Research on Adult Protective Services has rarely examined the full breadth of such services. This research examines Adult Protective Services client profiles (e.g., client's age, gender, physical and psychological problems, type of reported abuse, referral source, and relationship of the abused to the alleged abuser), case severity ratings, case substantiation rates, and case outcomes. Secondary data were analyzed and it was found that the majority of APS cases were not substantiated and resulted in no service. This article presents implications for Adult Protective Services.

Adult Protective Services

Caseload Analysis

KAREN I. FREDRIKSEN
Ballard Community Hospital
Seattle, WA

The abuse of the elderly, largely unnoticed in the past, has recently been recognized as a serious social problem. It has been estimated that there are 500,000 to 2.5 million incidents of elder abuse per year in the United States (Gelles & Pedrick-Cornell, 1981). Steinmetz (1981) estimates that almost 10% of all dependent elderly are at risk of abuse. In a more recent study based upon a random sample of 2,000 elderly Boston residents, Pillemer and Finkelhor (1988) estimate the elder abuse prevalence rate to be 32 per 1,000.

In order to protect the vulnerable adult from abuse or exploitation, the U.S. Department of Social and Rehabilitation Services began funding National Protective Services in the late 1960s. In 1974, Title XX of the Social Security Act increased existing services and required the availability of protective services for all vulnerable adults. Currently, every state has some form of an adult protective service program (Quinn, 1985). As the visibility of elder abuse has increased, several states have also enacted elder abuse mandatory reporting laws. Thirty-seven states now have some form of such a law (Quinn & Tomita, 1986).

To date, limited research has examined the full breadth of Adult Protective Services (APS). The purpose of this report is to begin analyzing the many aspects of APS services, including client profiles, case severity ratings, case substantiation rates, and case outcomes.

METHODS

In Washington state, all reports of adult abuse are made to the appropriate regional office of the Department of Social and Health Services (DSHS),

JOURNAL OF INTERPERSONAL VIOLENCE, Vol. 4 No. 2, June 1989 245-250

Adult Protective Services (APS) program. In this study, secondary data were analyzed from case records within DSHS, Region IV, APS program. This region was selected for this study because it encompasses the largest metropolitan area (city of Seattle) within the state of Washington.

During the selected time period (July 1, 1985, to January 1, 1986) there were 462 possible cases for review; 154 cases were systematically randomly sampled. Any missing cases (1) and those in which the investigation was still in progress (10) were excluded from analysis. The cases involving re-referrals (28) were included in the analysis of re-referral rate but excluded from remaining data analysis to ensure the independence of samples. Thus for remaining variables the final sample size was 115 cases. In some instances, information on a specific variable was missing from a case file and was thus excluded from analysis of that variable. The data analyzed in this study consist only of those cases reported to APS.

RESULTS

The majority of APS clients studied in this research were female (N = 78; 70.3%); 29.7% were male. There was a wide range in APS client ages, from 18 to 102. The mean age was 65. Those 60 and older accounted for 69% (N = 78) of APS clients. During the period studied, 19.6% of all APS clients were re-referred and had been involved in a prior APS investigation.

When examining clients' psychological and physical problems, clients' conditions that were determined by the APS worker to interfere with the clients' ability to perform one or more of the activities of daily living and to fall into one of 8 categories were considered. They included chronic illnesses, terminal illnesses, chemical dependencies, cognitive impairments, mental health conditions, and developmental disabilities. Because of the possibility of more than one psychological or physical problem, a single client may be represented in more than one category.

Approximately two-thirds (62%) of all APS clients studied had one or more of these psychological or physical problems. Most common were those with a chronic illness, such as impairment due to stroke or Parkinson's disease, accounting for approximately one-fifth (20%) of all clients. All other problems also had fairly high representation within the sample: chemical dependencies (13.9%), cognitive impairments (11.3%), psychological problems (10.5%), developmental disabilities (7.8%), and terminal illnesses (3.5%).

When examining the total number of formal programs and services assisting the client at the time of an APS referral, the data revealed that approximately 90% of the APS clients (N = 103; 89.6%) were receiving services from one or more agencies. Over 40% of the clients (N = 48; 41.8%) were being seen by 2 agencies at the time of referral and 29.6% (N = 34) by 1 agency.

Slightly more than 5% of the clients (N = 6; 5.2%) were receiving services from 4 or more agencies.

The seven types of abuse that APS defines and categorizes include physical abuse, psychological abuse, self-neglect, neglect by other, sexual abuse, exploitation, and abandonment. The majority of APS cases sampled involved self-neglect (25.2%), exploitation (18.3%), and physical abuse (14.8%). Abandonment as a type of abuse was not reported in a single case. Two or more types of abuse were involved in 16.5% of APS cases.

Alleged abusers (persons who in the APS referrals were identified as committing the abuse or abusive acts) were found to be relatives more often than any other single category (40.9%). "Self" accounted for over one-fourth of alleged abusers (27%). Caregivers (direct service providers within the home other than relatives) accounted for 13% of alleged abusers and friends or neighbors for 10.4%. The remaining "other" category accounted for approximately 9% (8.7%) of the alleged abusers.

The majority of referrals (the persons or agencies that contacted APS in order to report a suspected case of abuse) originated from hospitals and Washington State's Department of Social and Health Services (DSHS), 22% and 15.8%, respectively. Other referral sources included social service agencies (13.2%) and home health agencies (14%). Both relative (9.7%) and friend or neighbor referrals (7.0%) accounted for approximately one-sixth of all referrals. The lowest rate of referrals (2.6%) was that of self-referrals. The "other" category must be noted; almost one-sixth (15.8%) of all referrals were included in this category, for example, police, firefighters, bank tellers, and landlords.

APS case severity rating was established by the value assigned a case by the APS supervisor according to the seriousness of the alleged abuse and the suspected risk to the client. Two ratings are utilized by APS: Rating of 1 (emergent/severe, response within 24 hours of referral), and Rating of 2 (nonemergent, response after 24 hours). In this study, approximately one-half (47.3%) of the cases were rated as emergent. The remaining 52.7% of the cases were rated as nonemergent, to be responded to after 24 hours. The APS caseworker's determination that the occurrence of abuse was verified by existing evidence was utilized for establishing the case substantiation rate. Over 80% (N = 95, 82.6%) of all APS cases were not substantiated for abuse.

The outcomes of APS cases were varied. In this study, case outcome was defined as the action or inaction that resulted from the APS investigation. Client refusal of service was the highest case outcome (26.4%). It will be noted that not a single case outcome was alcoholism/drug treatment, and an injunction occurred in only one reported case. Other case outcomes included clients no longer at risk (20.9%), not appropriate case or lost contact (19.1%), and investigation completed and services unwarranted (15.5%). The cases in which there was no service as case outcome constituted 81.9% of the sample. Those cases in which service was the case outcome accounted for the

remaining 18.1%, which included clients referred to other services (8.2%), placement in another living situation (4.5%), and initiation of a guardianship hearing or other legal assistance (5.4%).

DISCUSSION

Several salient findings emerge from this study. While APS seems to be seeing many severe cases of abuse based on case severity rating, the rate of substantiation was fairly low. During the review of the APS case records, it became evident that the low rate of substantiation of abuse was in part due to the difficulties in securing evidence, and also to the reluctance of many clients to cooperate with an investigation. In those cases in which clients refused APS services and appeared competent to do so, the investigation was ended and the abuse was not substantiated.

As the law mandates, APS clients have the right to accept or reject APS services. The large percentage of APS clients who refuse service raises important issues regarding the ethical and policy dilemmas facing APS. For example, are the existing services serving the adults identified in the APS and mandatory reporting legislation? Theoretically, APS was established to protect vulnerable adults (defi¡ned as persons 60 years of age or older who are functionally, mentally, or physically unable to care for themselves) and dependent adults (defined as those legally incompetent). Yet a significant number of referred clients show no psychological and/or physical problems.

This finding has potentially serious implications. It suggests that many older adults who may be neither dependent nor vulnerable are being referred to APS. The degree of vagueness inherent in the legislation may in part be responsible for this phenomenon. Within the existing legislation, the definitions of clients' status are inexplicit. For example, nowhere in the legislation is it specified what constitutes inability to care for oneself or who specifically will be responsible for making such a determination. In practice, the responsibility has fallen on APS and the initial determination is not made until a person has entered the APS system. Thus all persons 60 and older are potential APS referrals regardless of their competency or ability to care for themselves. While the existing legislation was developed in order to meet the identified need for protecting vulnerable and/or dependent adults, its potential ramifications are much more far reaching and may in part jeopardize all older adults' rights to privacy and self-determination. At this time, a more complete conceptualization of the goals of APS, and effective means by which to meet those goals, are needed.

This research also suggests that there may be areas in which APS workers could benefit from additional training. For example, although 12% of APS clients were found to be experiencing drug-related problems, not one client

was found to have received drug treatment or education as a case outcome. Specific drug dependency-related training may well assist APS workers in more effectively serving these clients.

Currently, re-referred clients account for approximately 14% of all APS clients, yet at this time there is no standardized means by which to track APS clients. The development of such a tracking and monitoring system could provide valuable input for evaluating services and assessing whether there are outcome patterns and/or if some APS clients are currently "falling through the cracks."

Considering the case outcomes highlighted in this study, additional community education regarding APS services may be needed. Given the complexities of abuse and the number of clients who refuse service, both the responsibilities and the limitations of APS need to be addressed in outreach and educational efforts.

Before any of these service developments can be realized, the critical issue of funding must be addressed. While legislation mandated the development of APS services and the reporting of suspected abuse, neither it nor subsequent legislation has appropriated funds to finance these services adequately. Such a situation highlights the difficulties of APS services and mandatory reporting without the concomitant availability of support and/or respite services (Ambrogi & London, 1985). If APS caseworkers are to respond adequately to these cases, the issue of appropriation of funds must be immediately addressed by policymakers and service professionals.

As demographics shift and older adults come to represent an increasing proportion of the country's population, incidents of elder abuse and referrals to APS services are likely to increase. Additional research is necessary to begin addressing in what ways service effectiveness can be increased while respecting older adults' rights to privacy and self-determination. Only through increasing such knowledge can effective social policy be designed and implemented to meet the needs of the older adult population.

REFERENCES

Ambrogi, D., & London, C. (1985). Elder abuse laws: Their implications for caregivers. *Generations, 10,* 37-39.

Gelles, R. J., & Pedrick-Cornell, C. (1981, March). *Elder abuse: The status of current knowledge.* Paper presented at the meeting of the National Conference on Abuse of Older Persons, Boston.

Pillemer, K., & Finkelhor, D. (1988). The prevalence of elder abuse: A random sample survey. *The Gerontologist, 28,* 51-57.

Quinn, M. J. (1985). Elder abuse and neglect raise new dilemmas. *Generations, 10,* 22-25.

Quinn, M. J., & Tomita, S. K. (1986). *Elder abuse and neglect.* New York: Springer.

Steinmetz, S. K. (1981). Elder abuse. *Aging*, 315-316, 6-10.
Washington State. (1984). *Washington state house bill.* (No. 1328).

Karen I. Fredriksen is currently directing geriatric programs in Seattle, Washington, as the Senior Care Coordinator for Ballard Community Hospital. She is also cofounder of Shanti, a Seattle-based program serving the bereaved and those facing a life-threatening illness. She received her Master of Social Work from the University of Washington.