

Adult Protective Services: Changes with the Introduction of Mandatory Reporting

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ABSTRACT. This study examines the impact of Washington State's elder abuse mandatory reporting law on Adult Protective Services. The data reveal that with the introduction of mandatory reporting there has been a significant *increase* in: reported cases; cases rereferred; clients being served by few as opposed to many agencies prior to referral; referred clients with no psychological or physical problems; and number of cases resulting in no service as case outcome. Implications for Adult Protective Services are presented.

Elder abuse, largely unnoticed in the past, has in the last decade been recognized as a serious social issue. Gelles and Pedrick-Cornell (1981) estimate that 500,000 to 2.5 million cases of elder abuse occur annually in the United States. Steinmetz (1981) estimates that almost 10 percent of all dependent elderly are at risk of abuse. In a more recent study based upon a random sample of the elderly in Boston, Pillemer and Finkelhor (1988) estimate the elder abuse prevalence rate to be 32 per 1000.

As the visibility of elder abuse has increased, several policy and service changes have been advocated. They include: (1) development of additional support services for the elderly and their care providers (Hooyman et al., 1982); (2) a comprehensive community response system utilizing basic service workers, case assessment

teams, legal services and emergency services (Hooyman et al., 1982); (3) development of an appropriate, timely and coordinated referral system (Pratt, 1983); and (4) increased authority of protective services to intervene in elder abuse cases (Giordano, 1984). Currently, every state has some form of an adult protective service (APS) program (Quinn, 1985). In addition, forty-three (43) states have enacted elder abuse mandatory reporting laws.

Washington State's Department of Social and Health Services (DSHS) first implemented an APS program in 1984, for the investigation of cases involving adult abuse. In addition, in 1984 the Washington State legislature passed an elder abuse mandatory reporting law which became effective July 1, 1985. It is stated within the bill:

The legislature finds that there are a number of vulnerable adults, sixty years of age or older, who lack the ability to perform or obtain services necessary to maintain or establish their well-being. It is the intent of the legislature to prevent or remedy the abuse, neglect, exploitation or abandonment of persons sixty (60) years of age or older who have a functional, mental or physical disability to care for or protect themselves by providing these persons with the least restrictive services possible. (Washington State House Bill 1328, 1984)

The law mandates that when social workers, DSHS employees or health care practitioners—including but not limited to doctors, nurses, psychologists and pharmacists—have reasonable cause to believe that a vulnerable adult has suffered abuse, they are required to report the incident to the DSHS. Unless there is a judicial proceeding, the identity of the person making the report is confidential. Also, immunity from liability resulting from reporting or any related testimony is insured.

DSHS is required to investigate all APS referrals and to offer appropriate services with the consent of the vulnerable adult. APS is intended to provide short-term, crisis-oriented service usually lasting no longer than 90 days. In the event the vulnerable adult appears to lack the capacity to consent to service, DSHS is authorized to initiate guardianship proceedings. The law also provides

the department with the ability to seek an injunction to prevent interference with an investigation of abuse, abandonment, exploitation or neglect.

The purpose of this study is to examine the impact of the introduction of Washington State's elder abuse mandatory reporting law on APS services. Specifically, the objective is to determine whether and to what extent, since the introduction of Washington State's mandatory reporting law, changes have occurred in: (1) client characteristics, e.g., age, sex, relationship to the alleged abuser and type of alleged abuse; and (2) case characteristics, e.g., referral sources, substantiation rate and case outcome.

METHODS

In Washington State, reports of adult abuse are made to the appropriate regional office of the DSHS Adult Protective Services (APS) program. APS workers are required by law to investigate every report of abuse. Once an investigation is initiated, APS caseworkers maintain case files and compile client information on such variables as: client gender and age; relationship of referral source to alleged abused; alleged abuser's relationship to alleged abused; medical and psychological problems of alleged abused; number of agencies providing service prior to referral; substantiation of abuse; and case outcome.

In this study, the research investigator abstracted secondary data from case notes within DSHS Region IV APS program files. In order to examine changes since the introduction of mandatory reporting, cases were systematically randomly selected from two separate time periods. The APS program was officially implemented April 30, 1984, and the mandatory reporting law was instituted July 1, 1985. Post-mandatory-reporting data were gathered during a period after the law was instituted, from July 1, 1985 to January 1, 1986, during which time there were 462 possible cases for reviews: 154 cases were systematically randomly sampled. These data were compared to data gathered in an earlier but equivalent period, from July 1, 1984, to January 1, 1985 (237 total cases: 79 systematically randomly sampled). Missing cases and those in which the investigation was still in progress were excluded from data analysis. The

cases involving rereferrals were included in the analysis of number of cases reported and cases rereferred, but excluded from remaining data analysis to insure the independence of samples. In some instances, information on a specific variable was missing from a case file and was thus excluded from the data analysis of that variable. The data analyzed in this study consist only of those cases reported to APS.

During both the pre- and post-mandatory-reporting periods, Washington State's DSHS Region IV was sampled for this study. This region was selected because it encompasses the largest metropolitan area (City of Seattle) within the state of Washington. The APS program within this region maintained comprehensive data prior to and following the implementation of mandatory reporting.

FINDINGS

Since the introduction of the elder abuse mandatory reporting law, the number of reported cases within Region IV increased substantially, by a total of 95 percent¹ (pre: N = 237; post: N = 462). During both time periods, females made up the majority of APS clients (pre: 74.3% female; post: 70.3% female). During the combined pre- and post-mandatory-reporting periods, there was a wide spread in client ages, ranging from 18 to 102. The mean age of pre-mandatory-reporting clients was 61, while the mean age of post-mandatory-reporting clients was 65. Despite these differences, no statistically significant association was found between the gender or age of APS clients for the two time periods.

The number of rereferred clients, those clients who had previously been investigated by APS, increased dramatically after the implementation of mandatory reporting. Rereferred cases increased by 566 percent during the post-mandatory-reporting period (pre: N = 2; post: N = 28). A significant (.05 or below), strong relationship (Kendall's Q = .80) between the number of rereferred cases and the two time periods was found.

1. The percentage increases and decreases reported in this study are, unless otherwise noted, based on proportional differences given the differing number of cases in the two time periods.

When examining a client's psychological and physical problems, all conditions which were determined by the APS caseworker to interfere with the client's ability to perform one or more of the activities of daily living were considered, including chronic illnesses, terminal illnesses, chemical dependencies, cognitive impairments, psychological disorders and developmental disabilities. There was a significant increase (160%) in the number of sampled clients with no problems in the post-mandatory-reporting period. Overall, the proportion of clients experiencing problems (1 or more) declined by 17 percent. This reduction, plus the marked increase in the number of sampled clients with no problems during the post-mandatory-reporting period, resulted in a significant, moderately strong ($Q = .52$) relationship between the presence or absence of psychological and/or physical problems and the two reporting periods.

A significant, moderate ($Q = .42$) relationship was demonstrated between the two time periods and the number of formal programs and services serving clients at the time of APS referral. During the post-mandatory-reporting period, the number of clients being served by few (two or fewer) agencies increased by 29 percent, while those utilizing many (three or more) agencies decreased by 47 percent.

No significant association between pre- and post-mandatory-reporting and type of abuse was found. During both time periods, the three categories of abuse with the highest representation were, in decreasing order, self-neglect, exploitation and physical abuse. Self-neglect (a pattern of conduct by self through action or inaction resulting in the deprivation of care necessary to maintain minimum physical and mental health) accounted for 20.3 percent of the cases before mandatory reporting and 25.2 percent during the mandatory period. Exploitation (the illegal or improper use of a vulnerable adult or that adult's resources for another person's profit or advantage) represented 16.2 percent before mandatory reporting and 18.3 percent after mandatory reporting, followed by physical abuse (an act of physical mistreatment or injury which harms or threatens a person through action by another person)—14.9 percent pre-mandatory and 14.8 percent post-mandatory reporting.

Neither was there a significant relationship between the two time

periods and the alleged abusers (persons who in the APS referral were identified as committing the abuse or abusive acts). During both time periods, alleged abusers were found to be primarily relatives by blood or marriage (pre: 45.9%; post: 40.9%), followed by self (pre: 23%; post: 27%) and caregivers, those other than relatives providing direct service within the home (pre: 14.9%; post: 13%).

Table 1 reports interesting differences, although not statistically significant, between pre- and post-mandatory-reporting periods and referral sources. For example, the "other" category, e.g., police officers, bank tellers and postal workers, doubled in number of referrals during the post-mandatory-reporting period. Also, while self-referrals increased by 86 percent, this shift was based on only four cases. Relatives as a referral source increased by more than three-quarters (76%) and hospitals showed an increase of three-fifths (60%). Those referral sources which decreased in number in the post-mandatory-reporting period include DSHS (33% decrease),

TABLE 1. Frequency and Percent Distribution of Case Referral Source by Pre- and Post-Mandatory Reporting Periods.

<u>Referral</u>	<u>Mandatory Reporting Periods</u>				<u>Total Cases Studied</u>	
	<u>Pre</u>		<u>Post</u>			
Hospital	10	(13.7)	25	(21.9)	35	(18.7)
DSHS	17	(23.3)	18	(15.8)	35	(18.7)
Social Service	14	(19.2)	15	(13.2)	29	(15.5)
Home Health	11	(15.0)	16	(14.0)	27	(14.5)
Relative	4	(5.5)	11	(9.7)	15	(8.0)
Friend/Neighbor	7	(9.6)	8	(7.0)	15	(8.0)
Self	1	(1.4)	3	(2.6)	4	(2.1)
Other	9	(12.3)	18	(15.8)	27	(14.5)
	73	(100.0)	114	(100.0)	187	(100.0)

$$x^2=6.052$$

social service agencies (31% decrease), friends and neighbors (27% decrease) and home health agencies (7% decrease).

The APS caseworker's determination that the occurrence of abuse was verified by existing evidence was utilized for establishing the case substantiation rate. More than four-fifths (82%) of combined pre- and post-mandatory-reporting cases were not substantiated for abuse. When comparing pre- and post-mandatory-reporting cases sampled in this study, there was only a slight increase in the rate of nonsubstantiation (2%) during the post-mandatory-reporting period. This is not a statistically significant increase.

The data in Table 2 reveal several differences between the two periods and case outcome, the action or inaction which resulted from the APS investigation. After mandatory reporting began, there was an increase in the number of cases in which an APS investigation was completed and services determined unwarranted or unnecessary. Prior to the mandatory reporting law, this type of case accounted for one-tenth ($N = 7$) of all cases. During the post-mandatory period, this increased to 15 percent ($N = 17$) of the cases. Increases also occurred in several other categories during the post-mandatory-reporting period: not appropriate case or lost contact (56% increase), and client no longer at risk or other agency handled (38% increase). Since mandatory reporting, placement in another living situation as outcome decreased by almost three-quarters (based on 15 cases). Referral for service decreased by one-quarter and clients refusing service also decreased by almost one-tenth (8%). A significant relationship between case outcome and pre- and post-mandatory-reporting period was not found at this level of analysis.

However, when the case outcome data was further collapsed, a different relationship emerged. A significant but weak relationship ($Q = .11$) was found between the pre- and post-mandatory periods and the outcome of service or no service. During the post-mandatory-reporting period, the cases in which no service was the outcome increased by approximately one-quarter (24%), while those receiving service as case outcome decreased by almost one-half (47%).

TABLE 2. Frequency and Percent Distribution of Case Outcome by Pre- and Post-Mandatory Reporting Periods.

<u>Outcome</u>	<u>Pre</u>	<u>Post</u>	<u>Total Cases Studied</u>
<u>No Service</u>			
Client Refused Service	21 (28.7)	29 (26.4)	50 (27.3)
Client No Longer at Risk	11 (15.1)	23 (20.9)	34 (18.6)
Not Appropriate Case	6 (8.2)	13 (11.8)	19 (10.4)
Lost Contact	3 (4.1)	8 (7.3)	11 (6.0)
Investigation/ Services			
Unwarranted	7 (9.6)	17 (15.5)	24 (13.1)
<u>Service</u>			
Referred for Service	8 (11.0)	9 (8.2)	17 (9.3)
Placement	10 (13.7)	5 (4.5)	15 (8.2)
Guardian or Other Legal Assistance	7 (9.6)	6 (5.4)	13 (7.1)
	73 (100.0)	110 (100.0)	183 (100.0)
		$\chi^2=9.178$	

DISCUSSION

This study has demonstrated that several changes have occurred since the introduction of mandatory reporting. In summary, there has been a significant increase in the number of reported cases,

cases rereferred, clients being served by few as opposed to many agencies prior to an APS referral, referred clients with no psychological and/or physical problems and cases resulting in no service as case outcome. All these changes seem to indicate that since mandatory reporting, the relatively same group of referral sources are referring more clients to APS. While in the past these referral sources may have sorted out or served those clients they deemed borderline or inappropriate APS cases, they may now be referring all such cases.

These changes have resulted in several programmatic consequences for APS. First, with the rate of reporting almost doubling since the implementation of mandatory reporting significant additional demands have been placed upon the program. Caseloads have increased, which in turn has created the need for additional staffing. Yet, while the law mandates the reporting of suspected abuse, neither it nor subsequent legislation has appropriated monies to fund the expansion of services. Such a situation creates serious difficulties. If APS caseworkers are to respond adequately, additional funds must be appropriated to support the changes such legislation creates.

In addition to the increased number of new clients, APS is also seeing significantly more rereferred clients. Research is needed to begin determining ways in which this client group differs from other APS clients. It may be that these clients' first contact with APS was ineffective and/or that they've experienced repeated, ongoing abuse. In either case, these clients may require innovative intervention skills and additional support services. Also, developing a means by which to track these clients could provide valuable input for evaluating services and assessing whether some APS clients are currently "falling through the cracks."

While APS seems to be seeing more severe cases of abuse (based on severity rating), the rate of substantiation of abuse was fairly low during both the pre- and post-mandatory-reporting periods. During the review of APS case records, it became evident that the rate of substantiation of abuse did not seem to accurately reflect the existence or nonexistence of abuse; rather, in many cases there seemed to be some indication of abuse, but due to difficulties in securing

evidence, and the reluctance of some clients to cooperate with an investigation, abuse was not substantiated.

The increase in the number of clients with no psychological or physical problems since mandatory reporting raises several critical issues. The elder abuse mandatory reporting legislation was theoretically established to protect vulnerable adults (defined as persons sixty and older who are functionally, mentally or physically unable to care for themselves) and dependent adults (defined as those legally incompetent) from abuse. Yet, since mandatory reporting, there has been a significant increase in the number of referred clients with no psychological or physical problems.

This suggests that more older adults who are neither dependent nor vulnerable are being referred to APS. The degree of vagueness inherent in the mandatory reporting legislation may in part be responsible for such a shift. The definitions of abuse and client status (dependent and vulnerable) are inexplicit. For example, nowhere does existing legislation or policy define what constitutes ability to care for oneself or explicate who specifically will be responsible for making such a determination. In practice, the responsibility has fallen upon APS, and all persons 60 and older, regardless of their ability to care for themselves, are potential APS referrals. Thus, while the existing legislation was developed to meet the identified need for protecting vulnerable and/or dependent adults, its potential ramifications are more far-reaching and may in part jeopardize all older adults' rights to privacy and self-determination.

The fact that APS is responding to more clients with no service needs is likely due to the increased number of clients with no problems. Since mandatory reporting, the number of cases in which an APS investigation was completed and services were found to be unwarranted or not appropriate has increased. These cases are drawing upon APS's limited resources and are likely making it even more difficult for the program to function adequately. Considering this increase in the number of inappropriate cases and the cases involving clients who are neither dependent nor vulnerable, a more complete conceptualization of the goals of mandatory reporting and ways to meet those goals are needed. As part of this formulation, it is critical that means by which to identify appropriate clients be

developed and that safeguards to protect older adults' right to privacy be incorporated.

Additional community education is also necessary. Since the mandatory legislation was put into effect, there has been a substantial increase in overall reporting, although there has not been a significant shift in referral sources. Community education of both service providers and the community at large is needed to clarify the legislation and refine the methods for reporting. To insure realistic expectations among referral sources, it is important that they be aware of the limitations as well as responsibilities of APS. While such education could in fact increase the referral rate, it would likely result in more appropriate referrals.

As additional jurisdictions consider implementing elder abuse mandatory reporting, they should be cognizant of and prepare for the changes that such legislation may create. This study has indicated that prior to the implementation of mandatory reporting there are several issues that need to be considered, including preparing the system for a significant increase in caseload size, exploring methods for working with varied client groups and addressing the need for increased funding. Also, finding means to appropriately identify APS clients and insuring safeguards to preserve older adults' rights to privacy are critical considerations if APS is to meet its defined goals.

If we are to understand the consequences of mandatory reporting, more evaluative research on the process and outcome is necessary. Only through increased understanding of the practical application of such legislation can effective social policy be developed that meets the need of the abused elderly and the older population at large.

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