

# CASE HISTORIES OF ELDER ABUSE AND NEGLECT

The following are actual case histories of suspected elder abuse or neglect that were investigated by the Kentucky Cabinet for Health and Family Services, law enforcement authorities, or both. Names, dates, and locations are omitted to preserve client confidentiality.

These cases might provoke discussion about who could have intervened, when, and how, to protect victims more effectively. You might also discuss cases of possible elder abuse or neglect.

## Financial Exploitation

When seniors are dependent on others for help, it's easy for the people they trust most to take advantage of them. Financial exploitation is the illegal or improper use of an elder's funds or resources. As with other types of elder abuse, the perpetrator is often a relative or acquaintance. But it may also be someone entirely unknown to the victim, such as a con artist who offers to perform home repairs or makes some other phony claim to extract money.

In one case described here, local bank staff recognized something was amiss with an elderly customer's account. Together, the Cabinet's adult protective services staff and police investigated. In the second case, a trusted member of the victim's community won her trust, then plundered her finances. The third case fits a common pattern of door-to-door scams directed at the elderly.

### Case 1

A local bank alerted county police of possible exploitation of an elderly client. His savings account had gone from a balance of \$96,000 to zero in six months.

The elderly man insisted to police that he had willingly given the money to a young man who lived with him. He denied that the young man had committed any wrongdoing and refused to press charges. Further investigation by police revealed that the young man had forged checks for \$24,000.

Police asked the Cabinet to assess the elderly man's physical and mental state. Police accompanied a state social worker and nurse consultant to the home, since the alleged perpetrator still lived there. The client was found to be mentally alert, fully oriented, and free of acute mental or physical distress. He was more worried about keeping the alleged perpetrator out of jail than about losing his money. The client said he had helped raise the young man and would go to any length to protect him from going to jail. He acknowledged that the young man had stolen some checks and forged his name, but he said he had freely given the young man most of his savings.

With no money left from his life savings, the client was forced to live on his Social Security check. For at least two months, he did not take his prescribed medications because he could no longer afford to buy them.

Although the client refused to press charges, police arrested the alleged perpetrator and charged him with check forgery.

## **Case 2**

A high-ranking person in a community befriended an 82-year-old woman. The woman gave him power of attorney. He then signed over all her assets to himself, locked her in the back room of her house, and used the front of her house for his office. Adult Protective Services investigated and collaborated with law enforcement. He was convicted of stealing \$100,000 from this woman.

## **Case 3**

Two men came to an 84-year-old man's house and told him his chimney needed repairs. The victim didn't authorize any repairs, but one of the perpetrators returned days later, claiming he had finished the work while the victim was out and demanding \$4,200. The victim wrote a check for that amount, but then stopped payment.

Two days later, the perpetrator again returned and asked why payment had been stopped. The victim was intimidated and wrote another check for \$2,000. The other con man then cashed the check.

Both perpetrators were arrested and charged with theft by deception. They were also charged in connection with similar scams elsewhere.

## **Non-willful Abuse and Neglect**

Elder abuse can be non-willful when caregivers aren't able to or don't know how to properly look after someone. APS is commonly called in on cases that result from a family member's desire to keep a loved one at home at all costs, even when the care needs of the loved one exceed the knowledge and/or capabilities of the family. Even a caregiver with extensive education and nursing knowledge can be overwhelmed by the physical and financial demands of caring for a vulnerable adult with complex needs. In a situation like this, APS must take three basic steps:

- assess the safety of the vulnerable adult and determine his or her wishes;
- rule out abuse, neglect, or exploitation by the caregiver; and
- get as much support as possible to assist the caregiver or assist with placing the vulnerable adult.

In one neglect case described here, family members caring for an elderly woman thought they were doing well, but malnutrition and other problems kept the woman in poor health and led a neighbor to suspect physical abuse. The family and Cabinet staff formed a safety plan to restore her well-being. In a second case, a terminally ill man was being cared for in a home with no air conditioning, and APS helped his daughter and grandson make small alterations in the pattern of care that reduced the risk he would become overheated or dehydrated. In the third case, an elderly woman was physically no longer able to care for her mentally retarded son. APS arranged appropriate placement for both.

## **Case 1**

An elderly woman lived alone and was essentially bedridden. Her son, who lived next-door, was the designated caregiver. In a call to a Cabinet office, an anonymous informant said a grandson had physically abused the woman. A social worker found no evidence of physical abuse, but did substantiate caretaker neglect.

The worker found the client in the home alone, in a hospital bed, totally dependent on others for care. In an emergency, she could not have left the house unaided. The client was basically alert, but somewhat confused. The son and daughter-in-law worked outside the home during the day. Water and food were left at the bedside within the client's reach. Home Health nurses visited three times weekly, but the client was alone in the home for extended intervals. During the evenings, family members were in and out of the house to meet the client's care needs. At night, the grandson slept in the house and was available to provide care until he left for an 11 a.m. class.

The client suffered from bladder and bowel incontinence and had a bed sore on her buttocks. She could feed herself but needed much encouragement to eat or drink. She had suffered dehydration in the past and was underweight.

The family thought they were doing the right thing. The social worker explained to them the areas of neglect. Together, they developed a safety plan that addressed the need for continuous supervision, adequate nutrition and hydration, and frequent repositioning of the client to promote good skin condition. The Cabinet continues to monitor the situation and help the family meet the client's needs in a home setting.

## **Case 2**

During a heat wave, a neighbor reported that an 86-year-old man was not receiving adequate food to eat and that his house was too hot with no air conditioning. This gentleman was terminally ill with cancer and was no longer able to swallow solid food. He was very thin and weak. Adult Protective Services investigated and found that the man had decided that he did not want a feeding tube, nor did he want to go to a hospital or nursing home. He wanted to remain at home without further treatment. The investigation revealed that his daughter and his grandson were taking care of him in the best way they knew how. The elderly gentleman was clean, and the grandson was offering sips of water whenever he asked for it. The house was uncomfortably warm, and the man had on a long-sleeved shirt. APS staff explained the importance of offering sips of water frequently whether the gentleman said he was thirsty or not. APS also explained that a short-sleeved shirt would be better than one with long sleeves because of the risk of a frail person overheating. While APS was there, the grandson changed his grandfather to a short-sleeved shirt. APS helped the family acquire a window fan, which alleviated the danger from the heat. APS checked with the family physician and hospice to validate their observations and continued to offer preventive services to this family until this gentleman died at home, later in the summer.

## **Case 3**

A neighbor reported that a 72-year-old woman was no longer able to care for her adult son, who was profoundly mentally retarded. Adult Protective Services investigated and substantiated that this was the case. The son was 46 years old. He was unable to feed or bathe himself. He was

incontinent and overweight. The mother had taken care of the son all her life, but she was now frail and unable to care for him, the home, or herself. The house was filled with a strong odor of urine. There was obvious roach infestation on the furniture and walls. The son was on a soiled bed, dirty and with no clothes on. The lady appeared to be confused and helpless. APS talked with the lady, and she agreed to a placement in a personal care home for herself and a permanent placement for her son.

## **Intentional abuse and neglect**

Cases of flagrant, willful abuse of nursing home residents are apt to capture public attention. That's understandable, but it's somewhat misleading. The fact is that willful abuse, like other forms of elder abuse and neglect, is far more apt to occur outside institutional settings, in elders' own homes, or in the homes of their relatives.

The vast majority of vulnerable elders live with relative caregivers, and relatives of elderly victims account for most cases of intentional abuse. When caregiver abuse occurs, it's likely to be persistent, rather than an isolated instance of "snapping" under the stress of providing constant care.

Due to feelings of shame, fear, and misplaced loyalty, abused elders are unlikely to report that they are being abused or neglected by their family members. They derive some sense of security from living in familiar surroundings, and their fear of the unknown may outweigh their desire to escape from a terrible situation.

Reports of intentional abuse often come from neighbors who notice that something's amiss, or from home health providers or hospital workers who see clear signs of mistreatment. If APS workers substantiate intentional abuse, they notify law enforcement officials to get them involved. They also try to get the abused elder's consent to be moved to live elsewhere. If the victim is unable to give informed consent, workers can ask a court to order that he or she be moved to a safe setting.

In the cases described here, the perpetrators were all relatives of the abused or neglected victims. Intervention came too late for two of the victims, who died soon after APS workers became aware of their circumstances.

### **Case 1**

An 80-year-old man with Parkinson's disease and advanced Alzheimer's was seen out driving a car and was reported to Adult Protective Services because he shouldn't have been driving. APS investigated and found that he lived with his daughter, who was stealing her father's medications and leaving him unsupervised. APS encouraged another daughter to move into the home and take over the duties of caregiver. As a result, this gentleman was able to remain safely in his home.

### **Case 2**

An 85-year-old woman on kidney dialysis was abused in succession in three homes of members of her family. In the first, a daughter stole her money and used it to pay her own bills and buy

things for herself. The lady then moved in with another family member, who denied her food and medicine. APS then offered to help the lady move into a nursing home. Rather than move to a nursing home, she chose to move into the home of what turned out to be a third abusive family member. A subsequent APS investigation concluded that she had died in a neglectful environment.

### **Case 3**

An 82-year-old man, who was terminally ill, was living with members of his family. APS went to the home the day they received an allegation he was being neglected. He had multiple pressure sores and was lying in feces and urine. APS got the victim admitted to a hospital, where he died the next day.

### **Case 4**

A 70-year-old woman was living with her daughter. APS investigated and found the 70-year-old locked in a basement. The daughter fed her food straight from a can, made her watch while others ate, pushed her, called her names, and kicked her. APS helped the woman get an Emergency Protection Order against this daughter and helped her find an apartment in a retirement tower. APS opened an ongoing case to help her stabilize, and a local domestic violence shelter supplied her with a cellular phone for emergency use in case of a violation of the EPO.

## **Sometimes a happy ending**

Reporting any sign or suspicion of abuse, neglect, or exploitation is always the best course—even when, as in this case, the explanation for what appear to be bruises turns out to be both innocent and delightful.

An assisted living facility reported that an elderly resident who had spent the weekend visiting a nephew had returned with bruises all over her face and neck. An APS caseworker and supervisor immediately went to the facility.

Here's how the supervisor described their findings:

“Upon arrival, the lady had multiple bluish green areas on her cheek, eyes, forehead, upper lip, and nose. As I moved closer and was examining her face, she sweetly placed her nose on my nose and rubbed. It was the cutest thing. The closer I looked, the more suspicious I became. The caseworker and I helped her to her room, and she allowed me to wash her face. The ‘bruises’ came away with soap and water. The culprit...VO5 blue conditioner for her hair. She had been using it for face cream, and it had caked and dried and resembled bruises.

Wouldn't it be wonderful if all of the allegations could be washed away with tenderness, soap, and water?”