SafetyNetWorks

Information for Elder-Adult-at-Risk and Adult-at-Risk Agencies
AAR Information Memo #10 February 2009

IN THIS ISSUE

When should you report abuse, neglect or financial exploitation to the county elder adults/adults-at-risk/adult protective services (EA/AAR/APS) agency?

Individuals who do not work in the EA/AAR/APS agency will have clients they suspect are adults at risk. In addition, ADRC and MCO staff and other professionals will hear concerns about abuse, neglect and financial exploitation from neighbors, friends, or family. This referral/reporting decision-making document has been developed with the help of a workgroup made up of state, regional, county, ADRC and MCO staff.

BACKGROUND

Over the past ten years, Wisconsin guardianship laws have been rewritten, laws protecting younger adults at risk from abuse, neglect and financial exploitation have been enacted, and our state's long-term care system has been reformed into Family Care. Together, these changes have had a huge impact on how the state and counties operate agencies that protect individuals at risk.

In the past, an individual would come to the attention of the county human services or aging department and it was likely that the person responding to concerns about abuse was at the next desk, or in some cases was the same person. In the future, Aging and Disability Resource Center (ADRC) and Managed Care Organization (MCO) staff will likely identify a growing number of abuse, neglect and financial exploitation cases. Some of these staff, who work outside of the county system, may need more training and information about

- who is an adult at risk,
- what constitutes abuse, neglect and financial exploitation,
- when they should report to the EA/AAR/APS agency, and
- where to refer concerns about abuse.

HOW TO USE THE ATTACHED DOCUMENT

The first page of this document provides questions to ask if you get a report of abuse, neglect or financial exploitation from an individual other than the adult at risk (a neighbor, family, or friend). It is likely best to transfer this contact immediately **IF** an EA/AAR/APS staff is available and **IF** you can easily make the transfer. If not, ask the questions provided to get all the helpful information you can about the suspected adult at risk.

The second page provides information about what to do if you are dealing with a possible adult at risk. The person may be your long-time client or someone new on the phone. The document provides a list of questions to consider as you are talking with the individual. These questions will help you determine if you should make a report to the county EA/AAR/APS agency.

Page 3 provides information about what to do after the decision has been made to report to the EA/AAR/APS agency. **It is important to make these referrals as quickly as possible.** SafetyNetWorks Information Memo #9, the EA/AAR/APS Flow Chart, provides more information about what happens after a report is made.

The remainder of the document is appendices providing more information, questions to ask and scenarios to help make the decision whether to report your suspicions. Appendices included:

- Appendix 1: Common Characteristics to Assist in Knowing When to Refer to EA/AAR/APS
- Appendix 2: Key Definitions Relating to Adults at Risk
- Appendix 3: Questions to Ask if You Suspect Abuse, Neglect or Financial Exploitation
- Appendix 4: Examples: Here is the Situation. Should a Referral be Made?

Many times, a case of self-neglect may be addressed by program and service recommendations from the ADRC or MCO. If the individual is not willing to accept service recommendations and is at imminent risk due to the self-neglect, it is likely best to report the case to the EA/AAR/APS agency. EA/AAR/APS staff have additional tools available to investigate and respond to abuse, neglect and exploitation.

If the case involves abuse by another individual, it is best to include EA/AAR/APS staff in resolving the case.

Finally, when in doubt, REPORT. EA/AAR/APS staff have the skills and experience to respond to cases of suspected abuse, neglect and financial exploitation.

QUESTIONS

If you have questions or need a different format in order to use this document, please contact

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Elder Adults/Adults-at-Risk/Adult Protective Services (EA/AAR/APS) Referral Decision-Making Process

9-1-1 As with any contact, the person is forming an impression of your sincerity and helpfulness from the start. Give your name to the caller to make them feel more comfortable about the questions that will follow. If it is obvious that a crime has been committed (e.g. assault or robbery), call Law Enforcement.

IF SOMEONE IS IN IMMEDIATE DANGER, CALL 9-1-1.

Contact is a family member, neighbor or other interested person.

If you get a call from a neighbor or other interested person, in almost all cases, transfer the call to EA/AAR so they can get all the information they need to make decisions on what action to take. If an EA/AAR worker is not available, it is best to take down the pertinent information because the caller may be unwilling to leave their contact information. And, if they leave a message in voicemail, EA/AAR will not likely get the information they need.

After you determine that this is not an emergency or life-threatening situation, try to gather some key information from the caller:

- Adult at risk's full name and contact information. Double check spelling of the name and address to make sure they are correct.
- Reporter's name and contact information, if willing.
- Date of the incident
- Define the incident (What happened? Start at the beginning. What have you observed?)
- Location of the incident
- Adult at risk information (age and gender. Do they live alone, with family, with a caregiver?)
- Alleged abuser information, if any (gender, relationship to the adult at risk, others involved)
- Are there potential safety risks in the home (Are there any weapons or dangerous animals? Is anyone a substance abuser?)? For safety reasons, should the EA/AAR staff bring law enforcement along on the first visit?
- Why are you reporting now? Have you contacted anyone else? Have there been other incidents?
- Have you talked to the adult at risk about your concerns? How did he or she respond?

When in doubt, transfer call to elder adults/adults-at-risk for response.

Contact is a possible Adult at Risk

Allow the person to give a short explanation of the reason for the call. Explain that you need to ask questions so you can find the best way to help them. **Listen carefully**, they are calling because they have a problem. You may feel like you need to do something but often it is more important to listen and gather information.

Initial Questions:

- What happened to make you call?
- Tell me a little bit about your situation, what is happening to you?
- What is your day like?
- Do you need help?

After getting answers to your questions, try to summarize the situation and see if they agree with you on what are the **most pressing needs.** If you suspect abuse, neglect or exploitation, ask the person if he or she would like to talk to someone who can help them. Transfer them to your EA/AAR agency or tell them that someone from the county will be contacting them.

Additional Questions to Consider when Talking to the Adult at Risk

- Do you have enough privacy at home?
- Does anyone in your family make you feel uncomfortable or fearful? Have you ever felt that you could not trust a member of your family?
- Does your caregiver ever make you feel uncomfortable or fearful? Have you ever felt that you could not trust your caregiver?
- Can you take your own medication and get around by yourself?
- Are you often alone? Are you often sad or lonely? Do you feel that nobody wants you around?
- Has anyone close to you tried to hurt you or harm you? Are you afraid of anyone in your family?
- Has anyone close to you called you names or put you down or made you feel bad? Has anyone scolded or threatened you?
- Has anyone forced you to do things you did not want to do?
- Has anyone taken things that belong to you without your OK? Have you ever signed any documents that you didn't understand?
- Do you have a regular doctor?

Decision is Made to Refer to EA/AAR/APS

Across the nation, abuse, neglect and exploitation of adults at risk are some of the most under-reported crimes. Staff at ADRCs and MCOs trained to recognize abuse, neglect and exploitation can have a huge impact on increasing reports and protecting adults at risk from further abuse. Each ADRC and MCO will have a memorandum of understanding (MOU) with the county outlining their partnership with the county Elder Adults/Adults-at-Risk (EA/AAR) and Adult Protective Services agencies. The responsibilities addressed by the MOU will likely include information on training for ADRC and MCO staff on recognizing abuse, neglect and exploitation, on who to contact with questions, on what happens when EA/AAR investigates a case, and on any report back to the referring agency.

Procedures should be in place to make sure that **referrals are made to the EA/AAR agency as quickly as possible** even if the ADRC or MCO is also working with the individual. Working together with EA/AAR is the best way to get the individual into a safer environment. ADRC and MCO staff are case managers, providers and information specialists, not investigators. If there is reason to believe someone is being abused, EA/AAR should get the referral.

Once the referral is made, EA/AAR staff will examine the information and likely contact the potential adult at risk. If a response is needed, staff will develop recommendations to protect the safety of the individual. However, even a person defined as an adult at risk has a clear right to self determination unless the threat of risk rises to the level where legal intervention is needed. EA/AAR staff will work with partners including ADRC and MCO staff to develop workable recommendations to keep the individual safe but adults at risk have the right to refuse services. EA/AAR staff have been given many tools to respond to the needs of individuals who have been abused, neglected or exploited but they do not have authority to act against the wishes of a competent adult making bad decisions. Referring to APS does not guarantee that an adult at risk will accept service recommendations.

Referral Decision-Making Process Appendices #1 to #4

APPENDIX #1: COMMON CHARACTERISTICS OF A PERSON WHO IS VULNERABLE TO ABUSE

There are no sure-fire indicators of abuse, neglect and financial exploitation. Sometimes a bruise **IS** an accident. However, signs and symptoms can indicate abuse and recognizing the "red flags" may help protect an adult at risk. Common characteristics of a person who may be vulnerable to abuse are:

- Impairments may limit ability to make reasoned decisions. (Is s/he extremely confused? Does s/he know the date?)
- Individual is dependent on the caregiver or the caregiver is dependent on the individual, often financially. (Does s/he live alone? Does s/he need help from a caregiver? Is s/he dependent on others for basic needs, such as bathing, using the toilet, meal preparation, etc.)
- Tends to be socially or physically isolated. (Does s/he able to get out to see friends? Do friends/family come to visit her/him? Is s/he often alone?)
- May have cognitive, physical or sensory impairment.
- More likely to be compliant to the perceived or actual wishes of the family member or caregiver.

Other distinguishing traits that can signal abuse:

- Has individual been abused in the past? Is there any marital/family conflict? Is there a previous history of abuse by a family member or caregiver?
- Does the individual lack social support? Does the family member/caregiver allow the individual to speak for him/herself or to see others?
- Are there behavioral problems? Alcohol/substance abuse? Mental/emotional difficulties?
- What was the family member's or caregiver's past relationship with the individual?
- Is the individual collecting objects, garbage and/or animals to the point it is unsanitary and/or difficult to move within the home?
- Is there an obvious absence of assistance, indifference, or anger by the caregiver or family member?

The existence of any one or more of these indicators does not necessarily mean that abuse has occurred. Instead, treat them as signs that attention or investigation is needed.

APPENDIX #2: KEY DEFINITIONS RELATING TO ADULTS AT RISK[3]

Elder adult at risk - any person age 60 or older who has experienced, is currently experiencing, or is at risk of experiencing abuse, neglect, self−neglect, or financial exploitation.

Adult at risk - any adult who has a physical or mental condition that substantially impairs his or her ability to care for his or her needs and who has experienced, is currently experiencing, or is at risk of experiencing abuse, neglect, self-neglect, or financial exploitation. In Wisconsin, the term adult at risk can be used to define a person 18 to 59 as well as a person 60 years and older.

Abuse includes:

Physical abuse - An action, or a failure to act, that causes bodily harm. The action or failure to act must be intentional or reckless, the person must know that s/he is doing the action and that harm is a likely consequence, or must do it without paying attention to the harm that it might cause, even though the likelihood of harm should be obvious. Bodily harm includes physical pain or injury, illness, and any impairment of physical condition.

Treatment without consent - Occurs when a person administers medication to an individual, or performs psychosurgery, electroconvulsive therapy, or experimental research on an individual, and does so both (1) without the informed consent of the individual, and (2) with the knowledge that no lawful authority exists for the medication or treatment.

Unreasonable confinement or restraint - Occurs when a person intentionally and unreasonably does any of the following to an individual: (1) confines the individual in a locked room; (2) prevents the individual from having access to his or her living area; (3) uses a physical restraining device on the individual; or (4) provides unnecessary or excessive medication to the individual.

Emotional abuse - Includes subjecting an individual to language or behavior that serves no legitimate purpose and that is intended to be intimidating, humiliating, threatening, frightening or otherwise harassing.

Sexual abuse - Subjecting an individual to sexual contact of a type that would be considered a sexual assault under the criminal law. It is a crime in Wisconsin to have sexual intercourse or sexual contact with another person without consent. (Sexual contact is intentional touching, and certain other conduct, done for the purpose of sexually degrading the victim or sexually gratifying the perpetrator.) In addition, two provisions have special relevance for adults at risk:

- Any sexual contact with a person who has a mental illness or deficiency that makes him or her incapable of appraising his or her conduct is a sexual assault, even if he or she appears to consent.
- It is sexual assault for any licensee or employee of certain human services programs and facilities to have sexual contact with an individual who is a patient or resident of the program or facility, regardless of whether there is consent.

[3] For complete definitions, see Wisconsin Statutes 46.90 (1)

Financial Exploitation - Includes the following:

- Theft: Intentional taking of property including embezzlement.
- Misconduct by a fiscal agent: Substantial failure or neglect of a fiscal agent to fulfill responsibilities.
- Fraud, enticement or coercion: To obtain an individual's property by deceiving or enticing or to force or coerce to give something away without informed consent.
- Identity theft: To intentionally use an individual's identifying documents or information, without consent, to either get something of value or to harm the individual's reputation or property.
- Unauthorized use of the identity of a company or agency: To intentionally use the identifying information of an entity (such as a bank, business, or government agency) to get something of value by pretending that he or she is acting with authorization of the entity.
- Forgery: To alter official documents, such as a will or title, with the intent to defraud, or to show an altered document and pretend it is genuine.
- Unauthorized use of financial transaction cards including credit, debit, ATM and similar cards.

Fiscal agent includes any of the following:

- A guardian of the estate appointed under s. 54.10.
- A conservator appointed under s. 54.76.
- An agent under a power of attorney under ch. 243.
- A representative payee under 20 CFR 416.635.
- A conservatorship under the U.S. department of veterans affairs.

Neglect - Failure by a caregiver to try to maintain adequate care, services or supervision, including food, clothing, shelter or physical or mental health care. The failure can be the result of an action, a failure to act, or a course of conduct over time.

Caregiver - a person who has assumed responsibility for all or a portion of an individual's care voluntarily, by contract, or by agreement, including a person acting or claiming to act as a legal guardian.

Self-neglect - Failure by the individual him/herself to obtain adequate care, including food, shelter, clothing, medical or dental care. As with neglect, the failure must result in significant danger to the individual's physical or mental health. Self-neglect can only occur with regard to care or other needs for which the individual retains responsibility.

Compulsive Hoarding[4] – While not statutorily defined, when hoarding rises to a debilitating level, it should be considered self-neglect. Compulsive hoarding can include:

1. Acquisition and failure to discard, possessions that appear to be useless or of limited value.
2. Living spaces so cluttered that using the room as intended is unsafe.
3. Significant distress or impairment in the ability to function and often affects others in the environment.

Often represents a complex set of psychological, physical, and sociological factors that require multi-level responses.

Not all hoarding is self-neglect and not all hoarders are elder adults/adults at risk.

[4] Based on definition developed by "NYC Task Force on Hoarding," Randy O. Frost, Ph.D., Smith College, January 2004

APPENDIX #3: QUESTIONS TO ASK IF YOU SUSPECT ABUSE, NEGLECT OR FINANCIAL EXPLOITATION

The following questions will likely be asked/considered by the EA/AAR/APS staff in their response to a report. They are included here only as a reference for those who are considering making a report to the county EA/AAR agency.

Questions to consider if you suspect Physical Abuse

Do not be afraid to ask them how they were bruised or when they last saw a doctor if there is reason to suspect abuse.

- Are there any marks (burns, bruises, cuts) on the person's body?
- Does the individual have any internal injuries, broken bones or sprains?
- Are there injuries that have not been cared for properly (poor hygiene)?
- Is individual dehydrated or malnourished? Have they lost weight?
- Is the individual pale? Do they have sunken eyes or cheeks?
- Is there any sign of confinement or restraint (tied to furniture, locked in a room)?
- Has there been frequent use of the emergency room/hospital care?

Questions to consider if you suspect Neglect by Others or Self

- Is the individual physically unclean?
- Is there adequate food in the house?
- Is the individual underweight, physically frail or weak or dehydrated?
- Is there evidence of inadequate or inappropriate use of medication?
- Does the house have adequate utilities, lack of heat, water, electricity and toilet facilities?
- Is the home unsafe or unclean, including insect infestation or un-maintained animals? Is the individual building up objects, garbage or animals to the point of being unsanitary or difficult to move around the home?
- Have finances and bills been neglected?
- Is there evidence of inadequate care (e.g. bedsores, soiled clothing or bed)?
- Is there evidence of inadequate or inappropriate use of medication?
- Is there a lack of needed equipment such as walkers, canes, bedside commode? Is there an obvious absence of assistance, indifference or anger by the caregiver or family?

Questions to consider if you suspect Emotional Abuse

- Does the individual seem resigned to their fate? Hopeless about way they are treated?
- Is individual passive, helpless, withdrawn?
- Is the individual anxious, trembling, clinging, fearful, scared of someone/ something?
- Is the individual overly worried about word of his or her conversation to you getting back to the caregiver?
- Does the individual blame him/herself for the situation or for the behavior of their family member or caregiver?
- Does the caregiver or a family member try to isolate the individual from friends and other family? Does caregiver or family member tell the individual that no one else cares about him/her?

Questions to consider if you suspect Hoarding.

- How much of the living area in the home is cluttered with possessions? Does clutter interfere with everyday functioning (sleeping, cooking, bathing, socializing)?
- Does clutter in the home prevent the individual from inviting visitors? Does the individual feel distressed or embarrassed by the condition of the home (shades always closed)?
- How distressing is it for the individual to throw things away? Does the individual save items that are unusable or unneeded? Does the fear of losing items prevent discarding them or putting them away and out of sight?
- Does the individual buy or acquire free things for which she/he has no immediate use? Has compulsive buying resulted in financial difficulties?
- Does the individual attach value or sentiment to items that are normal seen to have little or no value (old papers, spoiling food, junk mail)?
- Animal Hoarding
    - ♦ Do the animals have adequate nutrition, sanitation and veterinarian care?
    - ♦ What is the condition of the animal over time? Has there been a recognition/ response to a deteriorating condition?
    - ♦ In addition to the suffering of the animal(s), is there an unsanitary accumulation of feces in the house? Are there decomposing remains of deceased animals?

Questions to consider if you suspect Financial Exploitation

- Are there unexplained charges/overpayment for goods or services?
- Have there been unexplained changes in power of attorney, wills or other legal documents (e.g., power of attorney given when the adult at risk is unable to comprehend the financial situation and in reality is unable to give a valid power of attorney)?
- Are there missing checks or money, or unexplained decreases in bank accounts?
- Has there been inappropriate activity (e.g., withdrawals from automated banking machines when the individual cannot walk or get to the bank, checks or financial documents signed by an individual who cannot write)
- Are there any missing items such as jewelry, art, silverware?
- Is the caregiver or family member more concerned about the cost of care than the quality of the care? Or refusing to spend money on needed care?

Questions to consider if you suspect Sexual Abuse

- Does the person shy away from being touched?
- Does the person express fear of certain individuals or situations (e.g. bathing)?
- Is the person exhibiting a sudden change in her/his sexual behavior or knowledge?
- Has the person talked about someone who is not a peer being their boy/girl friend?
- Has the person hinted about engaging in sexual activity?
- Is the person having difficulty walking or sitting?
- Does the individual have genital pain or itching?
- Is the individual engaging in compulsive masturbation or in inappropriate sex play?
- Is the individual acting out in a sexually aggressive manner?
- Is the individual engaging in overly promiscuous behavior?

APPENDIX #4: CASE SCENARIOS

The key to referral decision-making is "when in doubt, contact county EA/AAR staff and discuss your questions and concerns." If the individual you are anxious about is a client, you may be concerned about your relationship with him or her. That consideration should not override his or her safety. For more information about when to refer to EA/AAR, see http://dhs.wisconsin.gov/dsl_info/NumberedMemos/DLTC/CY2008/sharednmattach2and6.pdf

REFERRAL SCENARIOS

The following scenarios are not real cases. Although no two cases are completely alike, these examples try to help with decisions on when to refer a case to the elder adults/adults-at-risk agency. Each scenario is followed by a possible decision.

"Cora" a Community Referral

"Cora" is an elderly woman with advanced dementia who lives with her husband and son who are both alcoholics. The husband and son spend a great deal of time at a local bar and often bring "Cora" along. While "Cora's" physical health is satisfactory, her husband is not in great health and is not likely able to provide proper care to his wife. The bar staff look after her as well as some of the patrons but there is concern about verbal abuse. Those who see her out in the community often believe "Cora" looks confused and lost. Community members are especially concerned because she needs to cross a busy street to get from the bar to her home.

> **"Cora"**
> At a local school gathering, a wait staff at the bar is expressing his concern about "Cora" to a neighbor who is a nurse. The nurse asks if he has considered calling the county elder adults-at-risk program. He calls and county staff ask if he believes that "Cora" is at imminent risk. After getting the full story from the reporter who wishes to remain anonymous, an elder adults-at-risk worker is sent to the home. The worker interviews "Cora" as well as her son and husband and ultimately recommends several services and programs to assist in "Cora's" care. Any assistance is completely refused. Weeks later, the husband has an accident and breaks his wrist. At that time, the family accepts meals on wheels services but still refuses to consent to any other services or dementia care for "Cora."

"Doris" an ADRC Referral

"Doris" calls the ADRC to ask for help for her husband who had a stroke a few months ago. When the ADRC staff get to the home, it is obvious that in caring for her husband, "Doris" is neglecting her own health and care. After the ADRC Information and Assistance staff presented information about in-home support and respite, "Doris" relaxed and freely discussed all her needs because she appreciated that the ADRC staff would give her other options than sending her husband to a nursing home.

"Doris"
The ADRC staff did not refer this case to the elder adults-at-risk program because "Doris" and her husband were given the information they needed by the ADRC staff. "Doris" and her husband were not eligible for Family Care but they were assisted in finding an in-home care provider, bought a lift chair so "Doris" would not have to lift her husband, and signed up for meals on wheels. "Doris" took a break a couple of times a week to visit the meal site and do some errands while her husband was cared for in the home.

"Burton" an ADRC Referral
"Burton" calls the ADRC to ask for help for his wife who had a stroke a few months ago. When the ADRC staff get to the home, it is obvious that in caring for his wife, "Burton" is neglecting his own health and care. The ADRC Information and Assistance staff talked to "Burton" about options he had for in-home care, respite for himself, and public benefits that may be available. "Burton" admitted that his wife's doctors recommended that she move to a home where she could get more assistance than "Burton" could provide but he felt he was responsible for taking care of her. He kept the information presented by the ADRC staff but on a follow-up call, he said he was doing fine without any help.

"Burton"
The ADRC staff believed that a threat to the welfare of both "Burton" and his wife existed so they reported the case to the county elder adults at risk program. Both the adults-at-risk worker and the ADRC staff went out to visit with "Burton" and his wife. The combination of options and recommendations from the two staff helped "Burton" understand that there were options available to him where he could still participate in the care of his wife.

"Gertie" an MCO Referral

An elderly woman, "Gertie" was making some poor choices. Also, her daughter was interfering with the MCO's recommendations and assistance. "Gertie" was legally competent and lived with her spouse. The apartment was dirty, had a strong odor and "Gertie's" personal hygiene was an issue. She was not in imminent danger, although there were legitimate concerns. The MCO's Behavioral Health Department met with the MCO care managers and offered options/strategies for working with "Gertie" and her family and reminded them that the daughter was not legally "in control" of her mother.

"Gertie"
Since "Gertie" is competent and not in imminent danger and the MCO care team is providing service and program recommendations to her, the MCO may choose not to refer case this to the adults-at-risk agency.

"Edna" an MCO Referral
A 93 year old female "Edna" weighed 73 pounds so the MCO began to monitor her nutrition intake. "Edna" lives with her husband in an apartment. The case managers report that when they visit she does not remember them and does not remember when she last ate a meal. The case managers offered meals on wheels, supplements, and dietician services. They also offered respite services for her husband and suggested someone who could help fixing meals. "Edna" continued to lose weight (down to 63.6 pounds) and she refused to go to see her doctor and did not want any services. "Edna's" husband also was resistant to help buying groceries or receiving any additional services. At a follow-up visit, "Edna" had some bruising on her arms the case manager questioned her about this and she indicated her husband grabs her.

"Edna"
This situation required an immediate report to the elder adults-at-risk agency. "Edna's" rapid decrease in weight and refusal of crucial medical treatment could be signs of decline in capacity. Her husband grabbing her may be the only way he can lift her or it may be abuse. Either way, he was likely not able to care for her. As a result of the referral and the efforts of the MCO and the elder adults-at-risk agency, "Edna" was protectively placed and is living in a safe environment specializing in dementia care.

"Catherine" a Waiver Case Manager Referral
"Anne" is a waiver client who lives at home with her parents and a elderly grandmother, "Catherine." "Catherine" is very proud of her granddaughter and uses every opportunity to boast when "Anne's" case manager, "Jane" visits the home. On a recent visit, the case manager does not see "Catherine" until late in her visit. She notices that "Catherine's" face is badly bruised and she avoids the case manager. "Jane" asks her if she is OK and what happened and "Catherine" avoids the question at first and then says that she fell.

"Catherine"
The waiver case manager is concerned that "Catherine" was physically abused. "Anne's" family has never given "Jane" any reason to question her care but she does not feel comfortable just dropping her concerns. "Jane" calls the county EA/AAR agency and they make a visit to "Catherine's" family home but cannot substantiate abuse. However, "Catherine" agrees to participate in the meals on wheels program so at least there will be continued contact with the family, both by "Jane" and the nutrition program.

If you have a scenario that you think would help others make a decision about when to refer to the county elder adults/adults-at-risk staff, please e-mail it to StopAbuse@wisconsin.gov. Please change the names and details enough so that the case is not identifiable. Watch for new scenarios as they come in.