

# **Abuse, Neglect, and Exploitation of At-Risk Adults**



# Terminal Performance Objective

While responding to a call for service, law enforcement officers will investigate crimes involving at-risk adults using a multi-disciplinary approach, in accordance with Georgia law and agency policies

# Enabling Objectives

- Describe an at-risk adult
- Define abuse, neglect, and exploitation in accordance with Georgia law
- Describe types of abuse
- Explain the role of Social Services Agencies
- Describe tips for interviewing at-risk adult victims
- Identify specific sources of evidence based on types of abuse

# Why Addressing Abuse is Important

Adults over the age of 65 are the fastest growing portion of the population

Financial abuse costs older adults more than \$ 2.6 billion dollars per year nationally

Abuse threatens the economic security, lives, health and welfare of millions of older Americans and Americans with disabilities.

# At-Risk Adults/Georgia Law



# What is an “At-Risk” Adult?

## Disabled adult

A person 18 years of age or older who is mentally or physically incapacitated or has Alzheimer’s disease or dementia

## Elder person

A person 65 years of age or older

*O.C.G.A. 16-5-100*

# Exploit, Abuse, or Neglect

Any person who knowingly and willfully exploits a disabled adult, elder person, or resident, willfully inflicts physical pain, physical injury, sexual abuse, mental anguish, or unreasonable confinement upon a disabled adult, elder person, or resident, or willfully deprives of essential services a disabled adult, elder person, or resident shall be guilty of a felony

*O.C.G.A. 16-5-102(a)*



# Physical Abuse



# Physical Abuse (cont.)



# Physical Abuse (cont.)



# Neglect By Caregiver

A guardian or other person supervising the welfare of or having immediate charge, control, or custody of a disabled adult, elder person, or resident when the person willfully deprives a disabled adult, elder person, or resident of health care, shelter, or necessary sustenance to the extent that the health or well-being of such person is jeopardized

*O.C.G.A. 16-5-101*

# Neglect By Caregiver (cont.)



# Neglect By Caregiver (cont.)



# Exploit

“Exploit” means illegally or improperly using a disabled adult or elder person or that person’s resources through undue influence, coercion, harassment, duress, deception, false representation, false pretense, or other similar means for one’s own or another person’s profit or advantage

*O.C.G.A. 16-5-100*

# Essential Services

Social, medical, psychiatric, or legal services necessary to safeguard a disabled adult's, elder person's, or resident's rights and resources and to maintain the physical and mental well-being of such person



# Essential Services (cont.)

Such services may include, but not limited to, the provision of medical care for physical and mental health needs, assistance in personal hygiene, food, clothing, adequately heated and ventilated shelter and protection from health and safety hazards

*O.C.G.A. 16-5-100*

# Essential Services (cont.)

...but shall not include the taking into physical custody of a disabled adult or elder person without that person's consent

# At-Risk Adult vs. Child Cases

Unlike cases that involve children that allow a child to be “deprived” and placed into protective custody, an at-risk adult has autonomy and self determination

The right to live life as they choose, even of that includes making “bad decisions”

# Mandated Reporting

It shall be unlawful for any person or official required by paragraph (1) of subsection (a) of Code Section 30-5-4 to report a case of disabled adult or elder person abuse to fail knowingly and willfully to make such a report

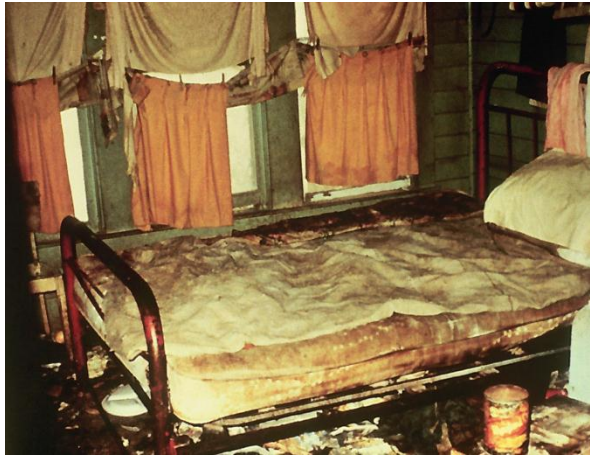
(2) Any person violating the provisions of this subsection shall be guilty of a misdemeanor

# Mandated Reporters

Any person required to report child abuse under Code section 19-7-5 (c), and

Physical therapists, occupational therapists, day care personnel, coroners, medical examiners, EMS personnel,, emergency medical tech, cardiac tech, paramedic, first responder, employees of public/private agency engaged in health related services to elder persons or disabled adults, clergy, and employee of financial institution

# Types of Abuse/Indicators



# Physical Abuse

Physical abuse is physical force or violence that results in bodily injury, pain, or impairment

It includes assault, battery, and inappropriate restraint

# Physical Abuse (cont.)





# Physical Abuse Indicators

Sprains, dislocations, fractures, broken bones

Burns from cigarettes, appliances, or hot water

Abrasions on arms, legs, or torso that resembles rope or strap marks

Internal injuries and bleeding from orifices

# Physical Abuse Indicators (cont.)

Bilateral bruising to the arms (shaken, grabbed)

Traumatic hairs or tooth loss

Injuries are unexplained or explanations are implausible (do not fit what is observed)

# Emotional Abuse

Emotional abuse is the willful infliction of mental or emotional anguish by threat, humiliation, or other verbal or nonverbal conduct

# Emotional Abuse Indicators

Weight loss/gain

Stress-related conditions, elevated blood pressure

Isolation of at-risk adult by suspect

Problem sleeping

# Emotional Abuse Indicators (cont.)

Cowers in presence of suspect

Exhibits depression/confusion

Exhibits unusual behavior usually attributed to dementia (e.g. biting, rocking)

# Sexual Abuse

Sexual abuse is any form of non-consensual sexual contact

It may include unwanted touching, sodomy, coerced nudity, sexually explicit photographing, all types of sexual assault or battery such as rape, molestation, or any sexual conduct with a person who lacks the mental capacity to exercise consent

# Sexual Abuse Indicators

Genital or anal pain, irritation, or bleeding

Bruises on external genitalia or inner thighs

Difficulty walking or sitting

Torn, stained, or bloody underclothing

Sexual transmitted diseases

# Sexual Abuse Indicators (cont.)

Behavioral indicators

Inappropriate sex-role relationship between at-risk adult and suspect

Inappropriate, unusual, or aggressive sexual behavior



# Neglect

Neglect is the failure of caregivers to fulfill their responsibilities to provide needed care

There are three types of neglect:

Active Neglect

Passive Neglect

Self-Neglect

# Active Neglect

“Active” neglect refers to behavior that is willful (e.g. the caretaker intentionally withholds care or necessities) and may be motivated by financial gain

Active neglect can be a crime under O.C.G.A.  
16-7-101 Neglect By Caregiver

# Passive Neglect

“Passive” neglect refers to situations in which the caregiver is unable to fulfill his/her care giving responsibilities as a result of illness, disability, stress, ignorance, lack of maturity, or lack of resources

This type of neglect is usually not considered a crime

# Self Neglect

Self neglect refers to situations in which there is no suspect and the neglect is the result of the at-risk adult refusing care

Self neglect is not a crime

# Self Neglect Indicators

Poor personal hygiene (soiled clothing, head lice, presence feces and/or urine)

Unclothed/improper clothing for weather

Untreated medical conditions

# Self Neglect Indicators (cont.)

Absence of needed eyeglasses, dentures, hearing aids, walkers, wheelchairs, etc.

Absence of necessities (food, water, heat)

Unsafe living environment (faulty wiring, inadequate sanitation)

# Financial Abuse/Exploitation

Every year thousands of at-risk adults lose all or part of their life savings to financial exploitation

Many of these crimes occur within a family setting, often dismissed as a “civil matter”

# Financial Abuse Indicators

Victim report/outcry

Unemployed adults living in home

Sudden changes in banking habits

New power of attorney



# Financial Abuse Indicators (cont.)

Changing in will, property titles or other legal documents

Unpaid bills

Eviction/notice from facility

# Georgia Social Services Agencies



*Georgia Department of*  
**Behavioral Health & Developmental Disabilities**

**Ombudsman**  
**LONG TERM CARE**  
**RESIDENTS' ADVOCATE**

# Adult Protective Services

Use to be part of DFCS, 2004 moved to DAS

Investigates reports of abuse, neglect, and exploitation of disabled adults age 18 to 64 and elder persons age 65 and older

Who do not live in a long-term care facility

# Central Intake

APS utilizes a Central Intake reporting system

Gateway to all DAS/APS services

1-866-552-4464 or Fax 770-408-3001

Report [http://aging.dhs.georgia.gov/  
adult-protective-services](http://aging.dhs.georgia.gov/adult-protective-services) click on report here

# APS Investigations

Not a criminal investigation

Primary mission to put protective services in place

Autonomy/self-determinations

Client has right to refuse services

# Healthcare Facility Regulation

Abuse, neglect, and exploitation in facility

Hospital, nursing home, long-term care facility,  
or personal care home

Inspects facilities for compliance with federal  
and state rules/regulations

# Healthcare Facility Regulation (cont.)

Facility compliance report available on line

<http://167.193.144.216>

Can “cite” facility up to \$ 100,000+

Ensure compliance federal/state regulations

1-800-878-6442 <https://services.georgia.gov/dhr>

# LTCO

Long-term Care Ombudsman Program (LTCO)

Established under Older Americans Act

Separate office within GA DHS DAS

DAS contracts with Area Agencies on Aging



# LTCO (cont.)

Seek to improve the quality of life and well-being for residents of long-term care facilities

Is a resident advocate

Not a mandated reporter

Not a criminal investigation

# DBHDD

GA Dept of Behavioral Health &  
Developmental Disabilities (DBHDD)

People with mental illness, substance use disorders, and developmental disabilities

Operates 7 regional hospitals, provides and oversees community based services

# DBHDD (cont.)

DBHDD investigators respond to complaints of unexpected death, abuse-physical, neglect, sexual abuse, sexual assault, and exploitation staff to individual

Not criminal investigation

Ensure provider follows policies & regulations

# Investigations



# Responding to the Crime Scene

Report of abuse

Request for welfare check

Uncovered while investigating another crime

Referral from social service agency

# Initial Considerations

Injuries/EMS

Prior calls to location

Emotional/physical state of victim

Excited utterances of victim/suspect

# Initial Considerations (cont.)

Condition interior/exterior of location

Food, water, heat, and utilities

Secure the scene/preserve evidence

Photographs

# Assumptions & Misinformation

He/she has dementia

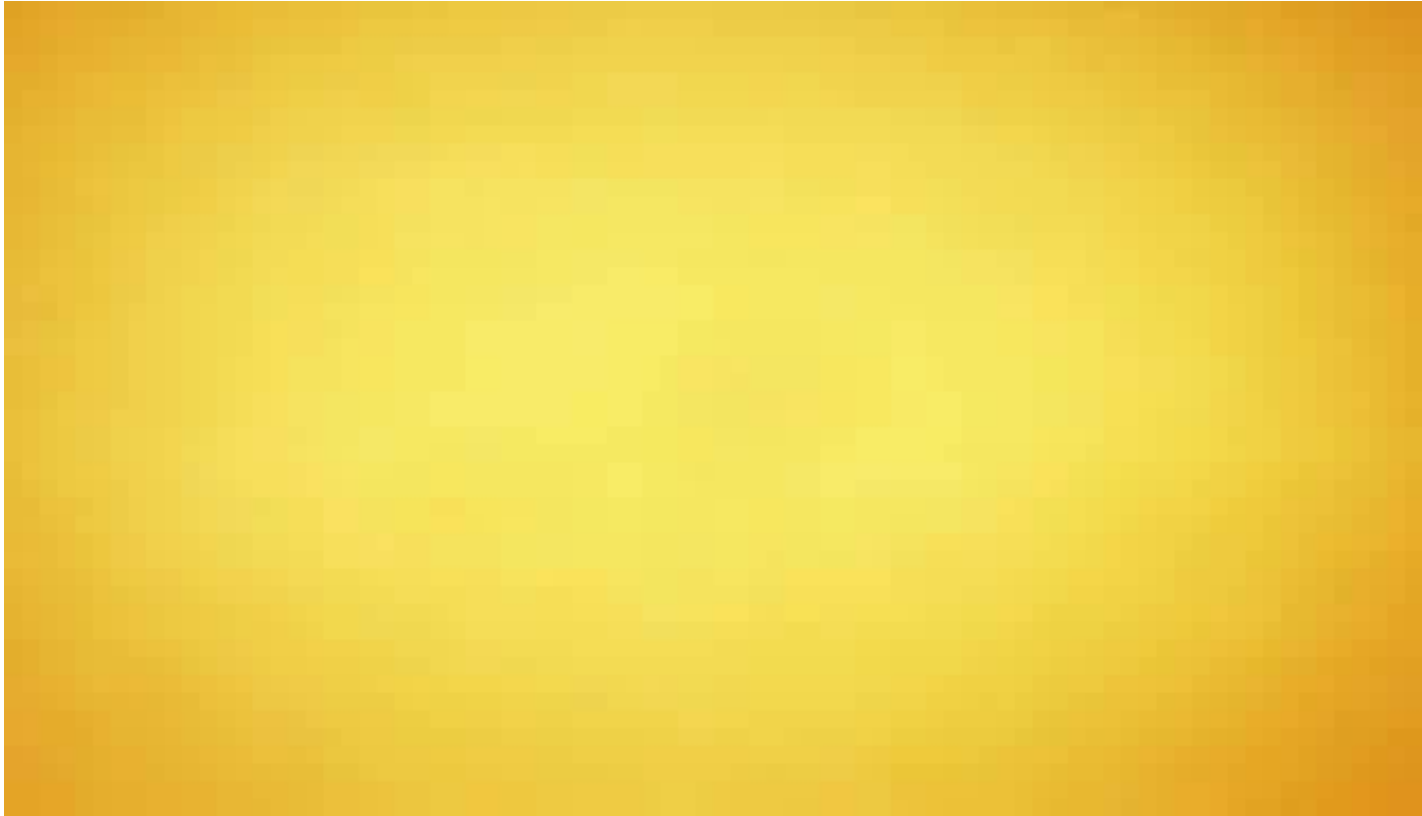
He/she bruises easy

He/she has osteoporosis

He/she falls a lot



# Alzheimer's disease



# Interviewing a Victim

One of the most important parts of an investigation

May suffer greater physical, mental, and financial injuries than other types of victims

Physiological process of aging decrease ability (physically & mentally) to heal after trauma

# Tips for Interviewing

May need glasses/hearing aids

Oxygen/medication

Determine the best time – A victim with Alzheimer's disease may not do well late in the afternoon, schedule a morning interview

# Tips for Interviewing (cont.)

May need a translator if non English speaker

Give victim time to hear and understand your words

Repeat key words/phrases

Be patient/avoid unnecessary pressure

# Cognitive Limitations

A victim may suffer from Alzheimer's disease, dementia, a developmental disability or some other type of impairment

Temporary dementia may be caused by; trauma, lack of food, water, sleep, medications (too much, not enough), infections, running a fever – Once the condition passes, cognitive skills usually improve

# Cognitive Limitation (cont.)

Do not discount the alleged abuse because the victim made statements that seem untrue or the result of delusions

Routinely ask about food, sleep, medicine (especially if the victim seems confused)

Ask if he/she can draw or show what happened

# Cognitive Limitations (cont.)

Listen patiently and redirect as needed if the at-risk adult digresses

Use memory clues such as “What were you doing before this happened?”

Read written materials to the individual

# Cognitive Limitations (cont.)

Use an interpreter if needed (avoid using family members if possible)

Ask short questions

Keep trying until you figure out what works best



# Evidence

Locating, securing, and proper handling of evidence can “make or break” a criminal case

**CRIME SCENE DO NOT CROSS**

# Evidence Physical Abuse/Neglect

Visible injuries (ask how/when injury occurred)

Injuries in various stages of healing

No food/spoiled food/utilities turned off

Contrast between victim's/suspect's living areas (victim living in squalor)

# Evidence Physical Abuse/Neglect

Inappropriate clothing for the season

Dehydration/malnutrition

Untreated medical conditions/bed sores

# Evidence Physical Abuse/Neglect (cont.)

Stains on bedding/chair victim was on when discovered

Torn/bloody underclothing/bedding

Unsafe environment/infestation

Fecal/urine odor/scalded skin

# Evidence/Red Flags Exploitation

Victim's self report/outcry

Unemployed adults living in home

Forced admission/discharge from long-term care facility

Sudden changes in banking habits

# Evidence/Red Flags Exploitation (cont.)

Unauthorized withdrawals

Abrupt changes in will/other legal documents

Appearance of uninvolved relative/new  
“best friend”

Unpaid bills

# Evidence/Red Flags Exploitation (cont.)

Sudden transfer of assets

Power of attorney (obtain a copy)

Bank statements

Copies of any financial records/documents that relate to the case

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# Questions



# Resources

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1-866-552-4464      <http://www.aging.ga.gov>

Healthcare Facility Regulation

1-800-878-6442      <http://www.dch.ga.gov>

Long-term Care Ombudsman

1-866-552-4464

# Resources (cont.)

Department of Behavioral Health and  
Developmental Disabilities (DBHDD)

<http://www.dbhdd.ga.gov/regions>

Georgia Crisis and Access Line – GCAL  
(Mental Illness, Intellectual Disability,  
Substance Abuse) 1-800-715-4225

<http://www.mygcal.com>