

ANALYSIS OF ELDER ABUSE AND OHIO'S ADULT PROTECTIVE LAW
IN TRUMBULL COUNTY

BY

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ABSTRACT

The statistics of elder abuse in Trumbull County, Ohio were collected under Adult Protective Law. Data were gathered from the 1998 Adult Protective Services yearly summary of cases reported in Trumbull County. The instrument of data collection was the combination of the four quarterly reports done by the three Adult Protective Service workers for the years 1993 to 1998. The quarterly reports list number of reports received, investigations conducted, evaluations made, court petitions filed, total caseload, age of subject, subjects' living arrangements, type of abuse experienced, perpetrators' age and relationship to the victim. Resulting data was summarized, then categorized by type of abuse and by whom. Also, Statewide statistics were collected, along with population growths and projections. These findings were compared to statewide statistics, future trends, and case studies.

Information pertaining to APS law, definitions of abuse, philosophy, intents, and the impetus of the APS law, operational decisions by the APS worker, literature review on elder abuse, signs and triggers of abuse, breakdowns of state statistics, case studies, future predictions, and future trends are presented. Definitions, law, victims, case studies, trends, studies, and statistics, and calculated facts are discussed. Statewide statistics from different years are cited to show a growing progression in this field.

Per this research, the findings show an increase of elderly population and predict that elderly abuse will also increase over the years. Population increases are projected to increase tremendously in the future. Elder abuse is happening and it is a crime. The reality is elder abuse exists in our society. More research and information on elder abuse are being conducted and collected. More individuals are being made aware of this social problem.

Elder rights' are important in this subject area. Due process, participation in decision making, alternative solutions, least restrictive alternatives of care, and to remain in the community as long as possible, these are all requirements of APS Law. Society must remember this.

Elder abuse happens not from one single cause. A combination of multiples factors contribute to its development. It is estimated that only one of five cases of elder abuse is actually reported. This indicates the magnitude of the problem of elder abuse and family violence. Elder abuse is the most recently recognized aspect of family violence. Elder abuse transcends all backgrounds and cultures.

This research has two phases. In the first phase of the study, case studies are presented. These studies help to illustrate what abuse is and how it is defined. In the second phase of the research, the above statistics are presented and discussed.

Some of the findings indicate that in 1986, estimates of reports were 117,000. There were 211,000 reported cases of elder abuse in 1990, and 241,000 in 1994. The elder population has been projected to nearly doubling in rate from 1970 through 2000. Statistics show that the person most likely to be victimized as white, female, between 70-89 years of age, widowed, and living alone. But, every elder person has the possibility of being victimized.

In 1987 in Trumbull County, there were 145 reports to the APS unit. In 1992, there were 223 reports. In 1993, there were 247 reports. In 1998, there were 250 reports. Since 1987, the reports to the Trumbull County APS unit have almost doubled to the year 1998. Comparing the increase of reported cases over the past eleven years with the population increase projections in Trumbull County, there appears to be a mounting problem facing the County and the APS unit.

Overall, Trumbull County elder abuse cases are growing, as are the nations' cases. Elder populations are growing, and elder abuse is becoming more well-known as to signs, triggers, and facts. Abuse is seen to be on the rise, especially over the years. Preventative programs are on the rise, as are enacted laws to protect the elderly. As with past history, the contents of this thesis will show a growth in elder abuse, case studies, and future problems and projections.

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CHAPTER 1
INTRODUCTION

"Elder Abuse is the maltreatment of older persons." (Anetzberger, 1987, 3.). Elder abuse has only been publicly dealt with, talked about, enacted upon, and probed since the mid-1970's. Robert Butler, in his 1975 Pulitzer prize-winning book, Why Survive? Being Old in America, acknowledged a "battered-old person syndrome" (Anetzberger, 1987, 3).

Since the mid-1970's, there has been research done, laws enacted, and a growing attention on this issue of elderly abuse. There is a growing problem of elder abuse. It has been a growing aspect of family violence, and a major social problem. "The fastest-growing segment of the U.S. population is people age 60 and older. Recent statistics show more than forty reports of elder abuse are received in Ohio each day" (Protection for the Elderly, ODHS, 1999, pamphlet).

Elder abuse involves all backgrounds and cultures, and is rarely confined to a single event. "The average abused elderly is: 75 or older, living with children or other relatives, in poor physical or mental health, and usually female" (Protection for the Elderly, ODHS, 1999, 1, pamphlet). "Who" abuses the elderly and "why" they abuse

them, according to research is predictable. There are distinct trends and patterns found in who abuses the elderly and why. How the elderly are abused varies from improper care, neglect, verbal abuse, to misuse of their money, hitting, or denying them food. The abused elderly rarely admit the abuse for a number of reasons including: pride, fear, embarrassment, love of abuser, and fear of being institutionalized. Some people, such as neighbors, friends, relatives may suspect the abuser, but do not want to become involved or may not know how to report it.

"Ohio statistics show more than half of all reports of elder abuse involve elderly who abuse or neglect themselves" (Protection for the Elderly, ODHS, 1999, 1, pamphlet). This portion of the elderly live alone, thus adding risk to their chances of elder abuse or self-neglect. The rights of the elderly are important, as is their mental status or competency.

Ohio Law states that certain professionals have to report any elder abuse, even a suspicion of it to the County Department of Human Services. The professionals are listed in the Adult Protective Law Act in the Ohio Revised Code Section 5101.6 1. Professionals reporting abuse are immune from civil and criminal liability under Ohio Law. In Ohio, each county's Department of Human Services are responsible for receiving and investigating all reports. Emergency reports are to be seen within 24 working hours and non-

emergency in 72 working hours. The county has 30 days to conduct an investigation, and decide if the elderly person needs "Adult Protective Services."

THE OHIO PROTECTIVE SERVICES ACT (APS)

The Ohio Adult Protective Services Act was enacted in November, 1981. This law addressed the problem of abuse, neglect, and exploitation of adults aged 60 years and over residing in an independent living arrangement. This act expressed concern of community safety and of the elderly persons' rights. The Act ensured adult participation in decisions, due process, least restrictive alternatives of care, and the adult remains in the community as long as possible. This act ensured mandatory reporting and investigations. The act detailed who is to report and list fines for not reporting. The act also detailed the procedures of the investigation process and services that can be provided to the victim(s). The APS law detailed specific definitions, philosophies, intents, impetus, operational decisions, and court procedures.

These laws are meant to protect the elderly from abuse and to assure those abused receive proper care. The four most common types of elder abuse are neglect, financial exploitation, physical abuse , and psychological abuse (www.aoa.gov/abuse/report). State legislatures in all fifty states have passed some form of legislation that authorizes

the state to protect and provide services to vulnerable, incapacitated, or disabled adults"

(www.aoa.gov/abuse/report).

The National Center on Elder Abuse reported an increase of 150 percent in the state-reported elder abuse nationwide between 1986-1996 period. The elder abuse trend is on the rise as the elder population grows. Indicators of abuse are more publicly known, more reports are called in, and abuse triggers have increased. Abuse triggers, stressors that increase elderly abuse are: an overall increase in family violence, increase of elder population, elder vulnerability, economic and social dependency on the part of most children and some elders, changes in social welfare, lessening of family care giving responsibilities, and changes in traditional ways of life. As more laws and social agencies focus more concern on elder abuse, a better understanding of the magnitude of this crime needs to be explored.

The Problem Statement

The Problem to be studied is the growing trend of elder abuse, the criminal intent of elder abuse, and the statistics of Trumbull County APS clients. The Adult Protective Services Unit looks into abuse, neglect, and exploitation in each county of Ohio. In Trumbull County, cases are investigated for people 60 years and over. Each situation is investigated to looked for actual abuse,

neglect, and exploitation. All of which are criminal acts according to the Ohio APS Law.

Summary

In this chapter a explanation of elder abuse was presented. The need to better understand this criminal act was also discussed. In the next chapter a literature review will be presented. This review will include a detailed explanation of Adult Protective Law in the state of Ohio. This includes definitions, philosophy, and impetus of the law. Also presented in the next chapter is a review of research projects that elaborate on elder abuse, its magnitude and the overall social problems created by this act.

In chapter three the methodology of this research project will be presented. Chapter four contains the data found and the analysis conducted. In the last chapter, five, summary and discussion of the project are reported.

CHAPTER II
LITERATURE REVIEW

TRUMBULL COUNTY'S APS

As of June, 1987, Trumbull County Department of Human Services implemented a County Adult Protective Services (APS). The APS have contracts with different senior services agencies. They are also responsible for priority lists, new ideas, findings, and services to offer.

Trumbull County APS workers received and investigated 250 abuse/neglect/exploitation referrals in 1998. They also conducted investigations, determined APS need to intervene. The APS workers are required to go to court, offer services and help, and are often times a witness to many tragic things.

Many people are not aware of the APS Law or unit in Trumbull County, even in 1999. Many people cannot believe what happens in their own communities. This is changing. Public awareness and public relations have put a new awareness in people in Trumbull County. There are home conditions that are deplorable, abusive, neglectful, and sad. Some situations are due to lifestyle, some to chronic problems or dependency, some due to demented or organic diseases that prey upon the elderly, some due to frustration or guilt, and some due to the fact the elderly are at added risk living alone. Signs and triggers of elder abuse are

many. Each case has its own circumstances that are unique. The community is becoming more aware of these issues. More information is presented in this chapter.

DEVELOPMENT OF APS LAW ACT AND ITS APPLICATIONS

The APS Law Act was enacted November, 1981, in Ohio. Each County Department of Human Services in the state was and is responsible for carrying out this law. Each county has a different outlook and each sets up design for this law. In Trumbull County, APS Law deals with adults 60 years and over who are abused, neglected, or exploited. Trumbull County has three full-time APS workers, an assistant, a supervisor, and a worker who provides Title XX services to adults 18 years and older.

Title XX of the Social Security Act is administered by the Office of Community Services, Administration for Children and Families, Department of Health and Human Services. Title XX appears in the U.S. Code as &1397 - 1397f, subchapter XX, chapter 7, Title 42. Title XX provides block grants through the federal government to ensure services to the elderly, disabled, children, and families. Title XX funds are allocated according to state law enacted by legislative to provide protective services for children and adults, home management, adult day care, transportation, training and related services, employment services, referral and counseling, meal preparation and delivery, health

supportive services, and services to meet special needs. States are required to submit annual reports containing detailed information on the services actually funded and individuals serviced.

For the Fiscal Year 1999, the allotments are based upon the Bureau of Consensus population statistics contained in the reports. For the 1998 Fiscal Year, Ohio was allotted \$100,439,775 in Title XX monies.

Title XX grants were established to furnish states with the opportunity to provide services with goals. Achieving and maintaining economic self-support to prevent, reduce, eliminate dependency, and maintain self-sufficiency prevention or remedy abuse, neglect, or exploitation of children and adults are the primary goals that Title XX grants must focus. The Title XX grants are used throughout the states for public services.

Trumbull County APS has contracts with a few senior citizen agencies, has a list of resources and services in the community, and has the backing of the Probate Court and other agencies whose' services are needed. Trumbull County APS deals strictly with the elderly in private homes. The state ombudsman sees any institutionalized elderly that have problems.

The APS Act represents law for the State of Ohio that addresses the problem of abuse, neglect, and exploitation affecting adults, defined as infirm or impaired persons aged

60 plus residing in an independent living arrangement. This act recognized the concern of the community for the safety of its citizens at the same time maintaining the right of the individual adult to live in situations personally satisfying even if socially unaccepted or risk to health so long as the adult is capable of recognizing the consequences of the situation, and is freely choosing to remain in it.

Every effort is made to insure: the adult participates in decisions affecting his/her circumstances, due process, least restrictive alternatives of care, and the adult remains in the community as long as possible. Also, this Act authorized provisions of protective services to prevent, correct, or discontinue the abuse, neglect, or exploitation, and provide for mandatory reporting and investigation (APS Law, Ohio Revised Code, Section 5101.5 1).

Within the Act, the investigation includes face-to-face interaction with the adult as well as contact with agencies or individuals having information about the adult. If anyone obstructs the investigation, the APS worker can petition the Probate Court to deny obstruction. If protective services are needed, APS can arrange for these services. If the adult refuses services and is not incapacitated, then APS does not provide services. If the adult refuses services and is incapacitated, the APS can petition Probate Court for an order authorizing the provision of protective services. Emergency services can be

provided for a limited time and with Probate Courts' consent. The need for service is regularly reviewed by APS (APS Law Operational Decisions).

The foundation for the law involves the following: a concern for an increasingly large elderly population; an awareness that older people are subject to various forms of maltreatment including self-neglect; a belief that existing laws were inadequate or inappropriate for protecting elderly persons from abuse, neglect, and exploitation; and the passage of protective laws for other populations subject to maltreatment. The philosophical underpinnings of the law are that individuals have a constitutional right to liberty and privacy. They also have a right to the protection of health and safety, and society has the responsibility for removing dangerous or unhealthy situations. The intents of the APS Law are to promote the identification and referral of abuse, neglect, or exploitation affecting impaired older adults, and to enable good faith reporting of maltreatment without fear of adverse consequences. Also, it is used to centralize public authority for addressing protective matters in one agency. This establishes a system of protective services to address situations of maltreatment that are uncovered and to permit, under specific circumstances, involuntary access for the purpose of investigation and service delivery, but to do so coupled with extensive due process.

TERMS UNDER APS LAW

Under APS Law, some principles have precedent. These principles give the client rights. Freedom over safety is one principle. Other principles involve self-determination, participation in decision-making, least restrictive alternatives, primacy to the adult, confidentiality, benefit of doubt, do no harm, avoidance of blame, and maintenance of the family. These principles are what the APS worker must remember and practice faithfully. The elder person has rights and freedoms.

Under Ohio APS Law, there are certain specific definitions that must be reviewed and utilized by APS workers. They are:

"ABUSE the infliction upon an adult by himself or others of injury, unreasonable confinement, intimidation, or cruel punishment with resulting physical harm, pain, or mental anguish;

ADULT any person 60 years of age or older within this state who is handicapped by the infirmities of aging or who has a physical or mental impairment which prevents him/her from providing for his own care or protection, and who resides in an independent, living arrangement. An independent living arrangement is a domicile of a persons' own choosing, including, but not limited to, a private home, apartment, trailer, or rooming house;

CARETAKER the person assuming the responsibility for the care of an adult on a voluntary basis, by contract, through receipt of payment for care, as a result of a family relationship, or by order of a court of competent jurisdiction;

COURT the probate court in the county where an adult resides;

EMERGENCY that an adult is living in conditions which present a substantial risk of immediate and irreparable

physical harm or death to himself/herself or any other person;

EMERGENCY SERVICES protective services furnished to an adult in an emergency;

EXPLOITATION the unlawful or improper act of a care giver using an adult or his/her resources for monetary or personal benefit, profit, or gain;

IN NEED OF PROTECTIVE SERVICES an adult known or suspected to be suffering from abuse, neglect, or exploitation to an extent that either life is endangered or physical harm, mental anguish, or mental illness results in or is likely to result;

INCAPACITATED PERSON a person who is impaired for any reason to the extent that he/she lacks sufficient understanding or capacity to make and carry out reasonable decisions concerning his person or resources, with or without the assistance of a caretaker;

MENTAL ILLNESS a substantial disorder of thought, mood, perception, orientation, or memory that grossly impairs judgement, behavior, capacity to recognize reality, or ability to meet the ordinary demands of life;

NEGLECT the failure of an adult to provide for him/herself the goods or services necessary to avoid physical harm, mental anguish, or mental illness, or the failure of a caretaker to provide such goods or services;

PEACE OFFICER a peace officer as defined in section 2935.01 of the Ohio Revised Code;

PHYSICAL HARM bodily pain, injury, impairment, or disease suffered by an adult;

PROTECTIVE SERVICES services provided by the County Department of Human Services to an adult who has been determined by evaluation to require them for the prevention, correction, or discontinuance of an act of as well conditions resulting from abuse, neglect, or exploitation;

WORKING DAY Monday through Friday, except then such days is a holiday;

PHYSICAL ABUSE the non-accidental use of physical force that results in bodily injury, pain, or impairment;

SEXUAL ABUSE the non-consensual sexual contact of any kind with an older person;

EMOTIONAL/PSYCHOLOGICAL ABUSE the willful infliction of mental or emotional anguish by threat, humiliation, or other verbal or nonverbal abusive conduct" (APS Law Section 5101.60).

"SELF ABUSE/NEGLECT abusive or neglectful conduct of an older person directed at him/herself that threatens his/her health or safety" (NACERA).

IMPORTANCE OF TERMINOLOGY AND INVESTIGATIVE PROCEDURES

These definitions are very specific. The APS worker, to ensure the principles, due process, and operational procedures, must memorize the definitions. These definitions, at times, make or break a case for APS.

Operational procedures, as vaguely stated earlier, are very important to APS Law. The APS worker must follow these procedures and decisions as stated. A referral is taken by phone or in person by the APS unit, and based on the allegations APA makes a decision of the severity of the condition in order to judge whether an emergency exists requiring a 24 hour response (Appendix I, Operational Decisions, APS Law). When an emergency does not exist, investigative steps are initiated by APS within 72 working hours to secure independent validation of the situation and a face-to-face visit with the adult.

REFERRAL PROCEDURES

The APS worker must do an assessment by talking with the adult and/or viewing the adult's situation. This

assessment is done for investigative purposes. The APS worker has to determine if the clients' situation is a problem or a community's reaction to a deviant lifestyle on the part of the elderly person. The APS worker can provide services to alleviate the problem or help the client live better or easier. After this, APS can withdraw from the case. If the situation is hazardous or could deteriorate in the near future, then APS involvement will be required. If the client agrees to assistance then there are steps that are followed. The APS worker designs a case plan for the victim, provides services, and follows-up on a case when the plan is completed.

If the client refuses assistance, the worker can close the case after several attempts at relationship building is done. If the client is a danger to others or being exploited, then criminal procedures for some cases may be relied upon. If the person is in a life-threatening situation, refuses APS, and is competent, then the worker must allow the client to do as he/she wishes. The case then is closed. The APS worker can seek court intervention if the client is in a potentially reversible situation and if he/she is unable to make rational decisions. The APS worker can petition the court for a temporary restraining order to prevent interference if the APS worker cannot talk with the client due to a person preventing contact with the client. All these possibilities are options and procedures for the

APS worker (APS Law, Operational Decisions).

Factually, APS Law is still not known commonly in the communities of Trumbull County. It has become better known, especially by professionals. Public awareness is forming though. Public relations work has been done to make people more aware of the social problem and who to report to with allegations. Elder abuse reports are increasing. The trend seems to be growing as the elder population grows. Cases received and worked on can be of the simplest to the most complex situations. The Trumbull County APS workers have seen all types of situations imaginable. In chapter four, case studies will be presented to help all fully understand the incident and definition of elderly abuse.

Elder abuse has been better acknowledged due to the awareness of the communities and professionals who deal with this terrible act. Elder abuse is better understood due to more research being done, more reports made accessible, greater public access due to articles in magazines and newspapers, and more contact with APS material or workers. Elder abuse has signs and triggers that are more now more commonly known. These signals have been studied, analyzed, and reported.

The elder population is growing and will be growing in the future. The growing population is making APS more utilized. As the elderly population has increased, society's awareness of the problem and magnitude of elder

abuse, neglect, and exploitation will continue to grow as well.

Causes and Reporting of Elder Abuse

Elder abuse victims are frequently dependent on the abuser for daily care and are isolated from society. These victims have little social support. The victims are scared, embarrassed, mistrustful, and/or have a fear of outside contacts. They struggle over dependency versus independence issues. The victims, also, experience internal conflict about the amount of care they require. One in five cases of elder abuse is reported to APS agencies. This ratio indicates the magnitude of the problem of elder abuse and family violence. Child abuse occurs at only a slightly higher rate and frequency than elder abuse. The frail and impaired, especially women, run a higher risk of becoming victims, although any older person can become a victim. Abuse can consist of physical, verbal, or psychological abuse, neglect, violation of rights, financial exploitation, or self-neglect. (Bentley, 1999, www.senior-site.com/ftaucl/elder1.html).

Elder abuse happens because of multiple causes. Examples of multiple causes include the following: the stress of being a care giver, mental illness, drug or alcohol abuse, unresolved family conflict, a history of patterned violence in the family, or vulnerability and

dependency of the elder person. Abuse usually happens more than once and could be unintentional or intentional. Communities are not usually aware that some form of abuse is happening to the elder person. Few social outside contacts allow for some older people to become abused. (Bentley, 1999, www.seniors-com/fraud/elder1.html).

Types of Elder Abuse

Four main types of abuse are physical, psychological, violation of rights, and exploitation. Physical abuse can include abuse, neglect, or self-neglect. Physical abuse can involve physical injury, malnutrition, dehydration, lack of personal care, withholding of necessary medical care, and failure to give proper medication. Signs of physical abuse or neglect are: rope burns, bruises, illnesses that are chronic, long term, or untreated, abrasions, lacerations, burns, fractures, skin deterioration or sagging, injury that do not reflect explanation given, unkempt appearance, poor hygiene, evidence of hydration or malnutrition, ravenous eating habits of the person, and an unwilling confinement of the elder person without freedom of movement.

Signs of self-neglect are usually one or more of the following: complaints from neighbors/family, no food in house, spoiled food in the home, prescription medication not taken, and evidence of alcohol and drug abuse (Bentley, Jim;

Director of Development, Area Agency on Aging Region 9, Inc.).

Psychological abuse involves threats of physical harm or nursing home placement, isolation, harassment, intimidation, withholding of affection or security, or refusing to allow the elder outside the home or allow visitors in. Signs of this type of abuse include the following: expressions of fear or anger, embarrassment or fear when asked of the injury, family member will not leave worker alone with the elder, family member acting as if elder did things on purpose, refusal to walk, incontinent on purpose, and failure to give elder attention. Financial abuse is the theft or misuse of the elder's property or funds. Signs of this are the following: rent is overdue or utility bills not paid, discrepancy between what is known about the financial status and how they appear, discrepancy between resources available and how elder cared for, condition of the home, and level of personal care, nutrition, medical care, clothing, transportation, opportunities for social interaction. Violation of elders' rights involves involuntary confinement of the person, or usurping decision-making powers of the elder. Signs are: unreasonable confinement, denial of visitors or freedom to outside contacts, or elder has no knowledge of his/her financial affairs or what is being done with money or property (Bentley, 1999, www.seniors-com/fraud/elder1.html).

Passive and active neglect involves the care giver failing to meet the physical, social, and/or emotional needs of the older person. The passive and active difference lies in the care giver. Passive neglect involves the unintentional failure of needs. Active neglect involves the intentional failure of needs by the care giver. Physical abuse involves intentional infliction of physical harm of an older person. Exploitation involves the misuse, misappropriation, and/or exploitation of elders' possessions, property, or money. Psychological abuse is the intentional infliction of mental harm or emotional distress upon the elder person. Sexual abuse is any sexual activity for which the elder does not consent or is incapable of giving consent. This can range from exhibitionism to intercourse. Self-neglect means the elder person fails to meet their own physical, emotional, and/or social needs (Woolf, 1999, www.webster.edu).

Passive and active neglect have potential indicators such as: neglected personal care, malnourishment, chronic health problems, dehydration, and pressure sores. Physical abuse can be indicated by: physical trauma, restraint trauma, injury, physical indicators, unexplained injuries, inconsistent explanations of injuries, undisclosed injuries, history of emergency room or doctor shopping, or repeated time lags between the time of any injury or treatment. Financial abuse has indicators such as: unusual bank

activity, bank statements no longer going to the elder person, documents being signed by elder without understanding them or being explained what they are, living situation is not up to elders assets, care giver only expresses financial concern, personal belongings are missing, signatures not matching those of the elder person, or a care giver promised the deed to property or assets (Woolf, 1999, www.webster.edu).

Emotional abuse is indicated by one or more of the following: shame, deference, passivity, ambivalence, anxiety, depression, hopelessness, confusion, disorientation, lack of eye contact, cowering, agitation, and evasiveness. Sexual abuse indicators are: trauma to the genital area, venereal disease, infections, and issues common with emotional abuse. Other examples of elder abuse are: withholding information, mail, visitors, freedom, religious obstruction, or isolation. All of the above acts are violations of basic rights (Woolf, 1999, www.webster.edu).

Possible self-neglect triggers involve lifestyle, undiagnosed medical condition, social isolation, physical impairments, malnutrition, substance abuse, cognitive impairment, and financial limitations, over medication, depression, and life satisfaction.

Possible causes of elder abuse involve care giver stress and frustration, dependency or impairment of the

older person, external stresses, social isolation, inter-generational transmission of violence, and intra-individual dynamics or personal problems of the perpetrator (Woolf, 1999, www.webster.edu).

Prevention of Elder Abuse

Prevention of elder abuse is extremely important. For the elderly person, it is important to do the following:

1. Develop a "buddy system" so that they have someone to help them;
2. Ask for and accept visitors frequently;
3. Maintain social contacts;
4. Get legal advice and review their will;
5. Participate in activities and volunteer;
6. Have all monies direct deposited into the bank; and one of the most important things is to
7. Read and review all documents before signing them (Woolf, 1999, www.webster.edu).

Families can also help prevent elder abuse. They can be involved in the following activities:

1. Find all sources that can be utilized to help with the care of the elder person;
2. Maintain close ties with elder friends / relatives;
3. Explore all living arrangements and prepare for stress;

4. Find all alternatives in the community that can assist with care giving; and
5. Get all individuals to help with the care of elder persons and educate the community about needed assistance(Woolf, 1999, www.webster.edu).

Elder abuse can be prevented in other ways. The preventions consist of public awareness, coalition building, tougher elder abuse laws, enforcing the elder abuse laws. The other interventions of elder abuse include one or more of the following: counseling and mental health services availability, substance abuse treatment program availability, assertiveness training, elder rights promotion, care giver training and services, financial management and planning services for the elderly, and sufficient social services and health care for the elderly. Also, violence reduction, conflict resolution training, and aging awareness programs are ways to prevent elder abuse.

More prosecution of perpetrators of elder abuse needs to be done and publicized. This will get the message across to the community and society. An example of public prosecutions of elder abuse, that are near Trumbull County, occurred in Cleveland, Ohio. News articles were written and continue to be written on this subject in the Cleveland area over the past few years. Preventative programs and education need to be a focus in the community and newspaper articles are just one way to accomplish this goal (Woolf,

1999, www.webster.edu). All of the suggestions need to be focused on to help eliminate this crime against the elderly population.

Trumbull County has taken several measures to help prevent elder abuse. Public officials have made note of elder abuse in statements and official APS days. APS workers are given numerous opportunities for training and education on this area, agencies have monthly luncheons to gain knowledge from a guest speaker, and agencies are working together more frequently. Public agencies and private businesses have been made aware of APS through word of mouth and printed information. The businesses and agencies have been very helpful and willing to call if there seems to be any possibility of elder abuse in Trumbull County,

When determining if there are signs of elder abuse, individual signs alone are not enough. There has to be a pattern of signs, triggers, symptoms, or events.

Identifying signs are:

- ✓ increasing depression
- ✓ withdrawn/timid
- ✓ physically injured
- ✓ longing for death
- ✓ vague health problems
- ✓ shopping for physicians
- ✓ anxiety
- ✓ hostile
- ✓ confused
- ✓ unresponsive
- ✓ new poverty
- ✓ anxious to please
- ✓ new self-neglect
- ✓ conflicting stories
- ✓ mounting resentment
- ✓ excusing failure

- ✓ shifting blame
- ✓ aggressive/defensive behavior
- ✓ substance abuse
- ✓ unusual fatigue
- ✓ new affluence
- ✓ new health problems
- ✓ preoccupation with depression
- ✓ and withholding food or medication (Bentley, 1999, www.seniors-site.com).

Fortunately, there are Adult Protective Services, legislation, funding, services, awareness, education, and research.

Intervention in Elder Abuse

Any harm caused to an elderly person by someone with whom they have a trusting relationship is considered abuse. Elder abuse is a tragic abuse form due to the trust that exists. Each case is different and unique. Thus, a common trigger of abuse does not exist. Each case has its own factors affecting and triggering the abuse. Perspectives of the early 1970's determined that it was stress in the care giving relationship that was a major cause of abuse. New research shows that often abuse is the end result of an adult child that is faced with a mental illness or financial crises (www.caregiver.on.ca).

Telling someone they are being abused is the hardest part for seniors. The reporting of the abuse to someone involves a psychological impact. Many times the victim does not want harm to happen to the perpetrator. Many times the victim does not believe that those whom they are seeking

help from will be able to assist them. Often times they feel that the person sought for help cannot be of service to them. Also, embarrassment and shame are strong emotions felt by the elderly admitting abuse. The elder may feel betrayed by the abuser. Finally, reporting abuse is difficult due to the elder feeling it could be their fault partially. They do not want to see harm to the perpetrator, or they feel it is just a quick fix (www.care@ziver.on.ca).

Services differ from county to county. Senior services can be found in the form of agencies, Adult Protective Services Law, legal support, shelters, community, doctors, family, or banks. If someone is a care giver, one should find all available resources to help assist to avoid stress and the overwhelming sensation. A back-up plan of family, community, and friend resources should be contacted and made out in case of emergencies or the need for a break. As of recent years, there have been convictions against elder abusers. These convictions have made headlines in the news media (www.caregiver.on.ca)

Women are more likely to be victims of elder abuse than men due to their population ratio. Women live longer, so there are more senior women. But, on the individual basis a man is more likely to be abused than a woman. Each culture has its own view of their elders, thus the difference in elder abuse cases. The typical victim is anyone who cannot fight back. The typical abuser is the victim's adult

children (more frequently sons), unemployed and has had abusive problems in the past. Anyone though can be a potential abuser (www.caregiver.on.ca).

Development of the Social Concern About Elder Abuse

After reviewing what is currently being utilized to help with elder abuse issues, an examination of how these procedures and policies developed is important. Susan Steinmetz, a widely-acclaimed authority on domestic violence, testified in 1978 before a committee of the U.S. House of Representatives on overlooked aspects of family violence.

There were no journal, newspaper or magazine articles; no papers presented at gerontological and other conferences; and no systematic research specifically on the problem of elder abuse before 1978. The only evidence of problem recognition before that time came indirectly from some of the publications on adult protective services (e.g., Blenkner et al, 1971; Horowitz and Estes, 1971). Since adult protective services traditionally focused more on the frail and impaired and self-neglected elderly than on the abused elderly, this resulted in minimal recognition of the problem.

Since 1978, there have been numerous articles, many conference papers and several attempts to systematically research the problem. Reasons for recent interest in the

problem are many and include the following:

1. The recent attention given to such abused populations as children and women helped alert the public that another vulnerable population may suffer similarly from their care givers.
2. The growing attention given to older persons as their proportions of the population increased stimulated interest in all matters affecting their well-being,
3. The probable greater incidence of elder abuse itself helped trigger attention to a growing population (Anetzberger, 1987, 3-4).

One likely reason for increased incidences of elder abuse concerns the fact that the largest increases in the elderly population have occurred among the very old and among women, the very ones thought most likely to experience elder abuse.

Most publications and research on elder abuse have focused on the nature and incidence of the problem. Scant attention has been given to causal explanation. Those explanations that have been offered usually have their origins in the literature on other abused populations, particularly children. Children and elder populations do have certain characteristics in common, including:

1. Vulnerability by virtue of physical and mental underdevelopment in the case of most children and physical or mental impairment in the case of some elders, and
2. Economic and social dependency on the part of most children and some elders. However, elders, even impaired elders, are not simply old children.

They are different because of their legal status as adults and extensive life experiences, among other factors. Because of these differences, explanations of elder abuse require

separate considerations. That this has not yet adequately happened reflects the recent recognition given the problem area (Anetzberger, Georgia, 1987, 3-4).

Since 1978, there have been several investigations and research studies into elder abuse. Many are not well recognized because they were not published or they lacked of good data samples or techniques of data collection. Many state, APS units, or aging agencies, have kept records on reported abuse, neglect, or exploitation. At times, these records have been summarized and totaled and submitted at conferences and hearings.

Prior to 1982, researchers speculated about the reasoning behind elder abuse. Research from this period felt elder abuse was caused by multiple, diverse, and non-related issues. Villamore and Bergman (1981) as cited in Anetzberger (1987, 5-7) for example, in their guide for practitioners and policy makers, summarize the leading theories on the causes of elder abuse to date as follows:

- (1) impairment of the elder, which increases dependency on and vulnerability to others and may lead to learned helplessness;
- (2) individual pathologies of the abuser, including mental illness, retardation, and alcoholism;
- (3) internal family dynamics, such as learned patterns of violence and the stress of care giving;
- (4) external stress;
- (5) demographic and social changes which result in increased numbers of frail elders placing excessive demands on families; and

(6) stereotypic and prejudiced attitudes toward elderly and disabled people that serve to justify their maltreatment.

The early research on elder abuse was characterized by methodological and other problems. These problems are often: vague and overly broad operational definitions, nonrandom samples, and a failure to distinguish between the forms of abuse in conclusions. Occasionally, the studies were also limited by low survey response rates and tying generalized respondent perceptions to specific variables (Anetzberger, 1987, 5-7).

Research concerning elder abuse conducted since 1982 attempted to test hypotheses and assumptions on the causes of elder abuse (Anetzberger, 1987, 7). In doing this, it expands the research and study possibilities tremendously. Further study can be done on every research project from the past. Research in the past built a foundation for further study and research of elder abuse. Research can go in many different directions and build on the past studies to be more effective and reliable research.

Elder abuse is a highly recognized family violence aspect. Also, elder abuse is a major social problem that affects numerous elders. Future research needs to build beyond that in validity and reliability. The perceptions of the research must be first hand in future study.

The terminology and ideology basis upon which the study and treatment of elder abuse is grounded are from the

literature and practice of child protective services and family violence programs. Using the child protective theories and terminology may not be the best information for a discipline to build its own vocabulary. Science requires a scientific vocabulary and definitions. The field cannot progress or gain legitimacy until the terminology is specifically defined per the discipline (Blanton, 1989, 27-34; 1990, 81).

Elder abuse has little known and knowledgeable research behind it. It is still a "young" field of study. There is no facts or information regarding the prevalence of elder abuse or neglect. All that can be said for sure is that elder abuse is being reported to state aging agencies more frequently than previously, but there is no reliable statistics of how many unreported cases occur. Elder abuse research has suffered methodology problems due to its over reliance on agency records, anecdotal information, or simple program evaluations. Few research studies have used procedures that are standard in social science research.

The inadequate knowledge and information we have on elder abuse are due to poor modeling, largely in part of the child abuse model application. From this standpoint, the elder is assumed to be akin to a child in reference that she/he is vulnerable and dependent upon family to care for their physical, emotional, and economic needs. In addition, the model states that with abuse, there is the perpetrator-

victim relation. The victim is seen as the innocent party. The abusive behavior brings about harm to the victim.

Elder maltreatment is a diverse and multifaceted ideal that cannot be looked at fully from one specific perspective or model. Better understanding of elder abuse and neglect and learning more effective prevention techniques requires a multi-disciplinary ideology and a combination of a variety of models and research tools (Stein, 1991, 92-93).

In 1988 the National Aging Resource Center on Elder Abuse (NARCEA) set as its goal to serve as a strong advocate for research in the field of elder abuse and neglect. NARCEA determined that there were many forms of abuse and that these each had to be defined. They also determined that the same level of abuse can affect people differently. NARCEA pointed out that abuse can have a range of occurring daily to a single incident.

NARCEA also encouraged that attention be focused on the severity of the abuse and the harm produced from that harm and potential future harm. Also while researching abuse, NARCEA stated that:

"acts identified as abuse or neglect can be carried out for a variety of purposes and motives, and it is often important for research to differentiate them. In still other cases, the abuse may be deliberate, but 'instrumental' to some other purpose, as when a care giver slaps the elderly person to get him/her to eat. Many of these dimensions may be thought of as points along a continuum, involving several levels of intensity, which can have different antecedents and

consequences" (Stein, 1991, 93-96).

In the United States, the House of Representatives and the Senate are starting to address elder abuse as a serious problem. New proposals are being considered legislatively, even though no broad solutions have been established. H.R. 1504 could bring about a National Conference on Aging in organizations of public, private, and grass-roots basis who could study and conclude upon many issues of the elderly, including elder abuse (Benoit, 1991, 65).

The Subcommittee on Human Services of the U.S. House of Representatives Select Committee on Aging, under the chairmanship of Congressman Thomas J. Downey has a long history on involvement with the issue of elder abuse. The Subcommittee on Human Services is concerned about elder abuse, particularly as it addresses domestic elder abuse. The Subcommittee on Human Services has sole oversight responsibility within the House of Representatives for basic human social services programs for the elderly. Thus, the subcommittee takes particular pride in the Older Americans Act, which has been undergoing re-authorization in recent months. Also, The Older Americans Act has worked on new and innovative solutions in recent years. These initiative have targeted service programs for elder abuse victims and their families along with elder rights' preservation (Benoit, 1991, 66-67).

The Older Americans Act has helped millions of elderly

people over the past 26 years. The purpose of this Act, when it was first created, was to serve those elderly in the greatest social and economic need by providing services and programs that would assist them in maintaining their independence as well as their dignity. One form of maintaining independence and dignity is protection from elder abuse, which comes in many forms, and has been a growing problem throughout this country. The 1987 Amendment to the Older Americans Act created for the first time a separate provision entitled, "Elder Abuse Prevention Activities." This authority mandates that every state carry out a variety of activities including the development of public education and outreach activities to identify abuse, neglect, or exploitation as well as procedures for the receipt of reports of abuse and the referral of complaints to the proper agencies. In 1988, five million dollars was granted as was monies necessary in years after that by the Amendments (Benoit, 1991, 66-67)

Congress, in 1987, authorized six additional, distinct authorizations of appropriations within Title 11 of the Older Americans Act, but only one was ever funded prior to 1991. In 1991, progress was finally made. Thanks to the efforts of Congressman Edward R. Roybal, Chairman of the House Select Committee on Aging, who also holds a key position as a member of the House Appropriations Committee, Congress made a first-time appropriation of \$2.928 million

for elder abuse prevention activities. In fact, concerns were expressed throughout the aging network about how far the portions would go in the prevention and treatment of elder abuse, and many states were forced to come up with creative and resourceful ways to utilize their share. The fiscal year 1991 funding was a big step forward for continuing and increasing monies in the future hopefully. This breakthrough is very important to the progress of the funding system (Benoit, 1991, 66-67).

Previously in history, Congress has not been willing to openly discuss elder abuse, thus should share the blame of not cooperating in identifying, treating, and preventing elder abuse. However, in a speech given by Secretary Louis Sullivan of the Department of Health and Human Services in June of 1990 before the American Association of Retired Persons, elder abuse was named as a top agenda item. Sullivan announced the creation of a departmental task force to develop a comprehensive elder abuse strategy combining public and private sector resources at a national, state, and local levels. That task force is still in the meeting stage, and recommendations are expected in the near future.

In addition, a report entitled "Healthy People 2000" issued by the Public Health Services September, 1990, contains an objective: "To extend protocols for routinely identifying, treating, and properly referring suicide attempter, victims of sexual assault and victims of spouse,

elder, and child abuse to at least 90 percent of hospital emergency room departments." This is an extremely promising objective, as hospital emergency rooms are a key point of contact with victims of violent and abusive behavior (Benoit, 1991, 69-70).

Elder abuse is a social problem that this society has had, does have, and will have. The elderly population will grow and so will the potential elder abuse cases. Today is the time to work toward the future to protect the elderly, preserve their safety and dignity, and to eliminate the criminality of it all.

In the United States, causes of the abuse of an estimated 500,000 to 2.5 million elderly persons each year were being discussed (U.S. Congress, 1980) A variety of theories and explanations for elder abuse were proposed: sociological, psychological, economic, deviant behavior, inter-generational, social exchange, social ecological, among others (Kosberg, 1983; Phillips, 1986). Researchers and practitioners attempted to identify predictive variables for abusive behavior and high risk factors for the elderly, their care givers, and family systems (Kosberg, 1988; Quinn & Tomita, 1986).

Triggers and consequences of elder abuse were investigated. During the 1980's, an increased amount of books, research, monographs, education, workshops, and legislature was done. These activities continue today.

It has been generally believed that elder abuse was basically an American phenomenon inherent in its values and history (Garcia, Juanita, & Kosberg, Jordan, 1995, 1-2). Some researchers feel that elder abuse will not decrease or be eliminated until ageism and violence are gone from American society. It was generally believed that elder abuse was mainly industrialized, westernized, and developed nations' problem. This was due to fact that studies and research came from these countries on this topic. Other countries felt that there was no elder abuse problem in their countries.

Various research projects have brought to the public conscience that elder abuse is a world wide problem. The following is a brief list of other nation's who face this difficulty:

1. 1986 at a conference in Taiwan, Chan finished writing a report based upon his master's thesis concerning elder abuse in Hong Kong;
2. A paper on elder abuse in Norway, (Johns, Hydle, & Aschjem, 1987), co-authored by a Norwegian anthropologist, a geriatrician, and a psychiatric nurse, was presented at a conference in the U.S. in the mid-1980s;
3. A book was published on elder abuse in Japan (Kaneko, 1987); and
4. A paper was written on a study of elder abuse in Denmark and Sweden (Tomstam, 1987).

Thus, it is evident that elder abuse is a worldwide phenomenon, not limited to anyone country or any particular

stage of development (Garcia, Juanita, & Kosber, Jordan, 1995, 2-3).

Traditionally, the family took responsibility for caring for the older family members. But with societal and world changes, this is no longer a possibility. The decrease of birth rates and death rates, improved medical advances, migration of young societal members, high divorce rates, mixed marriages, childless marriages, or no marriages at all for people cause the possibility of familial care giving as null or little (Garcia, Juanita, & Kosberg, Jordan, 1996, 3). Countries and families have been drastically changed by economic differences and changes. All able bodied adults of a family are required to work outside the home due to the major economic stress. An important and attributing factor in the world is the emancipation of women. Women have become free from the home with the pursuit of careers and education. This brings about the less availability of the female care giver, traditionally the elders' care giver, to give care to those that need it in the family. Along with this, populations have become more mobile . Urbanization has moved the young members of society to urban areas to search for employment and to avoid poverty. Often, the elder population is left behind (Garcia, Juanita, Kosberg, and Jordan, 1995, 3-4).

Other changes in the world that have in some way attributed to elder abuse are modern health technologies,

scientific procedures in economic production and distribution, urbanization, and the extension of literacy.

"...Mass education have severely challenged the traditional way of life and values of the less developed countries of the world. Some researchers feel that as countries become more modernized, the importance of the elderly in society is reduced. This Modernization Theory has more recently been modified in the face of challenges. The impact of such changes on family care giving to the elderly are many and affect the existence, quality and quantity, availability, suitability, and desirability of family care giving. Thus, social, demographic, and cultural changes in countries effect the continuing process of caring for the family's elderly. Family members can prove to be ineffective care givers due to being over stressed, unmotivated, or ill-prepared. Care givers of this type may engage in elder abuse" (Garcia, Juanita, Kosberg, and Jordan, 1995, 4-5).

Family care giving of the elderly has been sustained over time by a variety of mechanisms, from informal norms to more formalized laws and policies. Formalized laws and policies mandate and require families to care for their elderly relatives. Such formal policies have seldom been seen in contemporary societies. In the United States, legislation for family care giving requirements has been determined to be unconstitutional in states that possessed such statutes (Garret, 1980). There have been problems with enforcing family responsibility laws in countries that have legislated these laws as well (Gibson, 1984). Informal mechanisms of maintaining elder care giving seem to be more

effective than formal mechanisms. The most powerful tend to be religious teachings and sanctions by friends (Garcia, Juanita, & Kosberg, Jordan, 1995, 6-7).

The majority of research and perspectives believe that elder abuse has always been around, but changes in our societies have made it more known. Research has increased awareness of elder abuse from major countries, such as England and the United States. This problem can no longer be hidden or ignored. It is gaining attention more and more all over the world.

The Council on Europe (1992) published a report, "Violence Against Elderly People" (SGVA-EP, 1992). The report defined elder abuse as a form of intra-family violence. Information concerning 15 European countries was presented in the report. Elder abuse was basically defined in these European countries as it has been defined in the United States. Most of the abused studied has been focused on abuse occurring in the community and by family members of the victims. Attention has also been given to abuse occurring in institution, by care-givers, and person who volunteer services for the elderly (SGVAEP, 1992).

Elder abuse remains a hidden issue in societies across the world. As Kosberg (1986, 17) has written,

"elder abuse is one of the most invisible social problems in a society. It most frequently occurs within the privacy of the home and is viewed to be a family affair, generally not reported by the

elderly victim, not identified, or misidentified. Additionally, there are cultural reasons why the problem remains invisible within a country and not reported. It may be a taboo subject in some countries; namely those that emphasize a religious respect for the elderly. Further, a problem is not a problem unless it is detected and labeled as such. If elder abuse is not addressed and identified as a problem within a country then it is, ipso facto, not a problem for that country. Moreover, should the conditions within a country adversely affect all citizens alike, then it is likely that the elderly will not be singled out for special concern and attention."

Overall, the countries of the world are growing old, as is the number and proportion of the elderly population in these countries. The changing traits of the family, mobility increases, emigration, economic recessions and demographic reality are all factors in the new found growth of elder abuse. All these reasons bring about an increased concern and potential problem of elder abuse in the world (Garcia, Juanita, Kosberg, and Jordan, 1995, 8-9).

Industrialization and economic problems have been seen to many researchers as the cause of increased elder abuse. Not to many people, researchers, or scientists have admitted that elder abuse has always existed in our world. Some elder mistreatment was not seen as abuse, thus was accepted. The elder population increase through medical achievements has had a following of elder abuse. The elderly live longer now due to medical and economic advancements, thus putting

demand for care on the families (Garcia, Juanita, Kosberg, and Jordan, 1995,186-188).

Some researchers and professionals have the view that the elderly place a lot of responsibility on the shoulders of the family care givers. With this, the care givers have more burdens and greater demands for the care of the elderly family member. Care will be for longer time periods due to better economic and medical improvements. Elder longevity will lead to the elderly being dependent on family for longer time periods. Thus, a greater probability of elder abuse is possible (Garcia, Juanita, Kosberg, and Jordan, 1995, 186-188).

Some researchers feel that economic difficulties in countries indirectly and directly affect the existence of elder abuse. Economic recession can lead to high unemployment. With a lower income scale, family may seek funds from elderly relatives. Thus, exploitation potentials increase. Crime and violence may also increase, thus giving the elderly the appearance of easy prey. Economic recession can also show reduction of programs and services for the elderly. Institutional care has been used in part to give relief to families and to be used as more effective care. Even though there is an effort to keep the elderly in the community and in their own homes as long as possible, presently, family intervention and care giving will then be needed (Garcia, Juanita, Kosberg, and Jordan, 1995, 186-

188). Eventually, the family may resent caring for the elder family member, become depressed about it, or even become angry over it. This brings about the possibility of the elder person becoming the target of abuse. Abuse that will be at the hands of family members.

Changing values of individualism, lifestyles, and impersonalization, changes in medical advances, changes in customs/traditions, and societal changes can bring on fear within the elder population. These fears can bring on conflict with family care givers. Also, socioeconomic levels, marital status and violence, substance abuse problems, personal problems, isolation and vulnerability, gender, and societal violence and aggression, and cultural homogeneity can affect elder abuse (Garcia, Juanita, Kosberg, and Jordan, 1995, 189-190).

There must be education, training, and intervention efforts toward elderly abuse. Also, the problem must be verified and substantiated. More systematic and rigorous reporting is believed to be necessary than impressionistic accounts, headlines in newspapers, or case studies by practitioners, policymakers, and program planners. Besides methodological and conceptual ways of verification, there can be personal accounts of abuse, which does not happen a lot. "Family silence" takes over, as the elderly person fears a solution or a greater problem (Garcia, Juanita, Kosberg, and Jordan, 1995, 190-195).

Social support for the care giver of a family member is a high priority and very badly needed. Tension, stress, and the potential of abuse toward the elder are avoided if a break for the care giver is possible. Thus, a break for the care giver is needed and a necessity. Social support services can be obtained, along with other alternatives to help the family's, such as group homes, assisted living, or foster care. Some researchers feel that education and counseling for the family can ease the care giving process. Abuse can happen to the elder family member from building pressures and tensions. With this knowledge, researchers feel that education, encouragement, and counseling can be beneficial and help with potential abuse. Also, support groups for family care givers with similar problems can be useful to the elders' care giver. The support groups can help relieve tension and obtain alternative or new ideas. The family care givers can talk out their frustrations in these support groups (Garcia, Juanita, Kosberg, and Jordan, 1995, 190-195).

Advocacy should be done, also, to help fight elder abuse. Publicity, public policies, detection protocols, housing resources, and action by elderly persons can help identify and relieve elder abuse. Films, books, magazines, and mass media will help bring elder abuse into the public eye and action taken on it. Elder abuse will also become a reality for those who have not seen this problem first hand.

Employees, professionals, and workers in the service and health care systems need formal education, and continuing education workshops. This will keep these employees up to date on new issues and education in the field. Also, attitudes need to be changed if we our to change this criminal problem of elder abuse (Garcia, Juanita, Kosberg, and Jordan, 1995, 190-195).

Laws are enacted to divert the criminal acts of elder abuse. Every state in America has enacted some foundation of APS law into their legislation for the protection of the elderly. These laws need to be undated and improved upon as they are needed. As our society changes, legislation needs to progress too. Along with laws, preventative programs and interagency cooperation and communication among service agencies must also be done. This will enable better services to the elderly, and possibly lead to additional preventative measures against elder abuse.

Trumbull County's Response

With all of this background information, the focus of this study now returns to the present. As outlined earlier in this chapter, most states have enacted Adult Protective Services Laws. The current research will not focus specifically on Trumbull County in Ohio. Trumbull County APS is taken seriously by the Probate Court, other senior

service agencies, and the community. APS is seen as the expert in the field of elder abuse. Even though some residents and even senior service agency members do not understand the rights of an individual in our community and country, they are learning. Unfortunately, there are times that APS workers are in conflict with a community, or other agencies as they attempt to protect the rights of their clients.

Trumbull County APS has several contracts for services with senior service agencies, such as Scope, Senior Rights and Advocacy, and Office of Elderly Affairs. Scope is a senior citizen agency, which has sites all over the county for the specific use of helping the senior citizens and providing a place to gather and socialize. Scope provides several services to the elderly, such as transportation, meals, groups, trips, clubs, and recreation. Senior Rights and Advocacy are the right-arm of the Probate Court in Trumbull County. It provides for guardians, conservatorships, and payees for those elderly in the county who have no one or no family around to help them. The Office of Elderly Affairs services the elderly with transportation and home delivered meals.

APS has a vast resource pool to rely on also in Trumbull County. New agencies are emerging in the Trumbull County area to aid the elderly, such as Visiting Physicians Association. These new agencies work as an aid, a resource,

and a preventative measure for the elderly in Trumbull County.

Also in Ohio, new laws require criminal background checks for all workers who provide direct services to older persons either in their own homes or in nursing homes. The legislature is even considering making abuse of an elder person a felony instead of a misdemeanor (www.aoa.gov/abuse). This will help with preventative measures and possible abuse of the elderly.

Ohio has the Ohio Physicians' Elder Abuse Prevention Project, which discusses what doctors should be looking for and asking if they suspect abuse of any kind with their elderly clients. These programs and measures are important for the future, the safety and dignity of the elderly, and the prosecution of perpetrators of elder abuse. Stricter laws and more preventative programs are a plus, not a negative. The more research is done and better laws can be enacted to protect the elderly. The more aware and educated people are, the better equipped we will be to work towards the elimination of elder abuse.

There are additional services that APS provides. They give talks, cooperate with other agencies, talk with students, discuss matters with Probate Court when needed, and they attempt to educate and improve awareness of the social problem of elder abuse. Not a lot of residents are aware of APS in Trumbull County. A lot of people have never

heard of this law, unit, or have negative attitudes toward the APS unit. Through education, public awareness, working with other agencies, and explaining the APS in legal and definitional terms, the people will become more accepting and knowledgeable of the law.

At times, people and even agencies misunderstand APS' capabilities when they call with a referral. At times many believe that APS is not performing their job. These people are probably not aware of the exact law, the rights' people have, the due process allowed for the elderly, and the active participation which is the right of the elderly. Some feel that APS does nothing; APS must go by the Ohio State APS law. Fortunately, the law is there to abide by and APS workers are trained and knowledgeable of the law. If not, there would be a lot of people put away or sent away for just doing things differently, seeing things differently, or just being different. The world is still full of prejudice and judgmental attitudes. This is the way our society is. It is sad to see that people are not allowed to live how they see fit or how they want to, after living in the county for sixty plus years. But, there will always be these types of people in the world and community. It will probably never change in the future. People tend to forget they will grow old one day also.

APS workers are often depended on the medical field for assistance. Doctors in Trumbull County are helpful and

unhelpful, depending on the doctor. Some doctors are very helpful, and are willing to do anything to help the elderly client. Some doctors are not very helpful at all, and will not talk to APS without a release of information signed by the client. Some doctors have actually refused to help APS with the elderly client. The Trumbull County APS staff remembers the helpful Doctors. Also, the Visiting Physicians' Association was developed in the area to get to those elderly who are shut-ins and cannot go to the doctor's office. Everyone sees the elderly in a different perspective. It is necessary for education, awareness, and changes of attitudes to happen to help the elderly of Trumbull County and the country.

Trumbull County APS workers are very aware of due process and client participation in decisions. No judgment of lifestyle or history is observed. It is a rule of thumb, and very evident in the advocacy of Trumbull County APS workers. APS workers in Trumbull County are aware that elderly people trust people "who go slow", explain things simply, do not surprise them, trust, ask their opinion, and confide in them, care, have knowledge of things, have flaws and tolerate them in others, and do things they do not have to do. Rapport is an important facet in APS work, and the workers realize this. Even though some elders are not responsive to any form of rapport at all. Trumbull County APS workers realize any change has to be negotiated.

Trumbull County APS workers are fully aware of their responsibility in making a complete, thorough, and documented investigation of any reports that comes into the office of APS. The cases must be complete, thorough, and documented so that no further abuse happens if it is happening, or proving abuse is not happening where it has been alleged. Documentation, interview processes and techniques, evaluation of environmental and social factors, and the elder's capabilities must be established (see Appendix A for all the forms that must be completed for each case reported to APS). Services and intervention should be planned if abuse is founded by the worker, or at least offered. Diagnostic evaluations can also be done to determine the elder's capabilities.

There are many factors a worker must deal with and investigate. All factors are important and necessary to make an efficient and thorough investigation. Any outside and inside contacts must be looked into and checked out formally. Sometimes, the investigation becomes long and detailed, but necessary. Trumbull County APS workers have built up good reputations of being advocates for the clients and for conducting thorough investigations.

Elder abuse transcends all backgrounds and cultures, and is rarely confined to a single event or incident. The Trumbull County of Department of Human Services Adult Protective Services is responsible for investigating any

allegations of abuse, neglect, or exploitation for that county.

Services and resources in Trumbull County have been reduced in the past few years. Funds from the federal government have been reduced. Greater public concern is needed to establish support and funding in Congress. From this, the federal government will show a commitment to elder abuse. The National Aging Resource Center on Elder Abuse has taken issues before the public and Congress about this overwhelming reality. Therefore, they have played an extensive role in legislation, and public opinion. Trumbull County workers write to their legislators yearly to make sure they are aware of the concern of funding. Ohio has a line in the state budget for APS specifically. Also, Title XX monies help with APS and elder sources and agencies. But, the future cannot be taken for granted. The money must be there for the future (Olinger, 1991, 43-51).

Summary

In this chapter, the problem of elder abuse was discussed. This included a look at the magnitude of the problem, causes of elderly abuse, and intervention strategies were presented. Also briefly discussed were methods for preventing elder abuse. APS law, definitions, philosophy, and impetus were presented. Elderly abuse studies and research were also discussed. Trumbull County

in Ohio's response to elderly abuse was outlined.

In the next chapter, the methods and design for this research will be presented. Case studies will be presented so that a better understanding of elder abuse can be established. Data will be collected and summarized so that the magnitude of elder abuse can be better understood in Trumbull County, Ohio.

CHAPTER III
METHODS AND DESIGNS

In order to study the magnitude and to better illustrate what elder abuse is, a descriptive study was conducted. This included case studies and summarizing data nation wide, state wide, and in Trumbull County, Ohio.

Official Data

Data were collected from the following sources: national trends since 1996 to the present, and local Trumbull County statistics since 1987. The national trends come from NCREA statistics that are compiled across the country throughout each year. The Trumbull County statistics come from population rates and elder abuse reports. The reason for these year selections is because there were no data collected previous to this time.

Estimates since 1986 were collected from the National Center on Elder Abuse. Estimates are used because actual abuse is under reported. Summary tables are presented on abuse, exploitation, neglect, and self-neglect. The statistics used for this research come from County quarterly reports, Ohio State Profile Reports, The Consensus, the U.S. Department of Commerce, and other minor statistical reports. The statistics come from official

sources, which are recorded in the course of the operation of these various governmental organizations.

Case Studies

Case studies are reviewed in this research to help examine the criminal intent and violations of the APS law. The studies show an example of what APS deals with on a daily basis with the caseload. The studies show the situations and environmental climate that the elder must endure. These case studies were taken from the Trumbull County APS unit records during the year of 1998.

The cases to be studied were selected from the Master log that the supervisor keeps at Trumbull County APS. Abuse, neglect, self-neglect, and exploitation cases were separately listed for 1998. They were then systematically selected. A case was selected from each of the abuse categories by selecting the first recorded case of each. The case studies could be of open or closed status in the APS files. They are presented in order to better explain and demonstrate actual elder abuse. None are identical. Criminal acts are illustrated in the case studies presented in this research.

Additional Information

Many statistics have been published throughout the years. The Bureau of Justice Statistics and the National

Center of Abuse and Neglect have both been used as sources of data. The statistics collected from these organizations have demonstrated the growth rates of abuse, growth rates in the elderly population, and offender characteristics.

Nationally, studies have been done to show statistics, trends, growth, triggers (causes or initiators of abuse), and characteristics of victims and offenders. The research presented here will show and discuss some of these studies' results. They will be useful in understanding the problem.

Limitation of This Research

The weakness with this study was a common statistical problem. A few cases are repeat referrals. Also, how the APS worker keeps a log of ones' referrals can affect the statistics. If a worker forgot to write a complete record, thus keeping data down, some important numbers could be inaccurate or incomplete. The one validity check present in this data was that the Trumbull County APS supervisor checks the statistics of each worker quarterly against her master log of referrals for each worker. It is possible to have a slight statistical error. Also, not every case of elder abuse was reported. But, this can leave room for future studies in Trumbull County APS.

Case studies taken from the APS caseload-open or closed-were from three different perspectives and work styles. One worker can deal with things differently than

the other two workers. The supervisor tries to put the APS worker on cases they have shown strength in being able to handle efficiently. A worker can handle some situations better than the other two workers can. Each worker has his or her own investigative style and priorities. The case material represents this.

The case studies show what was going on, what the worker saw and did, the facts, the environmental and social factors affecting the case, and how the situation can be alleviated if the elder is cooperative, or how it is handled if they do not cooperate. The case studies involve facts of the case, environment, social arenas, competency, help of any kind given, medical diagnosis, signs (indicators of abuse), triggers (causes or initiators of abuse), family structure if any, and a possible plan.

Another area of this study is future predictions. Future predictions on elder population growth and trends are just that, predictions. We, as a society, need to plan for the future. Preventative programs, research, new and tougher laws enacted all need to be planned and enacted. If the predictions are a sign of what the elderly have in store for them, then we have a lot of work to do.

Summary

In this chapter, methods, design, and data sources were discussed. Data from federal, state, and local

(specifically Trumbull County) will be collected and summarized. Case studies will be conducted to better illustrate the magnitude and the definition of elder abuse. In the next chapter, the summary of the data and the case studies are presented.

CHAPTER IV
DATA AND CASE STUDIES

To better understand the definition, magnitude, and trends of elder abuse, many data sources were utilized. In the first section of this chapter, case studies are presented.

Case Studies

The following cases were actual cases from the 1998 APS records. The actual case names have been changed due to confidentiality laws. Each case is an example of elder abuse in the different APS areas, thus providing for a variety of studies to be looked at. The case studies detail each case, case findings, and the results. Each case has a different slant to it, and is unique in its own way. These case studies show what APS investigates and handles on a regular basis.

First, Mr. X and his situation will be viewed and discussed. He was a 84 year old, white, widowed male. He had dementia and needs to be supervised. He used a walker and was a quiet man. APS received a physical/verbal abuse referral on him. He lived in his own home. An adult son lived with him and works day turn. A daughter watched Mr. X during the day. The house was neat and clean on every home visit. Mr. X had a history of being an alcoholic and

abusive throughout his life with his wife and six children.

Four of his children did not talk to him or visit often due to the abusive and excessive alcohol use in his past. The four children felt the son who lives with him was abusive to Mr. X both physically and mentally. This son had a known history of alcohol use and abuse. He was suspected of using Mr. X's money, and wanting Mr. X's home. The daughter, who was the daytime care giver, was very much on the brothers' side. The APS worker started an investigation, frequently in contact with the other four children for facts, information, and updates. No abuse was ever seen by the APS worker.

One day, a hospital social worker called about Mr. X. He had been brought into the emergency room by a granddaughter. She knew very little information about Mr. X. It was stated that Mr. X fell down the steps of his home and was found laying on the floor. Mr. X had a broken arm, broken nose, black eyes, a concussion, rug burn marks on his knees and shins, and his ears are so swollen that the ears are turned inside out. The doctors immediately suspected abuse, but according to hospital policy, the police were not notified to take a report.

The doctors and the hospital social worker felt that he could not have had such massive injuries from falling down ten steps. The social worker and one of the four children with little contact with the father called APS. Doctors

stated Mr. X was hit with a blunt, heavy instrument to receive the bruises and wounds he had been inflicted with. A noncontact daughter went to see Mr. X's home. No blood was on the steps where Mr. X allegedly fell down. This daughter also noticed a trash bag of empty beer containers.

Mr. X was in a coma for a few days. He had told a nurse he was beaten by his son and his sons' friends upon coming to consciousness. He later denied this and was observed being frightened by the mere mention of this son's name. The four noncontact children visited Mr. X, but the two caretaker children did not visit him at the hospital. Arrangements were made for Mr. X to be discharged to a nursing home upon release from the hospital, even though the two caretaker children protested at first. Mr. X denied allegations that his son beat him. He will never admit it again to anyone.

A picture of Mr. X was taken for evidence. It was a heart-tearing picture. It had the evidence medically to prosecute for deadly assault with a weapon. To this day, no charges have been pressed. No charges were pressed due to the absence of a police report, and no one witnessed what happened except the son, who denies the abuse, and the father who has dementia and denies the abuse. Mr. X will spend his remaining life in a nursing home. The Doctor, the hospital, and APS made it clearly aware to the son that Mr. X was to remain there. Indirectly, the son was told that

there is evidence, but the charges would not stick due to Mr. X's dementia and denial, so nursing home placement was necessary and agreed to. It was given as an ultimatum, and the son relentlessly agreed. The doctors, hospital, and APS felt much better knowing Mr. X will not be beaten again like he was.

To this day, no one knows what instrument was used to beat Mr. X, and what torture he went through. But, he was beaten and tortured by his own son. This is a classic abuse case for APS law. This was a criminal case with little doubt (TCDHS APS caseload).

Next, a self-neglect case will be discussed involving Mrs. M. Mrs. M lived in her own two story home in a residential area of Trumbull County. The referral alleged self-neglect due to confusion, forgetfulness, and numerous alleged "losing" of her social security check. There were several referrals made about Mrs. M from various sources, such as family, neighbors, social security, a police department, and two banks. Mrs. M was an 84-year-old divorced, white female, who worked hard all her life, and scrimped to have a substantial amount in IRA accounts. She received a social security check, and IRA interest checks. She was a very frugal woman. She, according to family, was not the same woman she used to be. She had not seen a doctor in two years. She had one son, who was divorced, and lived in Trumbull County. The son did not bother with his

mother, unless it was about money.

Mrs. M had relatively little memory if any at all. The confusion was terrible, and she could not keep focused on one subject for long. She was awarded a representative payee, her son, by social security in April of 1998. After three months, they had the representative payee transferred to Scope, Inc. through an APS contract. The son did not cooperate with Social Security at all, thus the transfer. Mrs. M could never remember, nor does she remember now, where her social security checks would go and for what purpose. She felt she can take care of herself and her finances. Her son stopped paying the phone bill, so it would be disconnected. He was annoyed with her calling him all the time, and other agencies and institutions in the area. She called social security, her banks, 911, the police department, the gas company, APS, Scope, and everyone else she could call numerous times a day. She was to the point of being charged with misusing 911.

Mrs. M would not go to the doctor nor cook properly for herself. She could not cook - she had forgotten how. Her son had arranged for the neighbor to cook her one meal a day. Mrs. M ate that meal, and liked her junk food too. She always complained of no groceries and being hungry, even though there is food in the home and the neighbor fed her. She was afraid to sleep at night for fear she will get robbed. She quit going to her bedroom and bathroom on the

second floor. She slept on the couch during the early morning, and used the kitchen sink to go to the restroom. Her son never visited her, called her, or worried about her. He contacted the neighbor occasionally. He wanted the neighbor to do his work.

After an investigation was done, self-neglect was seen and substantiated. There were problems here. The worker built a rapport with Mrs. M, which took about ten months for Mrs. M to fully trust the APS worker. Finally, the worker talked Mrs. M into going to the doctor and even took her to the appointment. The doctor filled out an expert evaluation form, which is a legal Probate Court document form. The doctor stated Mr. M was incompetent due to Alzheimer's, high blood pressure, confusion, and some dementia. The APS worker then referred the guardianship application and evaluation to Senior Rights and Advocacy, who does the APS guardianships through a contract.

SR&A applied after receiving notice of the application filed, the son decided to file for guardianship. The son, knowing this, had his mother sign power of attorney papers one week after the doctor declared her incompetent with no witnesses. He went to the bank and cashed in her two IRA accounts to be worth approximately \$30,000 by showing the power of attorney papers. The next day, the son went and tried to withdraw the other two IRA accounts of his mothers at a different bank. They would not let him, immediately

calling APS. APS asked the bank to freeze her accounts, which they did. They had their own suspicions about the son. He repeatedly tried to get the other two IRA accounts out, with no luck.

A guardianship court hearing was held at Probate Court with two applicants, the son and SR&A. SR&A was granted guardianship for sixty days with a possible extension to complete a detailed evaluation and investigation into Mrs. M, her abilities, and her son. Once the evaluation is completed, a final decision is to be made.

This case shows self-neglect to the criminal point of calling 911 too many times, denying oneself the basic needs due to a sickness, and the exploitation and legal issues the son has done to his own mother, whom he never visits.

The next case study involved an exploitation situation of a senior citizen. Mr. B was a 75-year-old male who lived alone in an apartment. His sisters and a brother visited him daily and called him. He had a stroke, wore a catheter, and suffered from mental problems that began when he was discharged from the service in WW 11. He was capable of using a phone, calling the Doctor, talking with family and others, and watching a lot of television. Several nursing agencies were going in to give him assistance with medications, checks on the catheter, bathing, and other medical duties. Due to his stubbornness and violent tendencies at times, all the agencies eventually quit, which

they can legally do. His niece was the Power of Attorney.

She was to pay his bills, buy his groceries, and do his laundry. Periodically, his utilities were past due or shut off notices given. His niece was cashing checks for cash he did not know for what. He was never allowed to see his check book or bank statements. The niece rarely brought groceries, and rarely visited. He began to become frantic about this. Mr. B's siblings cornered the niece finally. The power of attorney was revoked, exploitation was substantiated, and a sibling took over the power of attorney. The niece was paying her bills and funding her fun with her uncles' money-she finally admitted. The family acted correctly by checking into the situation and helping Mr. B relinquish the power of attorney the niece had. The siblings rallied together, developed a plan, and corrected a criminal wrong against their brother (TCDHS APS caseload).

Another example of self-neglect deals with Mrs. W. She was a 92-year-old widow. She was bedridden and had numerous health problems. Her two daughters used to help their mother until they could not take it anymore. Then, they just checked on her periodically.

Mrs. W lived in a filthy and cockroach infested home. She had a boyfriend, who worked in the day and was considerably younger than she was. The boyfriend had tried to talk reason into Mrs. W, but she was very stubborn and does things her way. Mrs. W felt the world owed her

something and was good at working the system. She remained oriented, alert, and competent. There was little anyone could do until that changed. She did have services going in until she became uncooperative. She allowed no services in now, nor did she allow APS in to talk with her. She was content in working the system, letting her utilities be shut off, and living in filth. This is a classic self-neglect case. She used poor judgement and was competent enough to be allowed to continue this behavior (TCDHS APS Caseload).

The final case study to be presented is Mrs. S. a classic sexual abuse case. Mrs. S was an 86-year-old widow, who lived in a nursing home. Mrs. S was taken home once her son got out of jail. There was a history of co-dependency issues between the mother and son. Her brother, removed their mother from the nursing home, upset the daughter, who lived in the area. The daughter was scared of her brother. He was known for his violence and temper.

Upon bringing his mother home, the son tried to use his mothers' checks to set up services. The agencies would not do this due to the legality of him using his mothers' checks without power of attorney. While at the home, the agencies noticed unusual behavior between the son and mother, who had Alzheimer's and dementia. The son was found in bed with his mother and being extremely attentive to his mothers' every need. He, also, kept rat poison next to her bed. The daughter confirmed a suspicion of sexual relations between

her mother and brother with the agencies involved. He was seen on occasion kissing his mother deeply. The mother was unable to admit or deny this abuse due to her incompetence. There was no clear evidence of facts, just strong suspicions and instincts. The son denied the abuse, stating they are close.

Luckily, the son went to jail on a probation violation and restraining order violation. The daughter put her mother back in the nursing home. Once there, the brother of Mrs. M applied for guardianship on request of the rest of his siblings and his niece. The son applied for guardianship, also, after finding out his uncle had applied.

A court hearing was scheduled for the guardianship procedure. The brothers' attorney subpoenaed APS, the nursing home workers, and family. At the hearing, the magistrate heard testimony from the family, nursing home workers, and the APS worker. The Probate Court granted the brother as guardian due to the testimony, the sons' past record, and possible "alleged" criminal behavior by the son toward his mother. This case had a happy ending. The client remained in the nursing home where she receives care. Her brother, as guardian, was responsible to report yearly to the court as to record keeping. No further exploitation was done (TCDHS APS caseload).

These case studies show criminal intent of different aspects of the elderly's lives. The Ohio APS law is used

and followed in each case, and reviewed periodically by the APS supervisor. These cases help demonstrate what elder abuse means and its ramifications. Now that examples have been presented to better explain abuse, how many elderly are abused will be calculated using reported data.

STATISTICS

There are many studies, research, reports, data collections, and future predictions of elder abuse and different aspects of this elder abuse problem. Statistics for this social problem and criminal activity are becoming more specialized in studies and with elder agencies, especially with state and county agencies, like APS units. These statistics are giving way to the average triggers or signs of elder abuse, averages of the perpetrators, and averages of every pertinent fact pertaining to elder abuse.

Also, statistics showing population growth rate, population changes, and the percent of the population 65 years and older are showing an increase of future population, especially with the elderly. These statistics are important to prepare for the future in elder abuse and Adult Protective Law (1999 Ohio State Profile, 285).

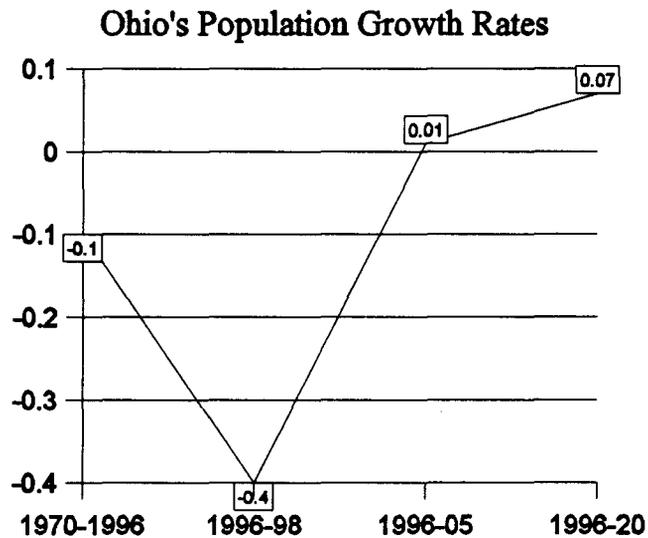
The actual statistics for Trumbull County, from the 1999 Ohio State Profile, show an ever-increasing population. It is a reality. The predicted statistics of the future are projections from the Census and the U.S. Department of

Commerce data. They are presented in the next section of this chapter.

POPULATION GROWTH

The actual population growth rates for elderly Americans show an increase over a few decades in the state of Ohio. In 1970-1996, the population growth rate was $-.10$ percent, in 1980-1996, it was -0.4 percent, in 1996-2000, it is $+.01$ percent, and 1996-2020, projections show a $+.07$ percent growth rate (see Table 1). The data is reported in the same format as it was presented in the official data summarized; this is why the year spans presented are not evenly distributed.

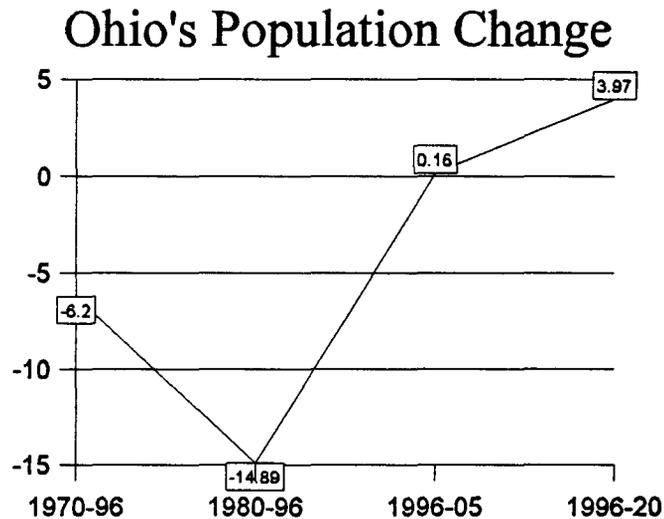
TABLE 1



The population change per thousands for older Americans, also,

shows an increase (see Table 2). In 1970-1996, the population change was -6.2, in 1980-1996, it was -14.89, in 1995, it is projected as +.16, and projected for 1996-2020, the change is +3.97. This is a considerable increase (1999 Ohio State Profile, 287).

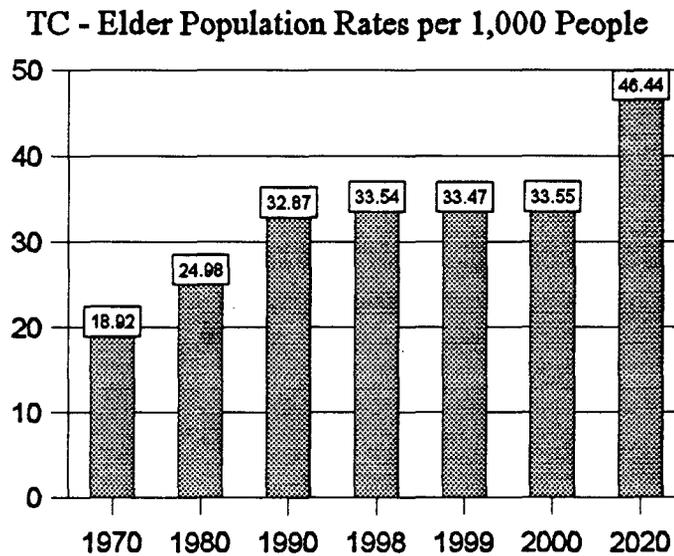
TABLE 2



In Trumbull County, the increases predicted for the state of Ohio are also expected to occur. The population age 65 and older (per thousands) shows a considerable increase from 1970 to the projected 2020 rate. The individuals 65 years old and over made up 18.92 percent of the county's population in 1970. In 1980 this percentage rose to 24.98 percent. By 1990 the percent of persons 65 years old and over jumped to 32.87 percent. The increased trend continued into 1998 when the rate was only slightly higher at 33.54 percent of the population. Looking ahead though, a major

increase is expected to occur as the "baby-boomers" reached this age range. In the year 2000 it is estimated that 33.55 percent of the county's population will be 65 or older. In the year 2020, it is projected that 46.44 percent of Trumbull County's population will be 65 or older (1999 Ohio State Profile, 285)! See Table 3 for a summary of these figures.

TABLE 3

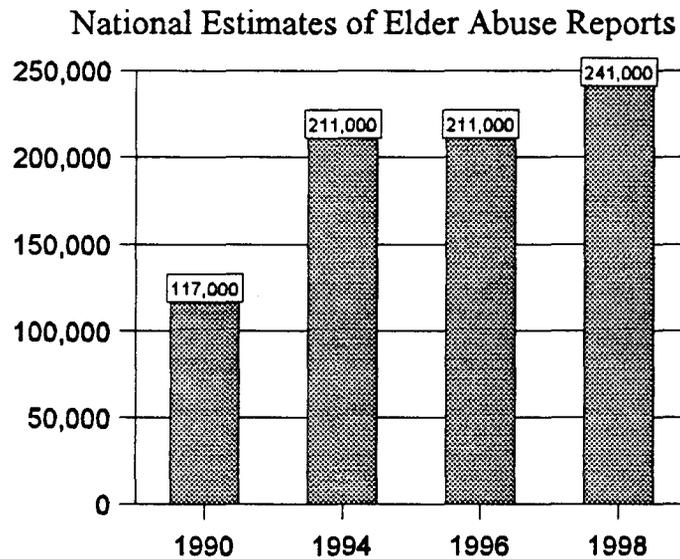


These statistics show an increasing population and increase in projections, thus the potential for increased elder abuse. The potential is frightening. Elder abuse is bad enough knowing it is actually happening, but the increased potential for it in the future is a possible reality, and a frightening one at that.

From the National Center of Elder Abuse, 1995, the

National Estimates of the Reports of Domestic Elder Abuse has increased over double from 1986 to 1994 (see Table 4). In 1986, estimates of reports are 117,000 cases, 211,000 cases in 1988, a total of 211,000 cases in 1990, and 241 000 in 1994 (Tatara, Toshia, NCEA, 1996, 18). This shows an increase of 106 percent. The elder population is growing, too. The potential for abuse is significant.

TABLE 4

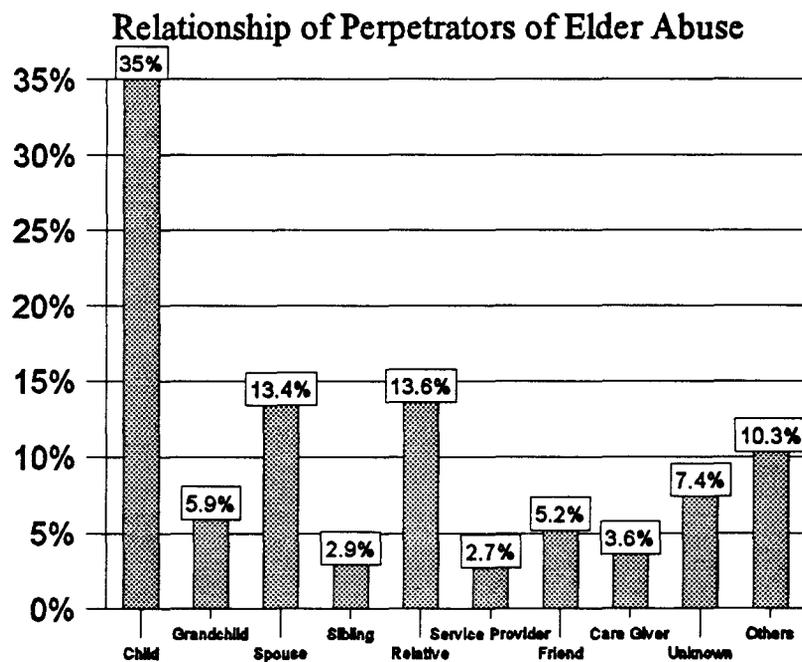


WHO ARE ABUSERS?

As for the perpetrators of domestic elder abuse in 1994, percentages and categories show signs of what goes on with elder abuse in Trumbull County (see Table 5). Adult children make up 35 percent of perpetrators. Another 5.9 percent are the victim's grandchildren, 13.4 percent the

victim's spouse, 2.9 percent are the victim's siblings, 13.6 percent are other relatives, 2.7 percent of the perpetrators are service providers, 5.2 percent are the victim's friend, 3.6 percent are an unrelated care giver, 10.3 percent for all other categories, and 7.4 percent of perpetrators are unknown or the data is missing. These percentages are consistent with the norms for who are the perpetrators (Tatara, Tosti, NCEA, page 25).

TABLE 5



Victims of domestic elder abuse statistics show another clear pattern of elder abuse. Females make up 62.1 percent of victims, males make up 37.8 percent, and .1 percent are unknown/missing data statistics (Tatara, Tosti, NCEA, 27). An average/norm/patten is forming with elder abuse from

these statistics that will be discussed later in depth in this research.

From the Ohio State Department of Human Services from July 1, 1988 - June 30, 1989, it was reported that 9,178 elderly Ohioans were being abused, neglected, or exploited. Of the statewide number of referrals reported, 79.3 percent were situations of neglect or self neglect, 11.8 percent were situations of abuse, and 8.9 percent were cases of exploitation (ODHS memo, August 20, 1990).

The U.S. Census Bureau, also, shows some key findings of abuse suffered by persons 65 and over in the United States. First, the elderly population increased significantly from 1990 to 1994. The numbers of centenarians more than doubled since 1980 to nearly 50,000, where four in five were women.

Five states with the highest proportions age 85 and over in 1993 were in the Midwest. The percentage of elderly living in poverty declined from 24.6 percent in 1970 to 12.9 percent in 1992. Finally, the ratio of elderly people to working-age people (age 24-64) will nearly double between 1990 and 2050 (Nasser, 1996, 4a).

The elderly population of every state in the nation will surge by 2020 as baby boomers head into old age, according to projections by the U.S. Census. The study predicts the persons 65 and over will grow from one to eight Americans today to one in six by 2020, and one in five by

2050. By 2020, it is estimated that the nation's elderly population will total 53.3 million people. This is a 63 percent increase over the current elderly population of 33 million. "All this can be expected to transform every aspect of life in the U.S.A" (Nasser, 1996, 4a).

Richard Suzman, head demographer at the National Institute of Aging, feels that the aging 75 million strong baby-boom group could have an affect on our society of equal impact to the turn of the century immigration (Nasser, 1996, 4a). U.S. Consensus statistics show that Ohio will have an elderly population increase of 34.2 percent from 1993 to 2020. All of this will impact the APS laws and crime toward the elderly in the future. The magnitude of it seems to be overwhelming, but it all must be taken seriously. The future seems to depend on today with the elderly.

In the fiscal year of 1994, there were 241,000 reports of elder abuse, 61 percent of which were substantiated. Of the substantiated reports, the breakdown of the types of maltreatment were: 58.5 percent neglect; 15.7 percent physical abuse; 12.3 percent exploitation; 7.3 percent emotional abuse; 5.1 percent other; .6 percent unknown; and .5 percent sexual abuse (Tatara & Blumerrnan, 1996.). In 1994, of the elder abuse perpetrators, 52 percent were female and 48 percent were male (www.nvc.org.com).

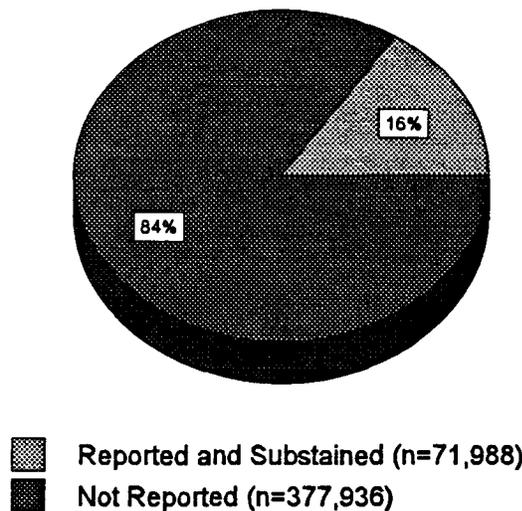
Neglect is the most common form of maltreatment, accounting for 58.5 percent of reports. Physical abuse

accounts for 15.7 percent and financial exploitation makes up 2.3 percent of all reported abuses, substantiated and not substantiated (www.nvc.org/stats/elderly.htm, Anetzberger, Korbin, and Austin).

Nationally, in 1996, it is estimated that a total of 449,924 elderly persons, aged 60 and over, experienced abuse or neglect in domestic settings. From the total estimation, 70,942 (16%) were reported and substantiated by APS agencies. The remaining 378,982 (84%) were not reported to APS. See Figure 1.

FIGURE 1

1996 National Estimates of Elderly Persons Abused



In conclusion, over five times (5.3) as many new incidents of abuse and neglect were unreported than those reported and substantiated by APS in 1996. Nationwide, standard error suggests as many as 690,000 elders or as few as 210,900 could have been victims of elder abuse or neglect

in 1996 in their homes. This range shows that between 1.7 and 9.0 times as many elderly were abused or neglected and not reported to APS as were reported and substantiated (www.aoa.dhls.gov/abuse/report/GFindings.htm#P15_766).

Nationally, APS investigated approximately 240,000 cases of elder abuse, neglect, or self-neglect reports in 1996. Of the total estimates, 115,100 (48.7%) were substantiated, and 39.3 percent were unsubstantiated, after completed investigations. At the end of 1996, 8.2 percent were still under investigation, and 3.8 percent had other results, such as death, refusal of Protective Services, could not be located, or had moved. Of the 115,100 substantiated reports, 48.7 percent were reported neglects, 35.4 percent were emotional abuse, 30.2 were exploitation, 25.6 percent were physical abuse, 3.6 percent were abandonment, 0.3 percent were sexual abuse, and 1.4 percent were other. Due to more than one substantiated type of abuse reported per incident, the total sum does not equal a total across abuse categories. In 1996, 48.7 percent was the total substantiated rate of elder abuse and neglect cases (www.aoa.shs.gov/abuse/reporUGfmdings-.0 I.htm#P 1 31-7832).

In 1996, 43.7 percent of physical abuse victims were 80 plus years old, 23.3 percent were 75-79 years old, 17.8 percent were 70-74 years old, 9.8 percent were 65-69 years old, and 5.5 were 60-64 years of age. Of the emotional abuse victims, 41.3 percent were 80+ years old, 24.3 percent were

75-79 years old, 14.1 percent were 70-74 years old, 9.5 were 65-69 years old, and 10.8 percent were 60-64 years old.

With exploitation, 48 percent were 80+ years old, 28.7 percent were 75-79 years old, 10.8 percent were 70-74 years old, 9.4 percent were 65-69 years old, 3.1 were 60-64 years old. Neglect victims rated 51.8 percent were 80+ years old, 24.1 percent were 70-74 years old, 15.9 percent were 75-79 years old, 5.9 percent 65-69 year old, and 2.3 percent were 60-64 years old (www.aoa.dhhs.gov/abuse/reports/Gfindings-o2.htm#P588 18617).

Former U.S. Representative Mary Oakar, a committee member for the Select Committee on Aging, reported that in 1998, Ohio had 8,342 cases of reported elder abuse, but 100,000 probably went unreported (Cleveland Plain Dealer, 5/1/90). This is a frightening outlook not only morally but criminally. It is a problem in our society, unfortunately, and one that does not appear to be going away.

Elderly reports of domestic elderly abuse increased 150 percent from 1986 to 1996 (from 117,000 to 293,000 victims) as reported by professionals at a conference on aging. These professionals estimated that hundreds of thousands of cases go unreported. Senior Benefit Association, a Phoenix-based advocacy group, estimates that more than one million elderly persons were abused in 1989. That estimate is up from the 735,000 estimated in 1991. The report was compiled from 55 state agencies(O'Hanlon, Home and Family Life; 11/16/97.

www.bergenrecord.com).

Trumbull County's Quarterly Reports

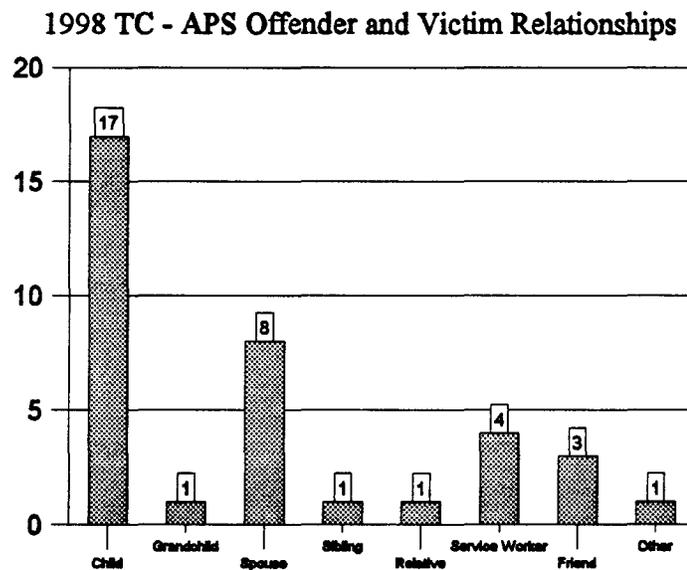
Per quarterly reports from the Trumbull County APS unit, the figures are startling. For the year ending 1998, 250 reports were received alleging abuse, neglect, or exploitation of the elderly. Of these 250 reports, 31 were indicated as an emergency situation. During 1998, the APS unit completed 199 reports, 67 reports were not in need of Protective Services, 130 reports were in need of Protective Services. Of the 130 reports, 29 refused Protective Services, 99 agreed to services, and 10 previously rejected services. Of the 250 reports, 37 alleged abuse, 104 alleged self-neglect, 69 alleged neglect, and 40 alleged exploitation. Of the 250 reports, there were two emergency petitions for services in Probate court, and two petitions for routine services filed. There were 144 cases carried over from the previous quarter of the year 1998.

Of the 250 reports, 16 female and 9 males were 60-69 years old; 75 female and 33 males were 70-79 years old; 63 females and 36 males were 80-89 years old; and 11 females and 7 males were 90+ years old.

Clients living alone totaled 121; 30 clients live with their spouse; seven live with a friend; ten live with a paid caretaker; 63 live with a relative; one elder lives in an adult family home, and one in a temporary shelter.

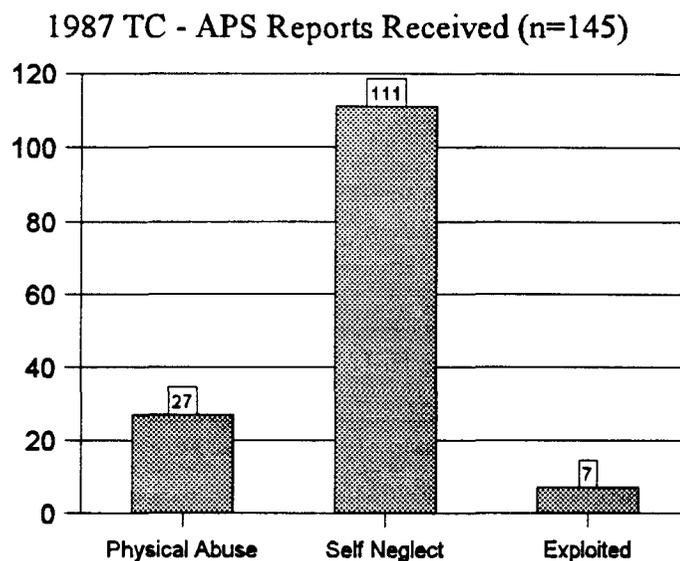
Of the abuse cases in 1998, one was sexually abused, 14 were physically abused, 21 were emotionally abused, and one was an unknown reported type of abuse. Of the perpetrators of abuse to the elderly, 17 were by children, one by grandchildren, eight by a spouse, one by a sibling, one by other relatives, four by a service provider, three by a neighbor or friend, and one by other (Trumbull County APS yearly total of Quarterly reports for the year 1998). See Table 6.

TABLE 6



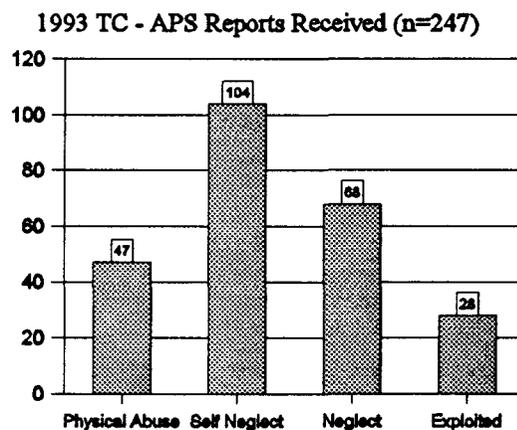
Trumbull County APS has been collecting quarterly data since 1987. In 1987 in Trumbull County, there were 145 reports to the APS unit. Twenty-seven were abuse, 111 were neglect or self neglect, and 7 alleged exploitation (see Table 7).

TABLE 7



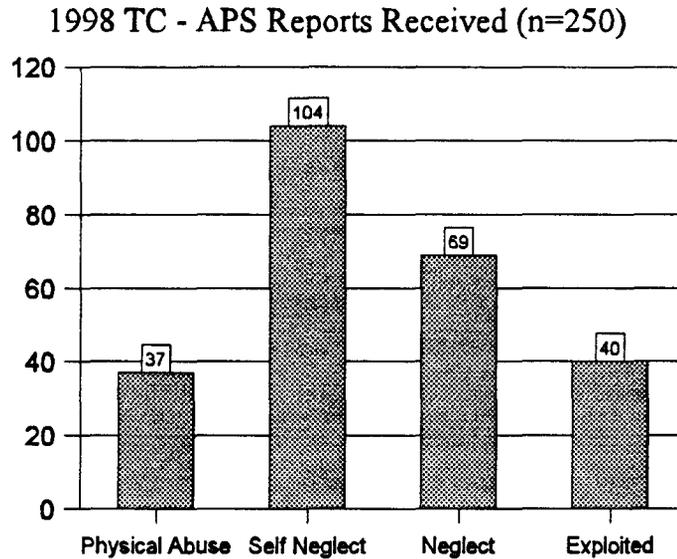
In 1992, there were 223 reports to the APS unit. Thirty-seven were of abuse, 84 of self-neglect, 57 of neglect, and 45 of exploitation. In 1993, there were 247 reports to the APS unit. Forty-seven alleged abuses, 104 alleged self-neglect, 68 alleged neglect, and 28 alleged exploitation. These figures are illustrated in Table 8.

TABLE 8



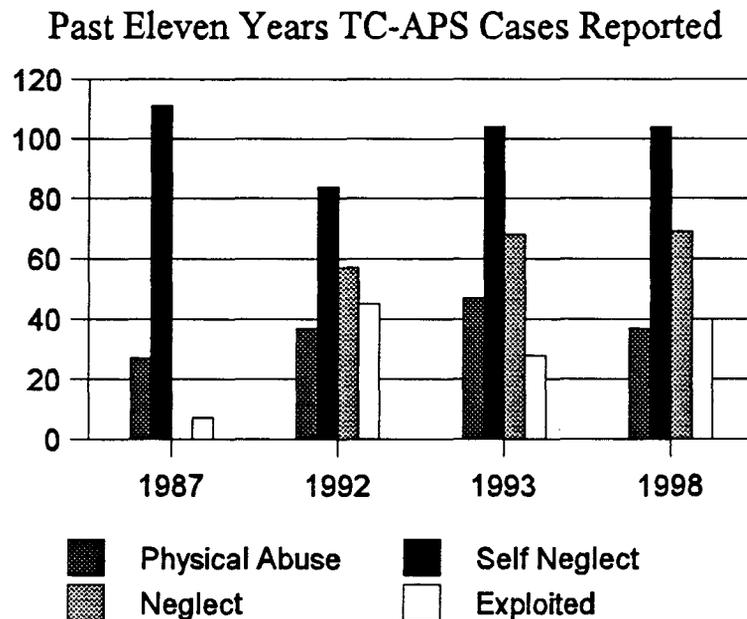
In 1998, there were 250 reports to APS. Thirty-seven were of abuse, 104 of self-neglect, 69 of neglect, and 40 of exploitation (see Table 9).

TABLE 9



Since 1987, the reports to the Trumbull County APS unit have almost doubled (APS quarterly reports: 1987-1998). See Table 10 for a comparison of the years discussed above.

TABLE 10



This is a startling increase. This shows a tremendous increase of call-ins and an increase in the amount of crime toward the elderly in Trumbull County. These numbers do not show the unreported abuse, neglect, and exploitation cases in Trumbull County.

Comparing the increase of reported cases over the past eleven years with the population increase projections in Trumbull County, a mounting problem is occurring in society. The APS data has made that apparent. A strong foundation, interagency cooperation, more funding and laws, and preventative programs need to be increased or activated. The future hangs on what is done today.

The statistics in this section of research explains the reality of elder abuse, neglect, and exploitation in society. It is a startling reality to say the least. This criminal problem is not going away. It will not lessen in the future, considering the population increase projections. Elderly abuse happens everywhere, and is a growing aspect of family violence, and a major social problem. The statistics support this claim.

The fact that this criminal action is happening to the elderly of the County is appalling. The projected future of this crime due to population increases brings about a startling and frightening magnitude of a very social and criminal problem. One must remember that one out of a possible 14 is reported. With 250 cases reported in

Trumbull County in 1998, that would multiply 250 by 14 to acquire a realistic estimate of reality in the County. One must remember that the elderly population increased eleven - fold from 1990-1994 in our nation. The ratio of elderly people to working-age people (24-64) will nearly double between 1990-2050 (Nasser, 1996, 4A). This shows the potential of elder abuse in Trumbull County plus other regions of the state and the nation.

Summary

In this chapter, county, state and national statistics were presented and discussed. Case studies were presented so that one could have a better understanding of the definition of elder abuse and the distinctions between the various types of abuse. In the next chapter, a summary and a discussion are presented on the issue of elder abuse.

CHAPTER V
CONCLUSIONS AND DISCUSSIONS

Reality of elder abuse is illustrated in the statistics presented in this research. It shows the reality in numbers. This criminal problem is not going away and does not appear likely decline in the future with the population increases and growth. Elder abuse is happening everywhere. Elder abuse is a growing aspect of family violence, and a major social problem. The statistics and the case studies illustrate the reality of it all. Preventative programs, education, public awareness, training of investigators, interagency cooperation and tougher laws need to be developed and enforced.

Elders have a legal status as adults, have life experiences, and are not children, although the laws protecting them are reflective of the law protecting children. The elderly have rights. They do not have to suffer or live in social disorder. "Elder abuse exemplifies human suffering in the physical injury and pain as well as in the mental anguish experienced by the abused elder" (Lau and Kosberg, 1979; Rathbone-McCuan, 1980; U.S. House Select Committee on Aging, 1981, 1985). "Elder abuse illustrates a failure to meet human needs around personal safety and dignity" (Anetzberger, 1987, 4-5).

Since 1978, there have been several investigations and research studies into elder abuse and the explanations of it. Many of the studies have not been published. Some of the studies lack good data samples or techniques of data collection. APS units, in all states, have excellent records of reported abuse, neglect, or exploitation. These records have been presented in conferences and Congressional hearings. Some legislation has been passed, and some perpetrators have been prosecuted.

Villamore and Bergman (1981), for example, in their guide for practitioners and policy makers, summarize the leading theories on the causes of elder abuse to date as follows:

- (1) impairment of the elder, which increases vulnerability and dependency;
- (2) individual pathologies of the abuser, including mental illness, substance abuse, or retardation;
- (3) internal family dynamics, such as learned patterns of violence and the stress;
- (4) external stress;
- (5) demographic and social changes; and
- (6) stereotypic and prejudiced attitudes toward the elderly and disabled elders. (Anetzberger, 1987, 5-7).

The theories looked into the causes, the nature, and the scope of the elder abuse problem. Research has expanded and built a foundation in doing this.

The conceptual framework and definitions of elder abuse have been borrowed from child protective services and family violence programs. Due to this being a new discipline looking for its own foundations and definitions, this may not be a good idea. But, as time goes on, research and elder abuse has become to settle into its own basis and definitions, no longer being simply a reflection of child abuse literature and research. This new focus on the research is helping to formulate a new discipline of knowledge. Elder mistreatment and abuse are a multidimensional model or perspective. "Acquiring a better understanding of the causes of elder abuse and neglect, leading to more beneficial and effective prevention efforts, deserves and requires a multi-disciplinary approach and a combination of a variety of theoretical models and research tools" (Stein, Karen, 1991, 92-93).

The National Aging Resource Center on Elder Abuse (NARCEA) has served as a strong advocate for research in the field of elder abuse and neglect, since 1988. Along these lines, U.S. House of Representatives and the Senate have seriously addressed the elder abuse problem. The legislative history on elder abuse has not yielded any broad solutions, but new proposals are under consideration. "H.R. 1504 would establish a National Conference on Aging in 1993, which would bring together public, private, and grass roots organizations who could address the many issues facing the

elderly, including elder abuse" (Benoit, Moya, 1991, 65). Also, the Subcommittee on Human Services of the U.S. House of Representatives Select Committee on Aging has a long history of elder abuse involvement. This, Committee has updated the Older Americans Act, which has aimed to enhance the programs serving victims of elder abuse and their families, as well as preserving the rights of the elderly. Congress, in 1987, authorized six additional, distinct authorizations of appropriations within Title 11 of the Older Americans Act. These progressions have helped, one step at a time.

" A high level of public and professional awareness is considered the most effective factor for identifying elder abuse victims. In home services for the elderly are considered the most effective factor for the prevention and treatment of elder abuse. A reporting law is seen as moderately effective for identifying cases" (Benoit, Moya, 1991, 67-70). Hospital Emergency rooms are being trained in realizing signs of elder abuse, along with more public awareness. This will all help.

Today is the time to work toward the future to protect the elderly, preserve their safety and dignity, and to eliminate the criminality of it all. This is very important to everyone in our community and society. Elder Abuse is not exclusive to America, as it once was thought. It is a worldwide problem. There seems to be a wide range of

triggers, signs, and contributions to elder abuse as a criminal act. Each contributes in its own unique way. To eliminate elder abuse, one must be aware of the problem, and understand the dynamics of it. Thus, one can identify the causes of elder abuse and make a commitment to resolve the problem and causes of it all. The elderly must not be forgotten.

There are many areas that society must focus its attention when dealing with the issue of elderly abuse. A few examples of the areas needing attention are: interagency cooperation, services, awareness, education, alternatives, the elimination of fear, counseling, support groups, advocacy, policies, and changes in attitudes toward the elderly. The elderly have the right to safety and dignity. Adult Protective law has been established in every state, but need to be tougher. In November of 1981, this law was enacted in Ohio. This established protocol and operational procedures for the counties of Ohio.

The research done for Trumbull County will enable the community to have a basis of where they stand, an outlook for the future, and a basis for improving. Trumbull County APS is very involved with the court, community, education, awareness, elder safety and dignity, and following the laws as defined in the Ohio Revised Code. The Trumbull County APS is serious about their work and what they stand for. They have played every role possible for the elderly

victims; as advocates, as friends, as transportation providers, as contacts to the outside world, and as just listeners. They have also helped in prosecution of some cases where the victims wanted to proceed with their rights and the law.

Trumbull County, as everywhere else, has a job to do and is working hard at preserving the elderly victims' rights, dignity, and safety. The APS law is taken in the highest regard in Trumbull County. Interagency cooperation is becoming better, and more services are being developed and provided in the county. Public awareness and education is becoming an addition to Trumbull County APS. During senior fairs, APS is represented to make the public and elderly aware what the facts are about the law. Probate Court is very supportive and willing to cooperate with Trumbull County APS. Trumbull County is starting to build a good foundation.

IMPLICATIONS, LIMITATIONS, SUMMARY

The general population does not realize the severity or level of abuse that is happening in their own county. It is amazing how a lot of abuse has been kept quiet within the family or neighborhood. A lot of abuse goes unreported to this day.

There are limitations to this research. One is that a section of the research was based on the future projections

in population rates. The projections are not actual facts as of yet, and may not be accurate in the future.

Statistics have a limitation as to how they are compiled and who did the statistical compiling. Professionals, such as the U.S. Census, U.S. Department of Commerce, and the State of Ohio provided the major sources of statistics in this research.

The workers at APS, who have their own systems of keeping track of information used to determine the statistics, prepared the County statistics used. But, the APS supervisor checks the statistics with the master log of cases to correct and confirm the statistics done by the workers. Any averages of perpetrators or victims determined in the research have been done by other researchers in their own environment and ways. This is a limitation due to the use of research someone else determined. But, comparison with other research to confirm the statistics can be useful. There may be some discrepancies, but overall most are in the same general area.

Another limitation of this research is the lack of the actual interviewing of the victims. There are case studies to bring about knowledge and information. But, the actual interviews are not included. The case summaries are just detailed to give the actual criminal intent and understanding of elder abuse. Interviewing may lead to more awareness and knowledge. But, this can be a basis for

future research.

Also, there is a limitation in the way the quarterly reports for Trumbull County APS were compared to the way they are presently. The forms have been updated, become more detailed, and are better set up for statistical analysis. In 1987, the quarterly reports, which were totaled to get the yearly account, are not as detailed as the reports for 1998. The State Of Ohio realized the need for a more detailed and complete report, so that statistics can be done more effectively. Thus, more information and knowledge can be gained. Research in the future will be easier to do with the new reports to use.

Another limitation is the fact that each county in the State of Ohio views the age of adult protective services differently. The State of Ohio gave the counties the authorization to determine what they felt they wanted to work with and how they would define the word "Adult". When determining who is protected by APS laws, some counties in Ohio involve adults eighteen and over, while Trumbull County views adults as sixty and over. Likewise, other states in the country or other countries in the world may define the age of the adult in adult abuse differently. This must be clearly stated in the research.

Implications of this research prove that elder abuse happens, especially in one's own community, like Trumbull County. Elder abuse is a reality and a factor of family

violence. It is a criminal and social problem. Elder abuse can happen to any older person, anywhere, and at anytime. Elder abuse is not a well-known social problem yet. It is better known in the senior agencies and with legislation. But, education and public awareness is growing.

There are laws for elder abuse, procedural operations, principles, impetus, and rules of the law. The statistics give elder abuse a reality in numbers; a more permanent view. It cannot be denied with the numbers given. Tougher laws, preventative programs, stronger interagency cooperation, more education, more awareness, and more funding are needed to prevent this crime against the adults. The potential of future possibilities of elder abuse with the population growth are astounding. Things need to be done today for tomorrow.

The principles, operational decisions, and philosophies of APS in Trumbull County need to be specifically defined and spelled out to the community, other agencies, and other senior agencies. Thus, they are aware of what APS is capable of and allowed to do. There are principles that APS is mandated to stand by per the law, in which many agencies or people do not understand. Before they understand, education, attitude changes, and the decrease of prejudices will need to be done.

To help deal with the problem of elderly abuse, one or more of the following should be done: new ideas, more

findings explored, more services to offer, priority lists developed, and different senior services agencies established need to be done for the future and the elderly. This will bring APS and the safety and dignity of the elderly population to a new high. The community needs to make this a priority and APS can and should be a catalyst for increasing awareness and educating the public.

Another implication of this research is that there are variable triggers, causes, types, and signs of abuse, but until these are fully understood and researched into a multi disciplinary study, there will be no further updating. One theory or view is not enough to understand this problem. The problem of elder abuse is of great magnitude. It will take a little of all theories to bring about a complete picture and a better understanding of it. Thus, the future can be better prepared for with all the things needed to help this problem.

Elder abuse in Trumbull County is a reality. The laws are there for the work that is done with the reported elderly population. The principles and advocacy of APS are very founded in Trumbull County. The APS unit has ties with Probate Court, other agencies, resources, and a direction. The elder abuse in Trumbull County has increased over the past twelve years. The reports and forms to be done in Trumbull County have improved since the 1980's due to more detail and better statistics needed. Also , more

information acquired and more research being done has helped with the reports and forms being updated. Thus, better education and awareness can be projected into the community and agency community.

In November 1981, Ohio passed the Adult Protective Law that each county was to observe and uphold. This was the beginning of the look into elder abuse in Ohio and how badly a social problem it is. Ohio saw the need to protect the dignity and safety of the elderly against this criminal action.

APS in Trumbull County shows the need and reality of the problem of elder abuse. The number of cases reported has increased since 1987. The population of elderly in Trumbull County has grown and is projected to grow in the future. The potential of elder abuse in the future in Trumbull County shows the need to prepare now for the future events. Trumbull County APS case studies show the criminality and facts of elder abuse. Elder abuse involves all backgrounds and cultures. Elders rarely admit the abuse due to pride, fear, embarrassment, love of abuser, and fear of being institutionalized. How the elderly are abused varies from improper care, neglect, self-neglect, verbal abuse, emotional abuse, to misuse of their money, hitting, or denying them basic care. All of this happens throughout the world, and in Trumbull County.

The rights of the elderly are important, as is their

mental status or competency. The elderly have the right to due process, participation in decision making, alternative solutions, least restrictive alternatives of care, and to remain in the community as long as possible. The APS law expressed the concern of community safety and the elders' rights. The act also ensured mandatory reporting and investigations. The act details who is to report and fines for not reporting. The act details the following: operational procedures, philosophies, impetus, intents, and court procedures. The Trumbull County APS unit has contracts with different senior service agencies, priority lists, new ideas, findings, services to offer, and resources to fall back upon.

In 1999, many people are not still aware of the APS law in Trumbull County. Many are not aware of the reality of elder abuse in the county and the communities. Home environments are often deplorable and terrible. The APS units see a lot of different lifestyles, environments, and viewpoint. Lifestyle differences, dependency, organic diseases, frustrations, guilt, and substance abuse are all a part of what the APS unit sees in Trumbull County. Each case is unique in its circumstances, environment, and problems. Public awareness and public relations in Trumbull County have put a new awareness in people.

Trumbull County has an APS unit that is responsible for carrying out the law for the county. It has three full-time

workers, one part-time worker, an assistant, a secretary, and a supervisor. The law in Trumbull County looks only at people sixty and over in their own homes, adult homes, or any independent living situations.

The law recognizes the concern of the community for the safety of its citizens. At the same time, the law maintains the right of the individual adult to live in situations personally satisfying even if it is socially unacceptable or risky to one's health as long as the adult is capable of recognizing the consequences of the situation and is free to remain in it. The act also authorizes that APS prevent, correct, or discontinue the abuse, neglect, or exploitation, and provides for mandatory reporting and investigation. (APS Law, Ohio Revised Code, Section 5101.5 1). The act details the investigation process very specifically and what the APS worker is able to do and not do. The act allows for Probate Court orders to be processed when needed.

The problem of the growing trend of elder abuse, the criminal intent of elder abuse, and the statistics of Trumbull County APS clients have been reported in this research. Data collection came from case studies, statistics gathered in Trumbull County, the state of Ohio, and the nation, the APS law, and past research. Even with all of the facts, reality, and past research, all cases of elder abuse are not reported. The facts from this research have shown the magnitude of this criminal and social problem

that is very much alive in Trumbull County. With this specifically limited research in Trumbull County, future research should be built from it and further developed and expanded upon.

Hopefully, as time and research marches on in elder abuse, the criminality decreases or is eliminated, and much knowledge is gained. Research in this area has only been going on for relatively the past 20 years. What is known can only be a basis for what the future holds for this problem. Someday, society may be more respectful of their elderly population and the cases of abuse decrease significantly.

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APPENDIX A
REPORTING AND DATA COLLECTION FORMS FROM APS

**PROTECTIVE SERVICES FOR ADULTS
QUARTERLY REPORT**

COUNTY:	QUARTER ENDING:
PREPARED BY:	TELEPHONE NO: ()

	ABUSE (1)		NEGLECT				EXPLOITATION (4)		TOTAL (5)	
			SELF NEGLECT (2)		NEGLECT BY OTHERS (3)					
	AGE OF SUBJECT									
A. REPORTS RECEIVED:	<60	≥ 60	<60	≥ 60	<60	≥ 60	<60	≥ 60	<60	≥ 60
1. Number of reports received alleging A/N/E										
2. Number of reports indicating an emergency exists										
3. Number of individuals for whom reports were received										
B. INVESTIGATIONS CONDUCTED:	AGE OF SUBJECT									
	<60	≥ 60	<60	≥ 60	<60	≥ 60	<60	≥ 60	<60	≥ 60
1. Investigations where subject could not be located										
2. Investigations referred to MRDD										
3. Investigations completed by CDHS										
4. Investigations completed by agency other than CDHS										
C. EVALUATIONS MADE:	AGE OF SUBJECT									
	<60	≥ 60	<60	≥ 60	<60	≥ 60	<60	≥ 60	<60	≥ 60
1. Subject not in need of Protective Services										
2. Subject in need of Protective Services:										
a. Subject knowingly refused Protective Services										
b. Subject agreed to receive Protective Services										
c. Subject previously rejected Protective Services										
D. COURT PETITIONS FILED:	AGE OF SUBJECT									
	<60	≥ 60	<60	≥ 60	<60	≥ 60	<60	≥ 60	<60	≥ 60
1. Temporary restraining order to prevent interference with investigation										
2. Emergency Protective Services										
3. Routine Protective Services										
4. Temporary restraining order to prevent interference with a provision of Protective Services										
E. TOTAL ADULT PROTECTIVE SERVICES CASELOAD AT THE END OF THE QUARTER:	AGE OF SUBJECT									
	<60	≥ 60	<60	≥ 60	<60	≥ 60	<60	≥ 60	<60	≥ 60
1. Individuals carried over from previous quarter										
2. New individuals receiving services during current quarter										

Administrative Procedure Manual (APM) Section 5504 requires you to provide this information.

**PROTECTIVE SERVICES FOR ADULTS
QUARTERLY REPORT**

COUNTY:	QUARTER ENDING:
---------	-----------------

	ABUSE (1)		SELF NEGLECT (2)		NEGLECT BY OTHERS (3)		EXPLOITATION (4)		TOTAL (5)	
	GENDER OF SUBJECT									
	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male
F. AGE OF SUBJECT:										
1. 18 - 49										
2. 50 - 54										
3. 55 - 59										
4. 60 - 69										
5. 70 - 79										
6. 80 - 89										
7. 90 and Over										
	AGE OF SUBJECT									
G. RACE OF SUBJECT:	<60	≥ 60	<60	≥ 60	<60	≥ 60	<60	≥ 60	<60	≥ 60
1. White, Not Hispanic Origin										
2. Black, Not Hispanic Origin										
3. American Indian or Alaskan Origin										
4. Oriental										
5. Hispanic										
6. Other										
	AGE OF SUBJECT									
H. MARITAL STATUS OF SUBJECT:	<60	≥ 60	<60	≥ 60	<60	≥ 60	<60	≥ 60	<60	≥ 60
1. Married										
2. Single										
3. Widowed										
4. Divorced										
5. Separated										
6. Unknown										
	AGE OF SUBJECT									
I. MOBILITY OF SUBJECT	<60	≥ 60	<60	≥ 60	<60	≥ 60	<60	≥ 60	<60	≥ 60
1. Ambulatory										
2. Non-Ambulatory										
3. Ambulatory with Assistance										

Administrative Procedure Manual (APM) Section 5504 requires you to provide this information.

PROTECTIVE SERVICES FOR ADULTS
QUARTERLY REPORT

COUNTY:	QUARTER ENDING
---------	----------------

	ABUSE (1)		SELF NEGLECT (2)		NEGLECT BY OTHERS (3)		EXPLOITATION (4)		TOTAL (5)		
	AGE OF SUBJECT										
		<60	≥60	<60	>60	<60	≥60	<60	≥60	<60	≥60
J. SUBJECT'S LIVING ARRANGEMENTS											
1. Alone											
2. With Spouse											
3. With Friend											
4. With Paid Caretaker											
5. With Relative											
6. In a Boarding Home											
7. In a Nursing Home											
8. In a Adult Care Facility:											
a. Family Home											
b. Group Home											
9. Homeless											
10. Temporary Shelter											
	PHYSICAL ABUSE (1)		SEXUAL ABUSE (2)		EMOTIONAL ABUSE (3)		UNKNOWN (4)		TOTAL (5)		
		Female	Male	Female	Male	Female	Male	Female	Male	Female	Male
	K. TYPE OF ABUSE EXPERIENCED:										
1. 18 - 19											
2. 20 - 29											
3. 30 - 39											
4. 40 - 49											
5. 50 - 59											
6. 60 - 69											
7. 70 - 79											
8. 80 - 89											
9. 90 and Over											

Administrative Procedure Manual (APM) Section 5504 requires you to provide this information.

PROTECTIVE SERVICES FOR ADULTS
QUARTERLY REPORT

COUNTY:	QUARTER ENDING:
---------	-----------------

PERPETRATORS AGE AND RELATIONSHIP TO SUBJECT	ADULT CHILDREN (1)		GRANDCHILDREN (2)		SPOUSE (3)		SIBLING (4)	
	Female	Male	Female	Male	Female	Male	Female	Male
18 - 19								
20 - 29								
30 - 39								
40 - 49								
50 - 59								
60 - 69								
70 - 79								
80 - 89								
90 and Over								
PERPETRATORS AGE AND RELATIONSHIP TO SUBJECT:	OTHER RELATIVES (5)		SERVICE PROVIDER OR CAREGIVER (6)		FRIEND OR NEIGHBOR (7)		ALL OTHERS (8)	
	Female	Male	Female	Male	Female	Male	Female	Male
18 - 19								
20 - 29								
30 - 39								
40 - 49								
50 - 59								
60 - 69								
70 - 79								
80 - 89								
90 and Over								

Administrative Procedure Manual (APM) Section 5504 requires you to provide this information.

ADULT PROTECTIVE SERVICES REFERRAL

Name of Adult Subject	Telephone No.	Birth Date/Est.	Age	Marital Status	Sex
Street Address		Social Security Number/Medicare		Income Source Amount:	
City, State, Zip Code		Emergency <input type="checkbox"/> Non-Emergency <input type="checkbox"/>	CDHS Case Number: <input type="checkbox"/> Open <input type="checkbox"/> Pending <input type="checkbox"/> Closed		
Name of Caretaker		Relationship (Note if perpetrator):			Phone Number
Street Address, City, State, Zip Code					
Name of Guardian		Relationship (Note if perpetrator):			Phone Number
Street Address, City, State, Zip Code					
Name of Person Reporting (Reporter)			Agency (If applicable)		
Street Address, City, State, Zip Code					
Relationship to Client: <input type="checkbox"/> Professional <input type="checkbox"/> Neighbor/Friend <input type="checkbox"/> Relative <input type="checkbox"/> Anonymous Report <input type="checkbox"/> Other					
Nature of the complaint (Be specific) <hr/> <hr/> <hr/>					
Who has witnessed this? <hr/>					
What is the risk to the adult? <hr/>					
Is the adult incapacitated (unable to protect self)? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes explain: <hr/>					
How long has this situation existed? <hr/>					
What has changed recently that prompted your call? <hr/>					
Anyone helping with this problem? Who? How? <hr/>					
Is there a potential for danger or violence in this situation? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes explain: <hr/>					
Is client aware of the APS referral? <input type="checkbox"/> No <input type="checkbox"/> Yes					

NEGLECT

Specify whether by:

- Self Caregiver Other

Conditions include:

- dirt, fleas, lice on person
- bedsores
- ulcerated sores
- malnourished
- doesn't get/take medications
- fecal/urine odor
- untreated medical conditions
- animal infested living quarters
- no heat
- other (specify) _____

EXPLOITATION

- unexplained disappearance of funds or valuables
- other (specify) _____

ABUSE

- verbal abuse (words or gestures)
- multiple or severe bruises or burns
- restrained, tied, locked in
- broken bones or wounds
- injuries at several stages' of healing
- Does client express fear? Yes No
- other (specify) _____

SELF-ENDANGERING BEHAVIORS

- suicidal acts
- confusion
- wandering
- life threatening behaviors (specify) _____
- refuses medical treatment
- homeless
- ADL's (Activities of Daily Living)
- others (specify) _____

REFERRAL TYPE:

- Abuse Neglect Self-Neglect Exploitation

Veteran history? Yes No If yes, specify: _____

MR/DD? Yes No If yes, specify: _____

Police involvement - Current: Yes No Previous: Yes No If yes, explain: _____

Previous mental health history - Hospitalization? Yes No If yes, specify: _____

FAMILY/RELATIVE MEMBERS/SUPPORT NETWORK/ OTHER AGENCY INVOLVED:

NAME	RELATIONSHIP	AGENCY/PHONE NUMBER

Doctor: _____

Intake Worker _____ APS Worker _____

Date _____ Time _____

Supervisor _____ Date _____ Date Assigned _____ Time _____



TRUMBULL COUNTY DEPARTMENT OF HUMAN SERVICES

150 SOUTH PARK AVENUE
WARREN, OHIO 44481
(330) 675-2000

CLAIRE L. SMITH
DIRECTOR

**PURPOSE OF ADULT PROTECTIVE SERVICES
INITIAL SOCIAL WORK INTERVIEW**

To: _____

Address: _____

The Trumbull County Unit of Adult Protective Services has received a report of concern that you may be or you may have been abused, neglected, or exploited, and may be unable to take care of your own needs. This means that you may need help to protect yourself or your interests. Under Ohio law (Ohio Revised Code 5101.60), it is the responsibility of the Trumbull County Department of Human Services to investigate this report to determine whether or not you are safe and receiving adequate care and to offer you available services that you may want and /or need.

Presented by: _____ Phone: _____
Adult Protective Worker

Date: _____

DATE:

NAME: _____ TELEPHONE NUMBER: _____

HOME ADDRESS: _____ CITY: _____ ZIP: _____

*CURRENT LOCATION (IF DIFFERENT FROM ABOVE): _____

STATEMENT OF PROBLEM: _____

*SEX: FEMALE MALE *BIRTHDATE: ____/____/____ BIRTHPLACE: _____ SOCIAL SECURITY NUMBER: _____

NUMBER OF LIVING CHILDREN: _____ MARITAL STATUS (DATE: _____) <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SINGLE <input type="checkbox"/> UNKNOWN	*RACIAL/ETHNIC BACKGROUND <input type="checkbox"/> AMERICAN INDIAN/ALASKAN NATIVE <input type="checkbox"/> ASIAN OR PACIFIC ISLANDER <input type="checkbox"/> BLACK (NOT HISPANIC) <input type="checkbox"/> WHITE (NOT HISPANIC) <input type="checkbox"/> OTHER (SPECIFY): _____	EMPLOYMENT STATUS: <input type="checkbox"/> EMPLOYED <input type="checkbox"/> SEEKING EMPLOYMENT <input type="checkbox"/> RETIRED <input type="checkbox"/> OTHER: _____ OCCUPATION: _____
---	---	--

*USUAL LIVING ARRANGEMENT: <input type="checkbox"/> HOME/APARTMENT <input type="checkbox"/> RENTED ROOM(S) <input type="checkbox"/> HEALTH CARE FACILITY <input type="checkbox"/> OTHER: _____ <input type="checkbox"/> SATISFACTORY TO CLIENT COMMENTS: _____	ENVIRONMENT (INDICATE YES OR NO): <input type="checkbox"/> ENTRY STAIRS (\$ _____) <input type="checkbox"/> ELEVATOR/CONVEYANCE AVAILABLE <input type="checkbox"/> TOILET ROOM & BEDROOM SAME FLOOR <input type="checkbox"/> KITCHEN & BEDROOM SAME FLOOR <input type="checkbox"/> SAFE/SANITARY CONDITIONS <input type="checkbox"/> SATISFACTORY TO CLIENT	HEALTH CARE COVERAGE: <input type="checkbox"/> MEDICARE: \$: _____ <input type="checkbox"/> MEDICAID: \$: _____ <input type="checkbox"/> OTHER: \$: _____
--	---	--

*MEMBERS IN HOUSEHOLD	RELATIONSHIP TO CLIENT	DATE OF BIRTH	SOURCE(S) OF INCOME	GROSS MONTHLY INCOME
CLIENT:				\$
				\$
				\$
				\$
TOTAL GROSS MONTHLY INCOME:				\$

SIGNIFICANT OTHERS	RELATIONSHIP	ADDRESS	PHONE NUMBER
EMERGENCY CONTACT:			
FAMILY MEMBERS/ OTHERS			

DATE OF ASSESSMENT: ____/____/____ * (NEW ASSESSMENT REASSESSMENT) PLACE OF ASSESSMENT: _____
 *REFERRAL SOURCE: _____
 INFORMATION OBTAINED FROM: CLIENT OTHER: _____
 *INTERVIEWER/AGENCY: _____

Client Name: _____

TOOL FOR ASSESSING AGGRAVATING AND MITIGATING SOCIAL FACTORS

Instructions: Check all conditions known to be present.

1. Does the client depend for essentials on an unreliable caregiver?
 No Yes - specify why unreliable below:

2. Is any person who lives in the client's household, or has ready access to the client, responsible for any factors (neglect, abuse or exploitation)? If so describe in Case Narrative.
 No Yes

3. Is the client living in unusually isolated circumstances?
 No Yes - describe:

4. Has a recent change in the client's social environment contributed to the client being at risk or in danger?
 No Yes - specify:

5. Does the client have available social support? (Name and address in Case Narrative.)
 No Yes - list and explain:

6. How willing is the client to accept help? Describe:

7. Does the client understand the risk(s) he/ she is facing? Elaborate.
 No Yes

TOOL FOR ASSESSING FUNCTIONAL IMPAIRMENT

Definition: A dependent adult is someone 18 years of age or older who is wholly or partially dependent upon one or more other persons for care or support, either emotional or physical and who would be in danger if that care or support were withdrawn.

Instructions: Check all conditions known to be present and elaborate in case record.

NARRATIVE (NOTE DATE(S) OF INTERVIEW)

1. Physical Impairments

- Vision
- Hearing
- Speech
- Swallowing
- Chewing
- Mobility
- Other (specify) _____

2. Emotional Status

- Anxiety
- Phobias
- Impulsive
- Obsession
- Depression
- Suspiciousness
- Immature, self-centered
- Alternating moods
- Outburst of anger
- Inhibited
- Hostility
- Other (specify) _____

Client Name: _____

TOOL FOR ASSESSING CAPACITY

Definition: An incapacitated adult is an adult who is impaired by reason of mental illness, mental deficiency (not retarded), physical illness or disability to that extent that he lacks sufficient understanding or capacity to make or communicate responsible decisions concerning his person, or to the extent the adult cannot effectively manage or apply his estate to necessary ends.

Instructions: Check all conditions known or observed to be present and elaborate in case record.

1. MENTAL CAPACITY NARRATIVE (Note Date(s) of Interview)
(check if characteristic of client)
- Faulty Reasoning
 - Can't Follow Instructions
 - Incoherent Speech
 - Disoriented to Person, Time & Place
 - Confusion
 - Memory Failure
 - Impaired Judgment
 - Hallucinations
 - Depression or Withdrawal
 - Severe Anxiety or Unreasonable Fear
 - Agressive Behavior
 - Other (specify)
2. CAPACITY TO MANAGE FINANCES
(check if characteristic of client)
- Hoarding
 - Squandering
 - Failure to Pay Bills
 - Many Credit Purchases
 - Uncashed Checks
 - Large Amounts of Cash
 - Inaccurate/No Knowledge of Finances
 - Giving Money Away
 - Other (specify)
3. ADMINISTRATIVE/LEGAL RELATIONSHIPS
- Guardian
 - Conservator
 - Power of Attorney
 - Payee
 - V.A.
 - Financial Status
 - Income Assistance/Insurance
 - Marital Status, Spouse Name
 - Family, Friends
 - Other Social Services
4. IMPRESSION:

Is the Adult Incapacitated? ___ Yes ___ No
If Yes, what tests/evaluations will be made?

Name: _____

TOOL FOR ASSESSING ABUSE, NEGLECT, EXPLOITATION (DANGER)

Definition: Danger is a situation or condition of abuse, neglect, exploitation or serious harm.
Risk of Danger is a predictable chance of injury, hazard, damage or loss.

1. EVIDENCE OF SERIOUS PHYSICAL ABUSE

NARRATIVE (Note Date(s) of Interview)

- Bruises, Welts
- Sprains, Dislocations
- Abrasions, Lacerations
- Wounds, Cuts, Puncture
- Broken Bones
- Internal Injuries
- Sexual Assault
- Other (specify): _____

2. EVIDENCE OF SERIOUS EMOTIONAL ABUSE

- Sleep Disturbance
- Worried, Anxious
- Irritable, Easily Upset
- Change in Eating Habits
- Loss of Interest
- Fear of Retribution
- Suicidal Talk, Wishes
- Shaking, Trembling and/or Crying Frequently
- Other (specify): _____

3. ABUSIVE ACTIONS (Emotional & Physical)

- Insulted, Swore or Yelled at Victim
- Threatened, Coerced
- Confined/Isolated
- Attempted to Harm
- Threw Objects at Victim
- Pushed/Grabbed Victim
- Struck or Kicked Victim
- Threatened Victim with Weapon
- Injured Victim with Weapon
- Other (specify): _____

4. CARETAKER RISK FACTORS

- Alcohol Abuse
- Drug Abuse
- Financial Problems
- Family Problems
- History of Family Violence
- Role Reversal
- Medical Problems
- History of Assaults
- Dependent on Client's Income
- Unemployed
- Other (specify): _____

5. EVIDENCE OF SERIOUS NEGLECT

NARRATIVE (NOTE DATE(S) OF INTERVIEW

- Dirt, Fleas or Lice on person
- Skin Rashes
- Sores
- Malnourished
- Dehydrated
- Inappropriate Clothing
- Fecal/Urine Smell
- Untreated Medical Condition
- Other (specify) _____

6. FAILURE TO PROVIDE:

- Adequate Food
- Adequate Heat
- Adequate Personal Care
- Adequate Supervision
- Prescribed Medication
- Medical Equipment or Aids
- Other Medical Services
- Other (specify) _____

7. FINANCIAL EXPLOITATION

- Mismanagement of Victim's Income or Property
- Misappropriation of Victim's Income or Property
- Other (specify) _____

8. PHYSICAL ENVIRONMENT

- Repair
- Level of Cleanliness
- Architectural Barriers
- Kitchen/Bathroom Facilities
- Living/Sleeping Area
- Utilities
- Fire Safety
- Pest Control
- Driving/Vehicle Safety
- Pet Control
- Other (specify) _____

ADULT PROTECTIVE SERVICE
INVESTIGATIVE SUMMARY

ADULT SUBJECT:

NAME _____ D.O.B. _____
ADDRESS _____ SOCIAL SECURITY NO. _____
CASE NO. _____

	<u>DATE</u>		<u>DATE</u>
1. Referral Received	_____	7. Thirty Day	_____
2. Investigation Initiated	_____	8. Redetermination	_____
3. Attempted Face-to-Face	_____	9. Date Service to Begin	_____
4. Face-to-Face Visit	_____	10. Date Service to End	_____
5. Letter of Intent	_____	11. Code	_____
6. Voluntary Agreement	_____		

INVESTIGATIVE NARRATIVE must include risk factors confirming or denying need for APS services. Risk factors refer to the adult subject, living conditions and support system:

OUTCOME OF INVESTIGATION:

1. <u>Protective Services:</u>		3. <u>Protective Services:</u>	
Not needed	_____	Needed	_____
Assesment only	_____	Agreed to	_____
Referred to	_____	Refused	_____
2. Not located	_____	4. Court Order	_____
		Emergency	_____
		Non-emergency	_____
		5. Investigation	_____
		Not Complete	_____

ADULT PROTECTIVE SERVICE
INVESTIGATIVE SUMMARY--Continued

DISPOSITION:

	<u>ABUSE</u>	<u>NEGLECT</u>	<u>S-NEGLECT</u>	<u>EXPLOITATION</u>
SUBSTANTIATED	_____	_____	_____	_____
UNSUBSTANTIATED	_____	_____	_____	_____
INDICATED	_____	_____	_____	_____
POTENTIAL/PREVENTATIVE	_____	_____	_____	_____
FURTHER INVESTIGATION NEEDED	_____	_____	_____	_____

CONCLUSION/SUMMARY:

REPORT REVIEWED:

Date

Investigation Completed _____
 Social Worker _____
 Supervisor _____

Appendix E

VOLUNTARY CONSENT OF AN ADULT TO THE PROVISION OF PROTECTIVE SERVICES

1. This agreement of consent is entered into between the _____ County Department of Human Services and
 (Name and Address of Adult) _____
 _____ on (Date _____)

2. The adult certifies that he has voluntarily requested the Department to provide protective services to him, and shall cooperate with the Department in this regard and inform it when such services are no longer desired.

3. The Department certifies that it has performed an investigation at the request of the adult and has concluded that he is in need of the following protective services: (describe proposed service plan, including dates of commencement and completion)

NOW THEREFORE, the parties agree that the foregoing services will be provided by the Department until either the adult withdraws his consent or the Department decides to withdraw the services and gives 10 days notice to the adult.

 (Signature of Adult or Legal Representative)

 (Signature of Director or Designate)

APPENDIX B

Human Subjects Approval Letter



Youngstown State University / One University Plaza / Youngstown, Ohio 44555-0001

July 27, 1999

Dr. Tammy A. King, Assistant Professor
Department of Criminal Justice
Kimberly S. Kolacz, Graduate Student
Department of Criminal Justice
UNIVERSITY

RE: HSRC Protocol #06-2000

Dear Dr. King and Ms. Kolacz:

The Human Subjects Research Committee has reviewed your Protocol, "Analysis of Elder Abuse and Ohio's Adult Protective Law in Trumbull County," (HSRC #06-2000), and determined that it is exempt from full committee review based on a DHHS Category 4 exemption.

Any changes in your research activity should be promptly reported to the Human Subjects Research Committee and may not be initiated without HSRC approval except where necessary to eliminate hazard to human subjects. Any unanticipated problems involving risks to subjects should also be promptly reported to the Human Subjects Research Committee.

Sincerely,

A handwritten signature in black ink, appearing to read 'Eric Lewandowski'.

Eric Lewandowski
Administrative Co-chair
Human Subjects Research Committee

ECL/cc

c: File

Celebrating
YSU
30 Years
as a State University