

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.