the house. Debra then left Mary in the care of a private caregiver whom she located through the newspaper. The caretaker lived two hours away.

Mary was left at the caregiver's home without any clean clothes, medication, or personal effects. The caregiver had been instructed by Debra to write checks out of Mary's checkbook to herself each month for her services. The first check bounced. The caregiver was unable to reach Debra, and Mary could not provide any verifiable information. She was not oriented to person, place, or time, and she showed evidence of short-term and long-term memory impairment. The caregiver became concerned and notified the local department of social services, which initiated an investigation.

DSS Response

It became evident through the APS investigation that Mary had been the victim of neglect and exploitation. The local DSS arranged for services to protect Mary from further neglect and exploitation. The local DSS arranged for her to see a physician who diagnosed her with both diabetes and dementia, and she was prescribed appropriate medications. The local DSS petitioned the court for a guardian for Mary and to revoke the POA that was given to Debra. The court did appoint a guardian and revoke the POA given to Debra. Because the case involved more than one jurisdiction, the local DSS contacted the Virginia State Police to investigate criminal charges. Both the local APS worker and the guardian were instrumental in assisting the police in gathering evidence against Debra W.

The Federal District Attorney turned down the case for prosecution. The local DSS requested the Botetourt County Commonwealth Attorney to prosecute Debra W. for exploiting Mary's resources. In September 2002, the local county circuit court found Debra W. guilty of obtaining money by false pretenses. Debra W. was believed to have received almost \$21,000 after taxes from the sale of Mary's house. The judge sentenced Debra W. to five years in prison with a minimum of three years to be served.

Mary is being cared for in a local nursing home. Her guardian is in control of all of her affairs. Mary refers to Debra as the "bad lady who took my money."

Interpretation and Discussion

Older adults are easily targeted for exploitation because they are likely to lead solitary lifestyles or be isolated. Also, they are easily identified, can be dependent on others, and may be inexperienced in financial matters. In instances of abuse and neglect by family or caregivers, a common denominator is the victim's physical, emotional, or physiological dependence on the abuser, often accompanied by the victim's impairments in judgment.

Studies have shown that the public has limited knowledge about what should be reported and to whom. The Virginia Department of Social Services (VDSS), through 121 local departments of social services, receives allegations of adult abuse, neglect, and exploitation and conducts a prompt and thorough investigation of valid complaints. VDSS is the only entity in the Commonwealth of Virginia mandated to accept and investigate reports of adult abuse, neglect, and exploitation of the elderly and adults who are incapacitated across all care settings. Persons mandated to report suspected cases of adult abuse, neglect, or exploitation include social workers, doctors, nurses, paid caregivers, mental health professionals, law-enforcement officers, and others who work with adults. To report a suspected case of

adult abuse, neglect, or exploitation, please call your local department of social services or the toll-free, 24-hour APS hotline at 1-888-832-3858.

This case was reviewed by Terry A. Smith, Adult Services Program Manager at the VA Department of Social Services.

Study Questions

1. Why are the elderly often targeted for financial exploitation?
2. What protections are available for adult victims of financial exploitation?
3. What is the role of practitioners in the detection and prevention of adult abuse, neglect, and exploitation?

Recommended References

Code of Virginia, Sections 63.2-1603 through 1610.

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