

Beyond the APS Investigation: Prevention, Intervention and Harm Reduction



BEYOND THE APS INVESTIGATION: PREVENTION, INTERVENTION AND HARM REDUCTION



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DISCLAIMER

The following presentation contains materials and content that may be disturbing to some participants.

Please feel free to leave the room or the session to care for yourself if you become distressed by the content in this presentation.

There is no guarantee of privacy in a public learning environment should you choose to share personal stories of abuse.

OBJECTIVES

Elder Abuse

- What it is, and the impact

Disability Abuse

- What it is, and the impact

Describe New Mexico APS
three-pronged model

- 1) Prevention, 2) Intervention, 3) Harm Reduction

Resources

- What to look for, how to help and report



“ELDER” ABUSE DEFINED

Elder Abuse:

Any knowing, intentional or negligent act by a caregiver or any other person that causes harm or a serious risk of harm to a vulnerable adult.

- **Physical Abuse** - inflicting physical pain or injury
Includes restraining by physical or chemical means
- **Sexual Abuse** - non-consensual contact of any kind
Includes sexual acts with a person lacking ability to consent
- **Emotional Abuse** - inflicting mental pain, anguish or distress
Includes verbal or non-verbal acts

“ELDER” ABUSE DEFINED

Elder Abuse:

Any knowing, intentional or negligent act by a caregiver or any other person that causes harm or a serious risk of harm to a vulnerable adult

- **Neglect** - the failure by those responsible to provide food, shelter, health care, or protection for a vulnerable adult
- **Abandonment** - desertion of vulnerable adult by anyone who has assumed the responsibility for care or custody
- **Exploitation (financial)** – the illegal taking, misuse, or concealment of funds, property, or assets of an older adult for someone else’s benefit
- **Self Neglect** - failure to perform essential, self-care tasks and that such failure threatens his/he own health or safety

STATISTICS

90% of older adults reside in the community

People 65 and older make up 14.9% of population

Approximately 1 in 10 Americans 60+ have experienced abuse

Some estimates say as many as 5 million older adults are abused each year

Approximately 2/3 of victims are women

STATISTICS

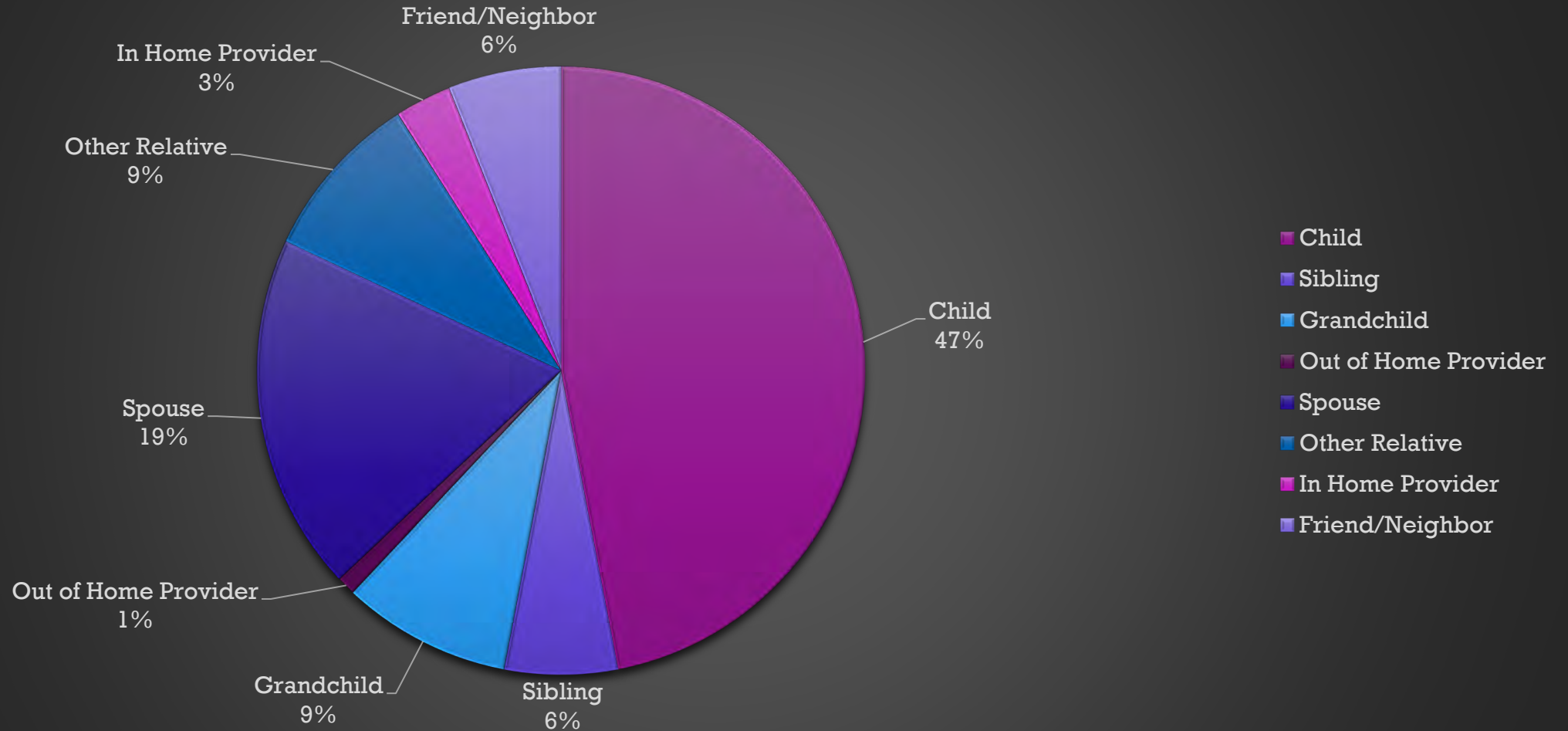
In approximately 60% of ALL cases, the perpetrator is a family member

An estimated 13.5% of older adults experience emotional abuse beginning at the age of 60

87% of emotional abuse, and 57% of physical is committed by partners

Some studies estimate rates of abuse have increased by 84% in the U.S., continues to rise

VICTIM RELATIONSHIP TO OFFENDER: COMMUNITY LIVING



NEW MEXICO DATA

In FY 2022,
NMAPS Intake
line received
13,621 reports

In FY 2022 - 5,752
clients received an
investigation

- Increase of 29%

578 were found to
be victims

- 87% Self-neglect

45 % Male
55% Female

CONTRIBUTING FACTORS: ABUSE OF OLDER ADULTS

Individual Factors

- Mental illness
- Cognitive Impairment
- History of drug or alcohol use/abuse
- Current physical health problem
- History of disruptive/violent behavior
- History of trauma/abuse
- High stress levels
- Inadequate coping
- Isolation

Societal/Social Factors

- Financial/Emotional dependence
- Family conflict (past or current)
- Lack of prosocial relationships
- Lack of social support
- Staffing problems (caregivers)
- Lack of caregiver training/oversight
- Caregiver stress/burnout
- Relationship to abuser
- Ageism

SIGNS OF ABUSE IN OLDER ADULTS

Unexplained
bruises, cuts,
burns or scars,
signs of restraint

Bed sores or
other preventable
conditions

Lacks necessary
medical aids
(glasses, walker,
medications)

Person/home is
messy, dirty,
smells bad

Stops taking part
in activities they
enjoy,
isolation

Hazardous or
unsafe living
conditions,
hoarding

Insufficient care,
unpaid bills,
eviction notices

Changes in
emotional or
social functioning,
acting out

Behavioral
changes in the
presence of
certain people

Unexplained
weight
loss/changes in
eating patterns

Changes in
functioning, ADLs,
sleeping habits

Genital injury or
pain, infections,
STDS, unusual
sexual behavior

VISUAL EXAMPLES



Hoarding



Organized hoarding



Pressure Sore



Bed Bugs



Restraint bruising



Animal hoarding

ABUSE OF PEOPLE WITH DISABILITIES

Elements of “Disability” Abuse

- An intentional act or failure to act that causes or creates a risk of harm to person with a disability
 - **Physical, sexual, emotional abuse, exploitation or neglect**
 - **“Disability Specific Abuse”** - using someone’s disability to manipulate or exploit them
 - Likely to be abused repeatedly, and by a caregiver
 - More likely to remain in abusive situations
 - Are less likely to access the criminal justice system

STATISTICS

23.8% of women and 20.1 % of men in the U.S. have a disability

People living with disabilities are 2.5 times more likely to experience violent victimization

They are 3 times more likely to be victimized by serious violent crime

People with intellectual disabilities are 7 times more likely to experience sexual assault (12 times for women)

More than 90% with developmental disabilities are sexually abused, 49% will experience this at least 10 times

People with disabilities account for 26% of nonfatal violent crimes, but only make up 12 % of the population

CONTRIBUTING FACTORS: ABUSE OF PEOPLE WITH DISABILITIES

FACTORS RELATED TO PHYSICAL & COGNITIVE DISABILITIES

- Failure to appreciate physical signs associated with the disability
- Failure to appreciate secondary indicators (social, emotional)
- Dependence on others for personal care (lack of control)
- Socialized to accept touch by anyone, especially staff
- They may be unaware of what constitutes abuse
- Compliance encouraged in living environments
- Ignored disclosures due to “lack of credibility”
- Difficulty understanding what a stranger is
- Lack of voice (literally or figuratively)

SIGNS OF ABUSE IN PEOPLE WITH DISABILITIES

Unexplained bruises, cuts, burns or scars, signs of restraint

Bed sores or other preventable conditions

Lacks necessary medical aids (glasses, walker, medications)

Person/home is messy, dirty, smells bad

Stops taking part in activities they enjoy, isolation

Hazardous or unsafe living conditions, hoarding

Insufficient care, unpaid bills, eviction notices

Changes in emotional or social functioning, acting out

Behavioral changes in presence of certain people

Unexplained weight loss/changes in eating patterns

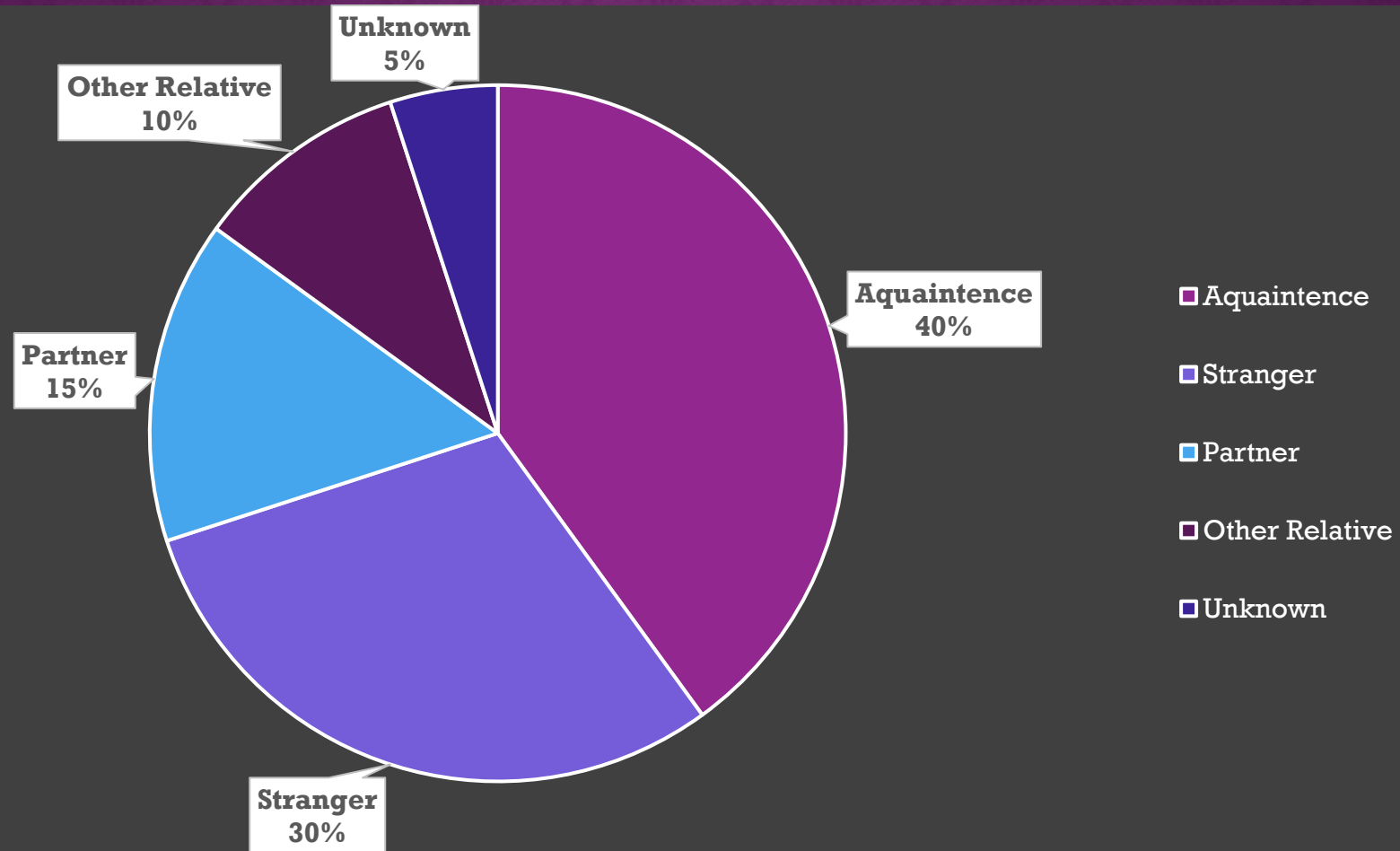
Changes in functioning, ADLS, sleeping habits

Genital injury or pain, infections, STDS, unusual sexual behavior

EXCESSIVE COMPLIANCE WITH STAFF

SELF HARMING, LOW SELF ESTEEM, ATTENTION SEEKING

VICTIM RELATIONSHIP TO OFFENDER: VIOLENT VICTIMIZATION



IMPACTS OF ABUSE

Physical illness/worsening of medical conditions

- Increased hospitalizations increase human and financial costs

Increased risk of death

- Even moderate abuse increases risk by 300 percent

New and/or worsening behavioral health

- Depression, Anxiety, PTSD, substance use

Isolation and loss of social contact

- Loss of mobility, trust, home, this compounds other issues

Financial cost of exploitation

- Ranges between \$2.6 – 36.5 BILLION annually

Suicide risk is high, including passive suicide

- The highest rate of suicide is in adults over 85, and 75-84

Loss of home, financial security, autonomy

- Impacts of exploitation, injury, worsening of medical conditions

NEW MEXICO'S THREE-PRONGED MODEL



PREVENTION



INTERVENTION



**HARM
REDUCTION**



PREVENTION PRONG

Goal

- Intervene BEFORE vulnerable adults become victims

Not investigations

- Cases that do not meet criteria for investigation at intake

Emphasis is...

- Client education and resource identification

Mitigating risk...

- Attempts to reduce the contributing factors associated with abuse

Using Community Engagement Specialists

- Trained Community Health Workers

Clinical Operations Unit

- Trained Behavioral Health Advisors

INTERVENTION PRONG

Beyond the typical investigation

- Original allegations investigated
- New allegations added as revealed
- Cases remain open as long as necessary
- Frequent staffing, oversight and effective documentation

Holistic approach to assessment

- Functional
- Medical
- Social
- Cognitive
- Nutrition
- Legal
- **Capacity

Complex cases

- Behavioral Health
- Substance use/abuse
- Complex family dynamics
- Civil and Criminal Legal Issues
- Capacity Concerns
- All staffed with Clinical Operations Unit

HARM REDUCTION

A set of practical strategies designed to reduce the risk of harm

Original application was in drug/alcohol abuse setting

Meeting people “where they’re at”

Harm Reduction can be utilized in a variety of situations:

- Drug and alcohol use/abuse
- Hoarding
- Medication Management
- Medical equipment and services
- Level of care and directives
- Nutrition
- Caregiver stress management

MEDICAID REIMBURSEMENT

Governmental Services Agreement (GSA)

- Agreement between ALTSD and HSD
- HSD administers the State Medicaid program
- APS New Mexico is on our 3rd year, aiding us to hire more workforce and increase pay equity
- Federal Government matches State expenditures to support “efficient and effective” administration of MEDICAID (typically 50%)
- Random Moment Time Studies
 - ❖ Outreach, Facilitating Eligibility, Transportation, Translation, Program Planning/Policy Development/Interagency Coordination, Training, Referral/Coordination/Monitoring

PREVENTING ABUSE

Educate and Advocate

- Educate yourself about abuse
- Educate clients about abuse
- Build confidence in the client
- Speak up when you see something
- Take all disclosures seriously
- Utilize advocacy groups
- Promote a “no secrets” policy
- Visit often, make your presence known

Build Protective Factors

- Stay engaged in the community
- Access social services
- Support primary caregivers
- Stay as physically active as possible
- Research caregivers and facilities
- Pay attention to financial red flags
- Access behavioral health
- Utilize legal services early

HOW TO RESPOND

If you suspect abuse, ask! Many victims will not spontaneously disclose.

If a victim discloses, take it seriously.

Provide emotional support. Validate their experience and their feelings.

Assess the current risk and develop a safety plan. This may involve calling Law Enforcement, depending on the situation and working with other providers.

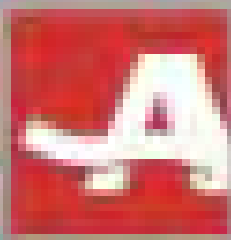
Report immediately. Everyone is a mandated reporter. There are criminal penalties for failure to report.

Document everything. What the victim said, dates, who you spoke to and what they said.

HELPFUL RESOURCES

- AARP: <https://www.aarp.org/aarp-foundation/>
- (ACL) Administration for Community Living: <https://acl.gov/programs/legal-help/legal-services-elderly-program>
- National Adult Protective Services Association: <https://www.napsa-now.org/>
- National Disability Rights Network: <https://www.ndrn.org/>
- National Elder Fraud Hotline: <https://ovc.ojp.gov/program/elder-fraud-abuse/national-elder-fraud-hotline>
- National Center on Elder Abuse: <https://ncea.acl.gov/>
- USAging (National Area Agency on Aging): <https://www.usaging.org/about>

What is
old?



REFERENCES

- Administration for Community Living: <https://acl.gov/>
- Center for Disease Control and Prevention: <https://www.cdc.gov/>
- Center for Disability Rights: <https://cdrnys.org/>
- National Coalition Against Domestic Violence: <https://ncadv.org/>
- National Institutes of Health: <https://www.nih.gov/>
- Office for Victims of Crime: <https://ovc.ojp.gov/>
- US Census Bureau: <https://www.census.gov/>
- US Department of Justice: <https://www.justice.gov/>
- World Health Organization: <https://www.who.int/>

QUESTIONS?

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Thank you!



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