NATIONAL ADULT PROTECTIVE SERVICES ASSOCIATION & NATIONAL CENTER ON ELDER ABUSE

Understanding and Working with Adult Protective Services (APS)

Part II: The Reporting and Investigation of Alleged Abuse

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ABSTRACT

Part I of this brief (released May 2018) describes APS program functions, responsibilities, policies, practices, clients served, and constraints. It is available at: http://eldermistreatment.usc.edu/wp-content/uploads/2018/05/Understanding-and-Working-with-APS_May2018.pdf.

The goals of Part II are to:

1. Promote understanding of APS abuse reporting, intake, screening, triaging, and investigation processes, and
2. Promote community and professional collaboration with APS during abuse reporting and investigation. Part III (forthcoming) addresses collaborating with APS to remediate substantiated abuse, neglect, and exploitation (ANE) cases.

INTRODUCTION

Victimization of older adults and adults with disabilities is a public health, justice, social, and community problem that cannot be resolved by one individual or agency acting alone. APS must collaborate with community members, and other professionals, and organizations to effectively serve people who have experienced maltreatment. Key roles for APS collaborators in responding to situations of ANE include:

1. Understanding and complying with ANE reporting laws
2. Providing needed information to APS and assistance to people who have been mistreated during investigations
3. Collaborating with APS to remediate substantiated ANE (topic of Brief Part 3).

REPORTING SUSPECTED ANE

Most APS programs accept reports via telephone, protected web-based programs, and in writing. Information regarding APS operating in specific states, including reporting requirements and processes, maltreatment definitions, client eligibility requirements, and ANE types handled, is available at: **www.napsa-now.org/get-help/help-in-your-area**.

Key information to provide in a report (to the extent that it is known to the reporter):

- Alleged victim name; birthdate or age; address and current location; physical and mental health conditions and diagnoses, disabilities, special needs, needed medications and assistive devices; self-care and self-protection abilities and limitations; primary language and communication barriers; significant others including service-providers, and best access method
- Suspected perpetrator name; birthdate or age; relationship to alleged victim; address and current location; conditions and factors relevant to allegations (substance abuse, mental illness, criminal history, or weapon possession)
- Suspected abuse – What, specifically, does reporter suspect may have occurred during what time frame? Is alleged victim currently in danger? If so, what is the source and nature of danger? Is emergency response needed? If so, call 911 then also report to APS.
- Reasons for suspicions including victim statements, witnessed events, abuse signs and symptoms **http://eagle.trea.usc.edu/types-of-abuse**
- Describe actions taken to protect, treat, shelter, or otherwise assist the alleged victim
- Known hazards in alleged victim's home (menacing animals, infestation, contagious illness, unsafe structure, illegal activity, weapons, or dangerous individuals)
- Reporter's name, address, relationship to alleged victim, professional or caregiving role if any, and how reported information came to be known.

APS does accept anonymous reports from non-mandated reporters; however, reporters are encouraged to provide their name and contact information. Without this, APS cannot recontact them to correct report errors, such as incorrect alleged victim address. Laws require APS to protect the identity of reporters and typically protect from liability those making good faith reports.

Reporters are not required nor barred from informing a vulnerable adult of an ANE report. In some cases, informing the alleged victim is beneficial. When that person is alert and oriented and trusts the reporter, informing can pave the way for APS contact and also preserve the trust. For example, a physician observes imprint injuries on a vulnerable patient and hears from the patient, "The aide who comes to bathe me is too rough, and, she makes the water too hot even though I tell her it hurts." A statement such as this can be helpful, "Thank you for telling me. I am sorry that happens. You deserve kindness and respect and I care about your safety. I will report this to APS so that steps can be taken to stop that. The law also requires me to report this." Should the patient object, informing her, "I am sorry to go against your wishes on this but by law I must." Discussing the report may lead to further disclosures or recognition of steps to ease the process for the patient. Informing alleged perpetrators of reports, however, is NOT recommended, even when they are surrogate decision-makers such as guardians. Notice to perpetrators can further endanger victims and lead to efforts to hide abuse evidence.

INTAKE, SCREENING AND TRIAGING OF REPORTS

During intake information provided by the reporter is collected and documented. This is followed by report screening to determine if, based upon that information, (1) the reported adult meets APS eligibility criteria, (2) a reportable condition and allegation exist, and (3) the adult is in a location served by the receiving APS program. Efforts are made to refer the reporter to an agency with jurisdiction or ability to assist the alleged victim when reports are deemed ineligible for APS services. Screened-in reports proceed to investigation and are triaged and responded to according to the perceived level of danger to the reported adult.

APS INVESTIGATION PROCESSES

"The purpose of the investigation is to collect information about the allegations of maltreatment, assess the risk of the situation, determine if the client is eligible for APS services, and make a finding as to the presence or absence of maltreatment," (ACL Guidelines, p. 29). The NAPSA Recommended Minimum Program Standards (NAPSA, 2013) define a protective services investigation as, "A systematic, methodical, detailed inquiry and examination of all components, circumstances, and relationships pertaining to a reported situation" (p.9). These standards call for APS programs to: make a determination of the accuracy of the report, including whether maltreatment has occurred; have a systematic method for making that determination and recording findings; and substantiate the report or not based upon careful evaluation of all investigation findings.

There are critical distinctions between APS and criminal justice (CJ) or police investigations which are designed to determine if crimes have been committed and arrests are warranted. APS is designed to protect victim safety rather than punish perpetrators. In some cases, concurrent or collaborated APS and CJ investigations occur. For a discussion of APS/CJ differences and potential collaborations, see: **http://www.napsa-now.org/wp-content/uploads/2016/04/TA-Brief-Working-with-Prosecutors.pdf**.

The primary APS investigative goal is to determine if reported allegations are valid. Ascertaining that ANE did not occur is equally as important as confirming actual ANE. Additional goals are to determine unmet needs for care, assistance, and protective and other services. If maltreatment has occurred, APS will attempt to: identify the perpetrator(s); determine ANE specifics (type of abuse, severity, extent, and impact of abuse); and assess the current level and sources of risk. During the investigation, immediate intervention is offered if imminent threat to victim safety is discovered. Otherwise, thorough assessment is necessary to plan appropriate intervention. The process of a full APS investigation is discussed at: **http://www.napsa-now.org/wp-content/uploads/2015/03/TA-Brief-Invesitgation-Protocols.pdf**.

A key APS investigation issue is the capacity of the alleged victim to understand and grant informed consent, including consent to services from APS and collaborating organizations. Those who have capacity retain the right to refuse any proposed service, treatment, or intervention. The complex issue of capacity and consent is discussed at: **http://www.napsa-now.org/wp-content/uploads/2015/06/TA-Brief-Mental-Capacity-FINAL.pdf**. Alleged victims also have other important rights, including the rights to confidentiality and least intrusive intervention. APS programs and staff are guided by a Code of Ethics and Practice Guidelines which can be found at: **http://www.napsa-now.org/wp-content/uploads/2014/04/Recommended-Program-Standards.pdf** (p. 6-7). During an investigation, reporters and concerned others may be tempted to contact APS to inquire about work being done on behalf of an alleged victim. Ethics prevent sharing information without the expressed informed consent of that person. There is a role for APS collaborators, however, during investigations. In many cases collateral professionals and/or significant others are needed to provide victim assistance and services. With that person's informed consent, or with other official approval such as a court order, APS is empowered to both share victim information and request victim assistance from concerned and capable others.

REFERENCES

Administration for Community Living. (2016). *Final Voluntary Consensus Guidelines for State Adult Protective Service*. Washington, DC: US Department of Health and Human Services Administration for Community Living.

NAPSA. (2013). *Adult Protective Services Recommended Minimum Program Standards*. Washington, DC: Author.

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