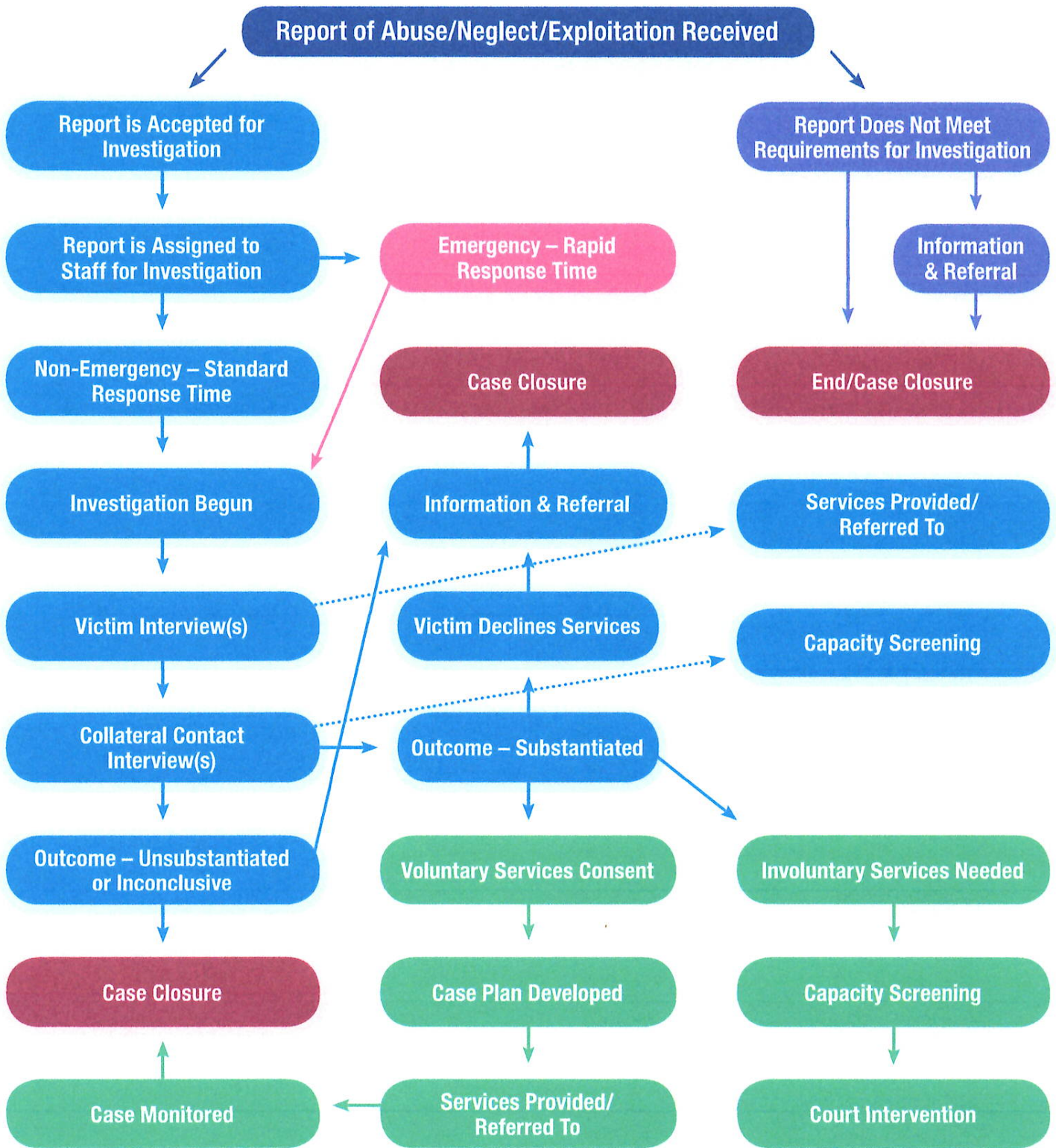


APS Example Flow Chart



FACT SHEET

Adult Protective Services, What You Must Know

What is APS?

Adult Protective Services (APS) programs promote the safety, independence, and quality-of-life for vulnerable adults who are, or are in danger of, being abused, neglected by self or others, or financially exploited, and who are unable to protect themselves. APS is a social service program authorized by law in every state to receive and investigate reports of elder or vulnerable adult maltreatment and to intervene to protect the victims to the extent possible.



APS can differ from state to state and even from county to county in terms of definitions, client eligibility requirements and standards of practice. In the vast majority of states, APS clients are “vulnerable adults”, or adults 18 and older with a significant physical and/or mental impairment. In a few states APS serves only older persons (usually age 60 and above), while in a few other states older persons can be served based on age alone; i.e. they do not have to have a disability. APS responds to reports of elder/vulnerable adult abuse in private homes in every state; in about half the states they also investigate reports in nursing homes and other long-term care facilities.

REPORTING ELDER/VULNERABLE ADULT ABUSE

In nearly every state there are certain professions that are required by law to report concerns of maltreatment (called “**mandatory reporting**”). Some states require all citizens to report concerns. All states accept voluntary reports, allow for anonymous reports, and provide good-faith reporters with legal protections.

Reports to APS are often made by phone, although some states have web-based methods of accepting reports. For a list of state reporting information, please visit www.napsa-now.org/report.

When a report is made, the program must determine if the victim and the allegations meet state definitions/criteria. Reports that do not are referred to other agencies for assistance.

APS must always balance the duty to protect the safety of the vulnerable adult with the adult’s right to self-determination. All vulnerable adults should be treated with honesty, caring, and respect.

WHAT DOES APS DO?

- Receives reports of alleged abuse, neglect, self-neglect or financial exploitation and determines if the client is eligible.
- Investigates the allegations through interviewing the client, collateral contacts, alleged abuser(s) and through examining evidence such as medical and bank records.
- Addresses emergency needs for food, shelter or law enforcement protection
- Determines whether abuse is occurring or not. *If it is not*, the case is closed.
- *If it is*, develops a case plan, with the client, to stop the abuse, and to address the client’s health and safety needs through services such as medical or mental health treatment, housing assistance, legal assistance, financial assistance, personal care, and home delivered meals.

CLIENT PROTECTIONS

- As is the case with any adult, victims have the right to decline protective services unless a qualified professional determines they are unable to make decisions for themselves. In these cases, APS may need to petition the legal system to appoint a guardian or conservator, or seek a court order for involuntary protective services. It is the duty of the APS professional to exhaust all other measures before seeking involuntary protective services.
- All client information is held in strict confidence by APS and generally may not be disclosed without a court order or a release of information signed by the client.
- APS professionals work collaboratively with other professionals to ensure the safety of vulnerable adults. This collaboration often takes the form of multidisciplinary teams consisting of professionals from social services, criminal and civil justice, mental health, medicine, finance, public health and other services.

Frequently Asked Questions (FAQ)

I've witnessed vulnerable adult maltreatment and wish to make a report. Can I make an anonymous report to Adult Protective Services? If I disclose my identity, how will that information be used?

Yes, any person making a report to APS can do so anonymously. Please visit www.napsa-now.org/report for more information on how to make a report in your area. Providing your information will allow the APS investigator to contact you in order to request additional details about your concerns. While some state laws protect the identity of the person making the report, others do not. It is important for you to understand that, depending on state law, the vulnerable adult who is the subject of the report may discover that you made the report to APS.

I made a report to Adult Protective Services, but have not heard back from the program about the status of the allegations I reported. Why is this?

Despite being a government record, APS records and the findings in any case are not public record. All documentation completed for an APS case must be kept confidential and can only be released to the vulnerable adult or persons designated by the vulnerable adult to receive the information, much like medical records, or by court order.

A close relative of mine was reported to Adult Protective Services. What should I do?

The single most important action you can take is to cooperate fully with the investigation and provide any information you can if contacted by the investigator. Many reports to APS are found to be unsubstantiated and the case is closed when this is determined. If maltreatment has taken place, you may be asked to assist with whatever action is necessary to keep the vulnerable adult safe.

Someone made a report to Adult Protective Services that I was being mistreated. What are my rights?

It is the duty of the APS investigator to inform you of your rights at the beginning of the investigation. You will have the right to determine what happens with your situation and what assistance you will receive unless a psychologist or physician evaluates you and reports that you are unable to make your own decisions and a judge concurs. It is important that you cooperate with APS as they determine if maltreatment has occurred. You may read about the APS Code of Ethics at www.napsa-now.org/ethics. Remember, APS' only goal is to help you be safe.

I made a report to Adult Protective Services and know that maltreatment occurred, but the case was closed. Why did this happen?

There could be several reasons as to why the case was closed without intervention. The APS investigator may have determined that the maltreatment did not meet the legal, APS definition of such. The vulnerable adult may have declined protective services, despite maltreatment occurring. Perpetrators of vulnerable adult abuse are often adult children (20%) or other family members (19%) whom the vulnerable adult may wish to protect despite the maltreatment¹.

Someone made a report to Adult Protective Services that I was being mistreated. Will I be placed in a nursing facility if the maltreatment is confirmed?

The majority of APS investigations do not involve involuntary intervention. It is very unlikely that you would be placed into a nursing facility without your consent. APS professionals can only seek involuntary intervention when a judge orders the involuntary intervention. It is the responsibility of the APS professional to use the least restrictive services first whenever possible—community-based services rather than institutionally-based services².

I made a report to Adult Protective Services and the allegations were deemed substantiated. The victim appears confused and forgetful, but APS still took no action. Why is that?

There could be several reasons for this outcome. Despite exhibiting some confusion or memory loss, the impairment may not be significant enough for a psychologist/physician to recommend involuntary intervention. Involuntary intervention may not be warranted given the extent of the maltreatment.

¹(Teaster, et al., 2007)

²(National Adult Protective Services Association, n.d.)

About the National Adult Protective Services Resource Center (NAPSRC) The National Adult Protective Services Resource Center (NAPSRC) is a project (No. 90ER0003) of the Administration for Community Living, U.S. Administration on Aging, U.S. Department of Health and Human Services (DHHS), administered by the National Adult Protective Services Association (NAPSA). Grantees carrying out projects under government sponsorship are encouraged to express freely their findings and conclusions. Therefore, points of view or opinions do not necessarily represent official Administration on Aging or DHHS policy.

This document was completed in association with the National Adult Protective Services Resource Center (NAPSRC) for the National Center on Elder Abuse situated at Keck School of Medicine of USC and is supported in part by a grant (No. 90AB0003-01-01) from the Administration on Aging (AOA), U.S. Department of Health and Human Services (DHHS). Grantees carrying out projects under government sponsorship are encouraged to express freely their findings and conclusions. Therefore, points of view or opinions do not necessarily represent official Administration on Aging or DHHS policy.