



ADULT PROTECTIVE SERVICES

WHAT WE WILL COVER

- Eligibility Criteria, Intervention Model, & Investigation Types.
- Overview of Abuse Types and some nuances to abuse rule.
- Self-Neglect Rule and brief overview
- How to Report Abuse.
- Common Elements of an Abuse Investigation.



APS ELIGIBILITY CRITERIA

Who We Serve:

- Adults aged 65 years and older.
- Adults aged 18 and older who have a physical disability (which prevents them from protecting themselves); we presume this is the case for service clients under 65.
- Any adult living in an APD licensed Care Facility.

*Eligibility for Adult Protective Services is not dependent upon income or source of income.

APS INTERVENTION MODEL

Intervention Model:

- As a human services agency, the Department embraces a social model of intervention with a primary focus on offering safety and protection to the alleged victim. The over-arching ethical value in Adult Protective Services is **the obligation to balance the duty to protect older adults and adults with physical disabilities with the duty to protect their right to self-determination.**
- This means individuals we serve have the right to choose not to engage in the protections available to them if they do not wish to do so.

INVESTIGATION TYPES

- **Community Investigations:**

- The Alleged Victim does not live in a facility setting.
- The Alleged Victim resides in an APD facility setting, but the Alleged Perpetrator isn't employed by or contracted by the facility in which they reside.

- **Facility Investigations:**

- The Alleged Victim resides in the following settings and abuse is perpetrated by an individual employee or is a systemic failure:
 - Adult Foster Home
 - Assisted Living Facility
 - Residential Care Facility
- APS does not investigate Nursing Facilities or their staff within Facility Investigations, but APS can refer to Nursing Facility Survey Unit.

ABUSE TYPES

411-020-0002(1)

(a) Physical Abuse

(b) Neglect

(c) Abandonment

(d) Verbal or Emotional Abuse

(e) Financial Exploitation

(f) Sexual Abuse

(g) Involuntary Seclusion

(h) Wrongful Use of a Physical or Chemical
Restraint

NUANCES OF ABUSE DEFINITIONS

- Alleged Perpetrator having assumed a caregiving role:
 - For Neglect and some other abuse types, the person accused of abuse must have assumed the role of caregiver at the time the abuse took place.
- Right to Self-Determination (Client choice): Individuals can choose to be in an environment and make choices other's feel may not be in their best interest.
 - For example: doing things like giving their money away or spending money on other individuals.
- Impact to client: Many abuse definitions include language that speaks to impact on the client. For example:
 - An assignable Neglect allegation needs both a failure from the caregiver and a negative outcome to Alleged Victim.
 - Some types of verbal abuse allegations need to include information about significant emotional harm to the alleged victim from the abusive act for this to be assignable.

PHYSICAL ABUSE

- (A) Physical abuse includes:
 - (i) The use of physical force that may result in bodily injury, physical pain, or impairment; or
 - (ii) Any physical injury to an adult caused by other than accidental means.
- (B) For purposes of these rules, conduct that may be considered physical abuse includes, but is not limited to:
 - (i) Acts of violence, such as, striking (with or without an object), hitting, beating, punching, shoving, shaking, kicking, pinching, choking, or burning; or
 - (ii) The use of force-feeding or physical punishment.
- (C) Physical abuse is presumed to cause physical injury, including pain, to adults in a coma or adults otherwise incapable of expressing injury or pain.

NEGLECT

- (A) For the purposes of these rules, neglect means the active or passive failure to provide the basic care or services necessary to maintain the health and safety of an adult, when that failure:
 - (i) Results in physical harm, significant emotional harm, unreasonable discomfort, or serious loss of personal dignity to the adult; or
 - (ii) Creates the risk of serious harm to the adult.
- (B) The expectation for care may exist because of an assumed responsibility or a legal or contractual agreement, including, but not limited to, where an individual has a fiduciary responsibility to assure the continuation of necessary care or services.
- (C) An adult, who in good faith, is voluntarily under treatment solely by spiritual means in accordance with the tenets and practices of a recognized church or religious denomination shall, for this reason alone, not be considered subjected to abuse by reason of neglect as defined in these rules.

ABANDONMENT

- (c) ABANDONMENT. Abandonment includes desertion or willful forsaking of an adult for any period of time by an individual who has assumed responsibility for providing care, when that desertion or forsaking results in harm or places the adult at risk of serious harm.

VERBAL OR EMOTIONAL ABUSE

- (A) Verbal or emotional abuse includes threatening significant physical harm, or threatening or causing significant emotional harm to an adult using:
 - (i) Derogatory or inappropriate names, insults, verbal assaults, profanity, or ridicule; or
 - (ii) Harassment, coercion, threats, intimidation, humiliation, mental cruelty, or inappropriate sexual comments.
- (B) For the purposes of these rules:
 - (i) Conduct that may be considered verbal or emotional abuse includes, but is not limited to, the use of oral, written, or gestured communication that is directed to an adult or within their hearing distance, regardless of their ability to comprehend.
 - (ii) The emotional harm that may result from verbal or emotional abuse includes, but is not limited to, anguish, distress, fear, unreasonable emotional discomfort, loss of personal dignity, or loss of autonomy.

FINANCIAL EXPLOITATION

- (A) Wrongfully taking, by means including, but not limited to, deceit, trickery, subterfuge, coercion, harassment, duress, fraud, or undue influence, the assets, funds, property, or medications belonging to or intended for the use of an adult;
- (B) Alarming an adult by conveying a threat to wrongfully take or appropriate money or property of the adult if the adult reasonably believes the threat conveyed maybe carried out;
- (C) Misappropriating or misusing any money from any account held jointly or singly by an adult;
- (D) Failing to use income or assets of an adult for the benefit, support, and maintenance of the adult; or
- (E) The taking, borrowing, or accepting of assets, funds, property, or medications from an adult residing in a facility by an employee of the facility, unless the adult and employee are related and the action described in this paragraph does not constitute a wrongful taking as described in (A).

SEXUAL ABUSE

- (A) Sexual contact with a non-consenting adult or with an adult considered incapable of consenting to a sexual act. Consent, for purposes of this definition, means a voluntary agreement or concurrence of wills. Mere failure to object does not, in and of itself, constitute an expression of consent;
- (B) Verbal or physical harassment of a sexual nature, including, but not limited to severe, threatening, pervasive, or inappropriate exposure of an adult to sexually explicit material or language;
- (C) Sexual exploitation of an adult;
- (D) Any sexual contact between an employee of a facility and an adult residing in the facility unless the two are spouses or domestic partners;
- (E) Any sexual contact that is achieved through force, trickery, threat, or coercion; or
- (F) An act that constitutes a crime under ORS 163.375, 163.405, 163.411, 163.415, 163.425, 163.427, 163.465, 163.467, or 163.525 except for incest due to marriage alone.

INVOLUNTARY SECLUSION

OF AN ADULT FOR THE CONVENIENCE OF A CAREGIVER OR TO DISCIPLINE THE ADULT

- (A) Involuntary seclusion may include:
 - (i) Confinement or restriction of an adult to their room or a specific area; or
 - (ii) Placing restrictions on an adult's ability to associate, interact, or communicate with other individuals.
- (B) In a facility, emergency or short-term monitored separation from other residents may be permitted if used for a limited period of time when:
 - (i) Used as part of the care plan after other interventions have been attempted;
 - (ii) Used as a de-escalating intervention until the facility evaluates the behavior and develops care plan interventions to meet the resident's needs; or
 - (iii) The resident needs to be secluded from certain areas of the facility when their presence in the specified areas poses a risk to health or safety.

WRONGFUL USE OF A PHYSICAL OR CHEMICAL RESTRAINT OF AN ADULT

- (A) A wrongful use of a physical or chemical restraint includes situations where:
 - (i) A licensed health professional has not conducted a thorough assessment before implementing a licensed physician's prescription for restraint;
 - (ii) Less restrictive alternatives have not been evaluated before the use of the restraint; or
 - (iii) The restraint is used for convenience or discipline.
- (B) Physical restraints may be permitted if used when a resident's actions present an imminent danger to self or others and only until immediate action is taken by medical, emergency, or police personnel.

“RESTRAINT” DEFINITION

- (a) Physical restraints are any manual method or physical or mechanical device, material, or equipment attached to or adjacent to the individual's body that the individual cannot remove easily, which restricts freedom of movement or normal access of the individual to the individual's body. Any manual method includes physically restraining someone by manually holding someone in place.
- (b) Chemical restraints are any substance or drug used for the purpose of discipline or convenience that has the effect of restricting the individual's freedom of movement or behavior and is not used to treat the individual's medical or psychiatric condition.

SELF-NEGLECT

“The inability of an adult to understand the consequences of their actions or inaction when that inability leads to or may lead to harm or endangerment to self.”

- APS investigators are essentially investigating whether an individual has the ability to make decisions for themselves.
 - If they do not, investigators are looking for evidence that indicates this is putting them at risk of harm or in danger.
 - If an individual can make decisions from themselves, they have the right to self-determination.
- Self-Neglect is not an abuse type, but APS does investigate Self-Neglect to provide protection to vulnerable individuals in the community.

COMMON ELEMENTS OF ABUSE AND SELF-NEGLECT INVESTIGATIONS

- Unannounced visits/unplanned phone calls with the alleged victim, alleged perpetrator, and witnesses.
- Assessment of the Victim to determine their degree of risk, level of functioning, ability to protect their own interest, and ability to reduce the risk of harm in their environment.
- Collect Evidence; which includes:
 - Interviews with the alleged victim, alleged perpetrator, and relevant witnesses of abuse.
 - Documents, pictures, and video relevant to the reported abuse.
 - Any observations made by the investigator.
- Intervention (Protective Services): the process by which APS assists the alleged victim in reducing or removing the threat of harm that has placed the alleged victim at risk.
 - An individual who can make an informed choice may refuse intervention.
- An Evidence Based Conclusion about whether the abuse occurred, did not occur, or that the evidence is inconclusive.

COMMON PROTECTIVE SERVICES

- Medicaid Long Term Care, OPI-M, & Facility Placements
- Victim Services & Protective Orders (EPPDAPA)
- Other State Programs (Senior Connections, ADRC, Meals on Wheels, ect)
- Long Term Care Planning (Advanced Directive and POA)
- Lawyers, Fiduciaries, & Private Pay Case Managers
- Guardianship/Conservatorship

HOW TO REPORT ABUSE

- Call: 541-682-4140
- Fax: 541-682-7485
- Email: AbuseReporting@lcog.org
- In-Person: 1015 Willamette St. Eugene, OR 97401

WHAT TO INCLUDE WHEN REPORTING ABUSE

- The name, demographic information, current location, and contact information for the Alleged Victim.
- The name and contact information (if available) for the person who is reportedly abusing the client.
- A concise summary of the abuse concern that is being reported, which includes:
 - What is the incident or ongoing concern that you are reporting.
 - Any known times/dates in which the abuse occurred.
 - Any known witnesses of the abuse.
 - If the Alleged Perpetrator is a caregiver to the Alleged Victim.
 - Any impact or negative outcome to the victim; such as:
 - Physical Pain or Injury.
 - Loss of Personal Dignity.
 - Risk of Harm to the Alleged Victim
 - Fear, Unreasonable Emotional Discomfort, Distress, Anguish.
- The clearer the report, the easier it will be for the Triage Worker to understand your concern.

COMMUNICATION WITH APS

- When making an abuse Report, screeners will let you know if the case is assigned or not.
 - If assigned, you will be given investigation number.
 - If not assigned, screeners are happy to talk through why it doesn't meet criteria and can offer Protective Services at screening levels.
- If case is assigned that you have reported, expect for an Investigator follow up with you for a witness statement.
- Reporters can also be given the outcome of an investigation, but not details about the investigation.

The image features a solid black background. At the top, there is a decorative border consisting of several overlapping, wavy bands of color. From left to right, these bands transition through shades of yellow, orange, red, and finally into a bright cyan or light blue on the far right. The waves are fluid and organic in shape.

QUESTIONS?