1. Introduction/ Background

Elder abuse is a profound and challenging problem that affects the wellbeing of seniors and other vulnerable adults, their families and our communities. A 2003 National Research Council report estimated that there are between 1 million and 2 million cases of elder abuse and neglect in the United States every year. These reports are estimated as studies have shown that there is under reporting in the area of elder maltreatment due to the isolation of the victim, family secrecy of the abuse and public apathy towards this social problem.

Elder abuse is defined as the maltreatment of an individual aged 60 years or older and who is in the care of someone where the nature of the relationship is built on trust and care giving. The caregiver either in a domestic setting or in an institutional setting violates the role of caregiver by causing one or more of the following forms of abuse: physical, sexual, emotional or psychological, neglect or financial exploitation. In the 2004 Survey of State Adult Protection Services: Abuse of Adults 60 years of Age or Older, caregiver neglect was the second most prevalent form of abuse. Caregiver neglect is the inadequate provision of care or services necessary to maintain the physical and mental health of a vulnerable adult. Caregiver neglect was followed by emotional/psychological abuse, financial exploitation and physical abuse at 10.7% of substantiated cases reported to Adult Protective Services in the United States in 2004.

Substantiated Reports by Category 60+ (n=19 States)

- Caregiver Neglect: 20.40%
- Emotional, Psychological Abuse: 14.80%
- Financial Exploitation: 37.20%
- Self Neglect: 14.70%
- Physical Abuse: 10.70%
- Other: 1.20%

Source: 2004 Survey of State Adult Protective Services: Abuse of Adults 60 years of Age or Older.
Currently in New Jersey, there has been a steady increase of financial exploitation reports. As many baby boomers are entering their senior years and the current economic state, the numbers for financial exploitation and other forms of abuse are expected to rise. In New Jersey in 2006:

- 84% of Adult Protective Service reports were for adults 60 years of age or older.
- 48% were widowed, with 25% either single or divorced.
- 67% of the reports concerned women.
- Of the clients Adult Protective Services served in NJ, 74% were Caucasian.

A review of the data demonstrates a pattern that adult abuse, neglect and exploitation affect mostly women who are widowed. This pattern in New Jersey is echoed in national data as well. Other data that is mirrored between New Jersey and national statistics is that of the perpetrators. In over 90% of cases reported, it is a family member, adult child or spouse who is implicated in the elder abuse or financial exploitation.

Research indicates that the family members perpetrating the abuse are typically financially dependent on the elderly or vulnerable adult and that there is a history of substance use. There are many contributing factors as to why elder abuse occurs in the United States. Similar to domestic violence this family violence problem has many roots in social, economic and psychological factors in our society both in how the problem is viewed and how it is responded to. Vulnerable adults such as the elderly or disabled adults who are dependent on care often feel isolated. The tumultuous relationship with a family member that is based on abuse of power rather than care leaves these vulnerable adults struggling with depression, lack of social support, isolation from friends and family, physical dependency, unstable medical access and legal concerns. Many find that they have a high emotional or financial reliance on the caregiver, thus enabling the cycle to continue of abuse, neglect and exploitation.

Domestic Violence agencies and Adult Protective Services (APS) although have a similar mission to protect a vulnerable population from abuse and neglect, each differs in the approach of the problem. The Domestic Violence movement was formed in a grass roots fashion rooted in feminist theory and protection. Adult Protective Services grew through the State Human Service system using a social service model with the focus on protection of vulnerable adults such as seniors and disabled adults from either gender. Even though these services have evolved with a similar mission, there is a difference in service delivery, issues involving gender, disabilities,
housing and health problems that are unique to senior citizens and disabled adults. It is this same reason that child protection laws, practices and programs are unsuited for APS work as well. Programs and laws were created and tailored to meet the needs of a specific population. In APS work, the nature of the clients and the nature of the work decree the balance between protection and ethical practices based in strengths perspective and an adult’s right to self determination. This is delicate balance when addressing how insidious abuse can be or in the case of a vulnerable adult who has engaged in self neglect. A comprehensive intervention is needed to assist families in accessing the resources to regain balance within the family. It is for this reason that effective training is provided to each worker so this social problem can be eradicated.

2. The Adult Protective Services Program
Adult Protective Services were established under the Social Security Act in 1975. It was a federally mandated program with little resources; therefore each state developed its own construct with definitions and reporting systems. As there is no standardized system for the documentation of incidence and prevalence, the data is difficult to ascertain. The Federal definitions of elder abuse and mistreatment were defined in more detail in the 1987 Amendment to the Older Americans Act. However, the Amendment served as guidelines but did not carry any enforcement provisions to be able to respond to cases of abuse and mistreatment2. New Jersey was the last state in the union to pass legislation for Adult Protective Services (APS). The statewide program was established in 1989 to ensure the safety and well-being of elders and adults with disabilities who are in danger of maltreatment. However, it was not until 1993 that the Adult Protective Services Act was passed thereby developing a comprehensive plan of action to protect and serve vulnerable adults over the age of 18. Included in this law were the following provisions: workers could have access to vulnerable adults, guardianships could be established, immunity for persons making reports, immunity for APS workers doing their jobs, confidentiality practices, APS access to financial, medical and social records of other agencies, intensive training for APS workers, the acceptance of anonymous reports, establishment of a statewide client registry for data collection, and the establishment of a public awareness task force. Although New Jersey’s law may have been the last to be enacted, it had the benefit of being able to incorporate lessons learned from other jurisdictions.
In New Jersey, almost 6000 referrals were made to Adult Protective Services in 2008. APS workers fulfill the duties of the NJ state law with many skilled interventions for the purpose of protection and to provide for the medical, social, economic, legal, and other supportive services that are needed. In many states, APS caseworkers are the first responders to reports of abuse, neglect, and exploitation of vulnerable adults.  

As the chart above indicates, there has been an increase since 2006 in validated cases or individuals in need of services from Adult Protective Services across the state. The NJ Department of Health and Senior Services, Division on Aging and Community Services reports that there is the beginning of an increase in guardianships and protection orders for developmentally disabled adults in the baby boom generation. Typically these individuals have resided at home for their entire lives and either the parents are deceased or have become too frail to provide any further care. The NJ Department of Health and Senior Services, Division on Aging and Community Services reports that collaboration with the Division of Developmental Disabilities has been a high priority.

3. **The Adult Protective Services Training Institute at IFF/SSW**

   APS Training provided by Rutgers University School of Social Work, Institute for Families has been the sole source for statewide training to Adult Protective Service Workers since inception in 1991. This mandatory training consists of a sixteen day educational forum in which the new worker becomes familiar with the many demanding facets of the protecting this fragile population.
The program began in collaboration with the NJ Department of Health and Senior Services, Division on Aging and Community Services and Rutgers University School of Social Work in 1991 as a response to the need of a standardized program to serve and protect elders as well as vulnerable adults over the age of 18. Rutgers University School of Social Work was approached to develop a curriculum and a training as the University brings distinguished experience in applied research, instruction and public service, thereby making a perfect match to implement a training program rooted in research and best practices. Rutgers School of Social Work, Institute for Families fulfills the requirements of the Adult Protective Services Act of 1993 (P.L. 1993, c249, N.J.S.A. 52:27 D-406 to 426) by providing training for county APS workers during the first 18 months of employment. This has been accomplished by adhering to the best practices for curriculum development and by providing an enriching learning environment to prepare each worker with the necessary skills for success. The program has received the Brookdale Best Practices in Training Award in 1993. The Brookdale Center for Healthy Aging & Longevity of Hunter College is a multi-disciplinary center of excellence dedicated to the advancement of successful aging and longevity through research, education, and evaluation of evidence-based models of practice and policy. This award was bestowed on the Rutgers University Institute for Families program for demonstrating innovative ways of training social workers for a variety of field related issues that occur in elder abuse.

The Institute for Families, APS training program employs many different instruction modalities to achieve the goal of successfully training new APS workers. This includes a sixteen day program is held twice a year to a closed group, using strategies such as classroom instruction and videotaping trainees in simulated home environments to induct experience. This has proven to be a highly effective methodology as workers can safely practice gaining access to a home, building rapport and working in homes where abuse or neglect are present. As the goal of the program is to increase knowledge and awareness, videotaped trainees who are taped in pairs, are able to view themselves and analyze the effectiveness of their intervention such as the verbal and non verbal cues during the interaction in the simulated home environment. Class discussion is also incorporated into this method of instruction thereby providing each worker with feedback to enhance learning and review their skills.
As self neglect is the largest part of an APS worker’s caseload in New Jersey, this topic is covered in detail to provide strategies to address safety of the individual while protecting the adult’s right to self determination. Other aspects of training include understanding abuse, interviewing an alleged perpetrator, financial exploitation, legal issues, medically frail individuals, preparing for court appearances and safety concerns. Best practices are employed to increase the confidence of the workers and guiding principles are explained so that each worker recognizes the responsibility to each client, his or her safety and the ability to protect and serve this person in the least restrictive setting. The worker learns to do this while respecting the adult client’s right to choose to accept services as well as the types of services.

The APS training program was designed to provide training for new workers but has grown to be so much more. The APS training program at Rutgers School of Social Work, Institute for Families expanded the mission to include a supervisor training and a once a year Executive Forum to further the knowledge base and skills of all who serve in adult protective services. With over 100 APS workers currently in the field in NJ and over 1400 enrolled in training since 1991, the feedback has been positive. Outcome measures of a post training evaluation assess worker knowledge and trainees receive feedback from the Program Development Specialist at the completion of training. To provide further outreach and understanding of this social problem, there is cross training with other New Jersey State and County agencies such as mental health agencies, police stations and the Division on Developmental Disabilities.

Conclusion
The purpose of this brief is to highlight this insidious social problem but also to bring to light that a large segment of our population, baby boomers, begin to approach their senior years. According to US Census in 2005, there were an estimated 78.2 million baby boomers. Across the nation, there is the potential for an increase need in services for adult protective services. Currently the administration of the APS program in New Jersey is the responsibility of the NJ Department of Health and Senior Services, Division of Aging and Community Services. The Division develops policies and procedures and designates provider agencies in each of New Jersey’s 21 counties. Rutgers University School of Social Work, Institute for Families provides the standardized statewide training for all Adult Protection Service workers throughout the state. The program has successfully trained over 1400 APS workers since 1991 using the best practices and innovative instruction methods.
References


2. National data on Types of Abuse available at the National Center for Elder Abuse website http://www.ncea.aoa.gov

3. 2004 Survey of State Adult Protective Services: Abuse of Adults 60 years of Age or Older.


7. Phone call with NJ APS Director David Ricci to discuss APS data.