

California APS* Standards for Consistency in Determining Findings

Key: APS = Adult Protective Services. Client = elder and/or adult with a disability

Abuse or Neglect Category	Operational Definition	Essential Defining Elements	Evidentiary Issues to Consider	Signs of Physical Abuse
<p>Physical Abuse Welfare and Institutions Code (W&IC) 15610.63 (a)(b)(c)(d)(f)</p>	<p>Physical abuse is the non-accidental use of physical force that results or could have resulted in bodily injury, physical pain, or impairment.</p>	<ol style="list-style-type: none"> 1. Non-accidental use of physical force or physical deprivation or use of medications for control and 2. Bodily injury, physical pain or impairment occurred or 3. Bodily injury, physical pain or impairment could have occurred. 	<p>Examples include, but are not limited to:</p> <p><u>General Considerations</u></p> <ul style="list-style-type: none"> • What are the indications, if any, that the client is being or has been: <ul style="list-style-type: none"> ○ Hit, beaten, pushed, shaken, slapped, or kicked ○ Struck with or without an object ○ Given unwarranted drugs ○ Unreasonably physically restrained when not medically authorized or given medication inappropriately to limit mobility or consciousness ○ Force-fed ○ Deprived of food or water for a prolonged period or continually • Based on the location, appearance, type of injury (or pain/impairment), interviews and explanation, was it likely accidental or intentional? • Are there power and control issues in the relationship between the suspected abuser and the client? • Is there a need for a safety plan? • Are the client and suspected abuser known to APS because of prior reports? • Is law enforcement investigating this as a crime, e.g. assault, battery? <p><u>Client Considerations</u></p> <ul style="list-style-type: none"> • Is the injury the result of a normal part of aging or disease process? 	<p>Examples include, but are not limited to:</p> <ul style="list-style-type: none"> • Sprains, dislocations, or fractures (for example, spiral fractures: when torque is applied along the axis of a bone) • Burns from such things as: cigarettes, appliances, or hot water • Abrasions or bruises on arms, legs, or torso that resemble rope or strap marks indicating physical restraint • Signs of traumatic hair and tooth loss • Bruises from abuse can be anywhere on the body, but bruises in the following places are more likely to be from abuse than accidental: <ul style="list-style-type: none"> ○ head, i.e., face, ears, and neck ○ arms, i.e., lateral area (the side of the arm the thumb is on) or anterior area (the inside or palm side of the arm) ○ genitalia ○ soles of the feet ○ posterior torso (including ○ chest, upper and lower back, and buttocks ○ Bilateral bruising to the arms (indicating the person has been shaken, grabbed, or restrained) ○ Bilateral bruising of the inner thighs (indicating sexual abuse)

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<p>(continued) Physical Abuse W&IC 15610.63 (a)(b)(c)(d)(f)</p>			<ul style="list-style-type: none"> • Is the client taking any medication that would make him/her bruise easily, such as prednisone, warfarin, or Plavix? • Is the client cognitively impaired? • Does the client use an assistive device for mobility? • Does the client require assistance with ADLs? • If the client is bruised, does he/she remember how he/she got the bruises? • Are the suspected abuser’s and the client’s explanations about how the injury occurred consistent with one another? • Is the explanation for the injury consistent with the facts that the social worker observes, i.e., the physical location, the wounds, the timing, etc. match the explanation? <p><u>Suspected Abuser Considerations</u></p> <ul style="list-style-type: none"> • What access does the suspected abuser have to the client/does the suspected abuser live with the client? • Is the suspected abuser dependent, financially or otherwise, on the client? • Does the suspected abuser have a substance or mental health problem? • Does the suspected abuser have a criminal record? • Does the suspected abuser understand the doctor’s instructions regarding the administration of medications, and/or use of restraints? 	<ol style="list-style-type: none"> 1. Larger bruises—accidental bruises tend to be smaller than deliberate ones 2. History of similar injuries, numerous suspicious hospitalizations, and/or untreated previous injuries <ul style="list-style-type: none"> • Injuries in various stages of healing including multicolored bruises (indicating they occurred over time). • Medical assessment and lab work including medical opinion on the results • Signs of malnutrition or dehydration without illness-related cause • Police arresting the accused for battery or assault

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<p>Sexual Abuse W&IC 15610.63 (e)</p>	<p>Sexual abuse is nonconsensual sexual contact of any kind with a client. It includes, but is not limited to:</p> <ul style="list-style-type: none"> • Unwanted touching • All types of sexual assault or battery such as rape, sodomy, and coerced nudity • Sexually explicit photographing • Forced exposure to pornography • Unwanted sexual relations with a spouse, partner, significant other or anyone else. 	<p>1. Evidence a sexual incident(s) or situation(s) occurred</p> <p style="text-align: center;">and</p> <p>2. The incident or situation is unwanted or non-consensual in nature.</p>	<p>Examples include, but are not limited to:</p> <p><u>General Considerations</u></p> <ul style="list-style-type: none"> • What are the indications, if any, that the client is being or has been: <ul style="list-style-type: none"> ○ Touched in an unwanted fashion ○ Raped, sodomized, or forced to take off his/her clothes ○ Photographed in a sexually explicit way ○ Forced to look at pornography ○ Pressured/forced to have unwanted sexual relations with a spouse, partner, significant other or anyone else. • Are there power and control issues in the relationship between the suspected abuser and the client? • Is there a need for a safety plan? • Are this client and suspected abuser known to APS because of prior reports? • Is law enforcement investigating this as a crime (i.e., sexual assault, sexual battery, rape, etc.)? <p><u>Client Considerations</u></p> <ul style="list-style-type: none"> • Is the client able to consent to sexual activity? If so, did the client consent? Was the client coerced or pressured into the sexual act? • Does the client have family or friends to provide emotional support or to advocate on his/her behalf? • Are there any changes in the client's affect, tone of voice, or body language when in the suspected abuser's presence? 	<p>Examples include, but are not limited to:</p> <ul style="list-style-type: none"> • Genital or anal pain, irritation or bleeding • Bruising on external genitalia or inner thighs • Difficulty walking or sitting • Torn, stained or bloody underclothing • Client's intimate body parts are treated roughly while receiving care, such as when being cleaned or dressed. • Client forced to watch pornography on the television and/or computer • Client is newly diagnosed with a sexually transmitted disease • Medical assessment and lab work, including a medical opinion support the report of sexual assault • The dependent adult is pregnant • Sudden, marked change in personality or demeanor

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(continued) Sexual Abuse W&IC 15610.63 (e)			<u>Suspected Abuser Considerations</u> <ul style="list-style-type: none"> • What access does the suspected abuser have to the client/does the suspected abuser live with the client? • Is the suspected abuser dependent, financially or otherwise, on the client? • Does the suspected abuser have a substance or mental health problem? • Does the suspected abuser have a criminal record, specifically has the suspected abuser been arrested for any sexual crimes or for a transgression of a sexual nature? 	

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<p>Financial Abuse W&IC 15610.30</p>	<p>Financial abuse is the illegal or improper use of a client’s funds, property or assets.</p> <p>*NOTE: “Undue influence” means excessive persuasion that causes another person to act or refrain from acting by overcoming that person’s free will and results in inequity.</p> <p>Refer to W&IC 15610.70</p>	<ol style="list-style-type: none"> 1. Funds, property or assets belonging to the client 2. Have been taken, secreted, appropriated, and/or retained, possibly through the use of undue influence* <p>and</p> <ol style="list-style-type: none"> 3. For a wrongful use (likely to be harmful to the client) <p>or</p> <ol style="list-style-type: none"> 4. With intent to defraud. 	<p>Examples include, but are not limited to:</p> <p><u>General Considerations</u></p> <ul style="list-style-type: none"> • What are the indications, if any, that the client is being or has been financially exploited by someone, e.g. <ul style="list-style-type: none"> ○ Cashing a client’s check or using/misusing a client’s debit card without authorization or permission ○ Forging the client’s signature ○ Misusing or stealing the client’s money or possessions ○ Taking the client’s funds or property by using undue influence ○ Coercing or deceiving the client into signing a document e.g., contracts, real estate/reverse mortgage/deeds, trusts or will ○ Improperly executing the duties of conservatorship, guardianship, or powers of attorney • Scams such as ID theft, telemarketing/lottery/ investment/ annuity/sweetheart/ grandparent scams, trust mills, • Who is making the financial decisions and are the decisions being made in the client’s best interest? • Does the suspected abuser exploit the client’s incapacitation such as when the client is tired, ill, or taking mentally impairing medications? • Is the suspected abuser targeting vulnerabilities (e.g. takes or moves walker, wheelchair, glasses, dentures if the client does not comply with demands for money or signatures or takes advantage of confusion)? 	<p>Examples include, but are not limited to:</p> <ul style="list-style-type: none"> • Unpaid bills, eviction notices or notices to discontinue utilities • Withdrawals from bank accounts or transfers between accounts that the client cannot explain or the explanation suggests coercion or manipulation of the client • Bank statements and canceled checks no longer delivered to the client’s home • New “best friends” who take an interest in the client’s finances • Legal documents (i.e., powers of attorney) the client did not understand when signing or understood but were signed under duress or because of manipulation • Unusual activity in the client’s bank accounts, including large, unexplained withdrawals, frequent transfers or ATM withdrawals • Changes in spending or financial management habits (e.g., has always been a saver and is now spending a lot) • A suspected abuser’s excessive interest in the amount of money spent on the client • Missing belongings or property • Suspicious signatures on checks or other documents

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<p>(continued) Financial Abuse W&IC 15610.30</p>			<ul style="list-style-type: none"> • Did the suspected abuser take the property or money knowing such conduct is harmful to the client or with the intent to defraud? • Did the suspected abuser fail to return the property/money upon demand by the client or his/her representative? <p>3. Are there any indicators of undue influence, such as:</p> <ul style="list-style-type: none"> ○ Does the client have limited social contacts and is the suspected abuser capitalizing on his/her loneliness & vulnerability? ○ Is the suspected abuser attempting to make the client emotionally dependent? ○ Is the suspected abuser trying to isolate the client? ○ Is the suspected abuser attempting to take control of the client’s life and affairs, including personal care, medical attention, food, daily activities, and information as well as finances? ○ Is the suspected abuser creating an “us against them” mentality? ○ Is the suspected abuser exploiting his/her emotional relationship with client? <ul style="list-style-type: none"> • Is the client susceptible to threats of abandonment? • Are the client and suspected abuser known to APS because of prior reports? • Is law enforcement investigating this as a crime? <p><u>Client Considerations</u></p> <ul style="list-style-type: none"> • Does the client have mobility problems and physical ailments that make him/her more dependent on others? • Does the client have cognitive/memory impairments, drug or substance abuse problems, or mental health problems that might impair his/her capacity? 	<ul style="list-style-type: none"> • Absence of documentation about financial arrangements • Implausible or inconsistent explanations by the client, caregiver, or suspected abuser about the client’s finances • Client’s ignorance or lack of understanding regarding financial arrangements made on his/her behalf • The client is not receiving care nor is his/her living arrangements commensurate with his/her assets. • The scope/quality of care the client has been receiving is reduced • The suspected abuser cues or prompts the client or interrupts the client in interviews • There are contradictions or inconsistencies in behavior, statements, or history between the client and the suspected abuser, the client and the environment, between chronologies, and between before and after histories. • Changes in the ownership of property and other assets. • Client has received a foreclosure notice. • Client’s service providers were changed after the suspected abuser became involved in the client’s life.

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<p>(continued) Financial Abuse W&IC 15610.30</p>			<p>4. Are the client’s needs being adequately met—medical, environmental, etc., or is the suspected abuser benefiting from the client’s resources while the client does not have the necessary care, supplies or affordable amenities?</p> <p>5. Have there been any changes in the client’s contact with his/her social network?</p> <p>6. Are there any changes in the client’s affect, tone of voice, or body language when in the suspected abuser’s presence?</p> <p>7. What changes have occurred in the client’s life and living situation since the suspected abuser became actively involved with the client?</p> <p>8. Is the client depressed, anxious, or fearful?</p> <p><u>Suspected Abuser Considerations</u></p> <ul style="list-style-type: none"> • Does the suspected abuser resist or try to interfere with the client being interviewed alone? • What access does the suspected abuser have to the client/does the suspected abuser live with the client? • Is the suspected abuser dependent, financially or otherwise, on the client? • What was the suspected abuser’s financial history before becoming actively involved with the client? • Does the suspected abuser have a substance or mental health problem? • Does the suspected abuser have a criminal record? 	<ul style="list-style-type: none"> • Access to the client is limited by the suspected abuser. • The client has a relatively sudden and marked change in behavior, such as: seems depressed or anxious, stops going out, avoids contact with family and friends, etc

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<p>Neglect W&IC 15610.57 (a)(b)</p>	<p>Neglect is defined as the refusal or failure to fulfill any part of a person’s obligations or duties to a client.</p>	<ol style="list-style-type: none"> 1. Negligent failure to take action, whether intentional or unintentional. 2. Could be: <ul style="list-style-type: none"> • Caretaker • Care Custodian* • Person providing services (e.g. home health nurse) • Person in a position of trust or fiduciary (e.g. POA) 3. Level of care or service is what a reasonable person would provide. <p>* “Care custodian” means an administrator or an employee of a public or private facility or agency, or persons providing care or services for elders or dependent adults (for full definition, refer to WIC 15610.17)</p>	<p>Examples include, but are not limited to:</p> <p><u>General Considerations</u></p> <ul style="list-style-type: none"> • What are the indications, if any, that the client is being or has been neglected because: <ul style="list-style-type: none"> ○ A person who has a fiduciary responsibility to the client has failed of to insure the client is receiving adequate care ○ An in-home service provider has failed to provide the client with necessary care. ○ The client is not being provided with necessities of life such as food, water, clothing, shelter, personal hygiene, medicine, comfort personal safety and other essentials by an individual who has an implied or an agreed-upon responsibility to the client. ○ A care custodian is not providing the client with the goods or services that are necessary to avoid physical harm or mental suffering. • Have issues of neglect resulted in physical or emotional harm or hospitalization (e.g. malnutrition, dehydration, decubitus ulcers, depression, decrease in quality of life, social withdrawal, etc)? • Is the client being neglected due to retaliation/family dynamics (e.g. son or daughter unhappy with their upbringing)? • What is the level of stress in the in the household due to financial, family, marital, or health problems? • Are the client and suspected abuser known to APS because of prior reports? • Is law enforcement investigating this as a crime? 	<p>Examples include, but are not limited to:</p> <ul style="list-style-type: none"> • Client has bad hygiene and smells of foul odor. • Client has long, dirty, and unkempt finger and toe nails. • The suspected abuser is creating a risk to the client’s health by <ul style="list-style-type: none"> ○ not providing the prescribed medication properly (e.g. diabetes or high blood pressure) ○ not providing transportation to medical/mental health visits ○ not complying with the client’s medical appointments • Client’s home is in dilapidated condition. • Client is living in hoarding conditions. • Client has been living with no running water, heat, or electricity. • Client is found soiled and the house smells of feces. • The suspected abuser refuses to dress the client or dresses the client inappropriately. • The suspected abuser fails to protect the client from health and safety hazards (e.g. allowing pets to defecate and urinate in the home).

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<p>(continued) Neglect W&IC 15610.57 (a)(b)</p>			<p><u>Client Considerations</u></p> <ul style="list-style-type: none"> • Does the client have diagnosed dementia, or is there evidence to suggest that there is an issue with client’s capacity? • Has the client refused medical treatment because he/she relies on treatment by spiritual means through prayer alone in lieu of medical treatment? Is this the reason proffered by for a lack of medical care? If so, this would not be considered neglect. • Does the client have a mental illness or drug or alcohol problems that make providing care difficult? • Does the client have an abusive or dominating personality? • Does the client resist help? <p><u>Suspected Abuser Considerations</u></p> <ul style="list-style-type: none"> • Is the neglect intentional or unintentional? • Did the suspected abuser knowingly deprive the client of food, shelter, clothing, and/or medication? • Did the suspected abuser neglect the client for personal gain (e.g. to save money or inheritance)? • Does the suspected abuser have a drug/ alcohol or mental health problem that impairs his/her ability to make sound decisions for himself and/or for the client? • Is the suspected abuser overwhelmed with his/her duties or lacks the training to provide appropriate care? • Does the suspected abuser have Durable Power of Attorney over client? • Did the suspected abuser fail to seek or provide needed medical treatment as promptly as a reasonable person would? 	<ul style="list-style-type: none"> • Deprivation by care custodian: WI&C 15610.35. "Goods and services necessary to avoid physical harm or mental suffering" include, but are not limited to, all of the following: <ul style="list-style-type: none"> (a) The provision of medical care for physical and mental health needs. (b) Assistance in personal hygiene. (c) Adequate clothing. (d) Adequately heated and ventilated shelter. (e) Protection from health and safety hazards. (f) Protection from malnutrition, under those circumstances where the results include, but are not limited to, malnutrition and deprivation of necessities or physical punishment. (g) Transportation and assistance necessary to secure any of the needs set forth in subdivisions (a) to (f), inclusive.

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(continued) Neglect W&IC 15610.57 (a)(b)			<ul style="list-style-type: none"> • What access does the suspected abuser have to the client/does the suspected abuser live with the client? • Is the suspected abuser dependent, financially or otherwise, on the client? • Does the suspected abuser have a criminal record? • If a licensed agency is responsible, is a cross report warranted? 	

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<p>Self Neglect W&IC 15610.57 (a)(2), (b)(5)</p>	<p>Self-Neglect is an adult's refusal or failure to perform essential self-care tasks.</p>	<p>1. Client is refusing or failing to exercise self care.</p> <p style="text-align: center;">and</p> <p>2. The level of self care is not reasonable.</p>	<p>Examples include, but are not limited to:</p> <p><u>General Considerations</u></p> <ul style="list-style-type: none"> • What are the indications, if any, that the client's self care is or has been inadequate, for example: <ul style="list-style-type: none"> ○ Not obtaining essential food, clothing, shelter, and medical care or ○ Not maintaining physical health, mental health, financial health, or general safety? • Is the client's chronic homelessness or chronic substance abuse the sole basis for the referral? If so, the report might not be accepted as self-neglect. • Would the client more appropriately served by another system of care/agency (e.g. mental health services, Regional Center, homeless services, etc.)? If so, the report might be referred to that agency. • Is this client known to APS because of prior reports? <p><u>Client Considerations</u></p> <ul style="list-style-type: none"> • Is the client's failure to get medical care or treatment because he/she relies on treatment by spiritual means through prayer alone in lieu of medical treatment? If so, this is not considered neglect. • Is the client's failure to perform essential self care a result of poor cognitive functioning, mental limitation, substance abuse, or chronic poor health? • Has the client's health deteriorated or has he/she developed chronic health problems due to the refusal of medical services? • Does the client exhibit hoarding behavior, including animal hoarding? 	<p>Examples include, but are not limited to:</p> <ul style="list-style-type: none"> • Client is unable/fails/refuses to take in adequate amounts of food and fluids. • Client has a noticeable weight loss or is showing signs of malnutrition. • Client's physical appearance shows sunken eyes. • Client is eating food that is potentially unsafe or harmful to his/her health condition. • Client is unable/fails/refuses to dress him/herself appropriately. • Client is unable/fails/refuses to attend to personal hygiene and smells of foul odor. • Client's home is unclean and/or hazardous (e.g., soiled and smells of feces or no running water, heat, or electricity). • Client is unable/fails/refuses medical care and/or mental health services. • Client is unable/fails/refuses to take his/her medication.

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(continued) Self Neglect W&IC 15610.57 (a)(2), (b)(5)			<ul style="list-style-type: none"> • Is the self-neglect a result of lack of awareness or inability? • Is the client at any risk due to his/her behavior, such as risk of eviction or having his/her housing condemned by environmental health? • What resources were available to the client and how reasonable is it that the client could have accessed them? • If resources were available combined with functional ability and balancing safety – could safety be maintained? • Is the client able to manage his/her finances? 	<ul style="list-style-type: none"> • Bills are unpaid or payments are late. • Utilities are shut off or at risk of being shut off. • Client is unable/fails/refuses to protect his/her money from scams or others.

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<p>Psychological Abuse (Mental Suffering) W&IC 15610.53</p>	<p>Psychological abuse is the infliction of fear, anguish, agitation, or other emotional distress through verbal or nonverbal acts.</p>	<p>1. Emotional distress exhibited by client and 2. The emotional distress is a result of someone else's behavior/ actions.</p>	<p>Examples include, but are not limited to:</p> <p><u>General Considerations</u></p> <ul style="list-style-type: none"> • What are the indications, if any, that the client is being or has been <ul style="list-style-type: none"> ○ Verbally assaulted, insulted, and threatened ○ Intimidated, humiliated (e.g., treated as an infant), and harassed. ○ Given the "silent treatment" or had affection withdrawn ○ Told misleading comments made with malicious intent to inflict emotional harm. • Are there power and control issues in the relationship between the suspected abuser and the client? • Are the client and suspected abuser known to APS because of prior reports? <p><u>Client Considerations</u></p> <ul style="list-style-type: none"> • Does the client have cognitive impairments that cause him/her to exhibit behaviors that could be misinterpreted as emotional distress caused by others? • Does the client have diagnosed dementia, mental illness, or is there evidence to suggest that there is an issue with client's capacity? • Is the response of others to the client's cognitive impairment causing the client additional emotional distress? <p><u>Suspected Abuser Considerations</u></p> <ul style="list-style-type: none"> • Is the suspected abuser dependent, financially or otherwise, on the client? • Does the suspected abuser have a substance or mental health problem? • Does the suspected abuser have a criminal record? 	<p>Examples include, but are not limited to:</p> <ul style="list-style-type: none"> • Suspected abuser observed or heard yelling at, belittling, and/or threatening the client. • Suspected abuser using the client's pet to distress the client by restricting access to the animal, making threats about the animal, etc. • Client looks depressed. • Client is confused or disoriented. • Client is showing signs of confinement. • Suspected abuser lying to the client deliberately to upset him/her. • Client being intimidated/ harassed by others

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<p>Abandonment W&IC 15610.05</p>	<p>Abandonment is intentionally leaving or forsaking a client</p>	<p>1. Desertion is deliberate</p> <p>2. Could be:</p> <ul style="list-style-type: none"> • Caretaker • Care Custodian* • Person providing services (e.g. home health nurse) • Person in a position of trust or fiduciary (e.g. POA) <p>3. Reasonable person would continue to provide care and custody.</p> <p>*“Care custodian’ means an administrator or an employee of a public or private facility or agency, or persons providing care or services for elders or dependent adults (for full definition, refer to WIC 15610.17)</p>	<p>Examples include, but are not limited to:</p> <p><u>General Considerations</u></p> <ul style="list-style-type: none"> • What are the indications, if any, that the client has been abandoned? • Are the client and suspected abuser known to APS because of prior reports? • Is law enforcement investigating this as a crime? • Is the abandonment part of a threat? • Is there a risk to the client’s safety because of where he/she was left? <p><u>Client Considerations</u></p> <ul style="list-style-type: none"> • Is the client cognitively impaired? • Did the client consent to be left? • Is it in the client’s best interests to be left where he/she is? <p><u>Suspected abuser Considerations</u></p> <ul style="list-style-type: none"> • Was the client abandoned for the personal gain or to meet someone other than the client’s needs? • Is the suspected abuser dependent financially or otherwise on the client? • Does the suspected abuser have a substance or mental health problem? • Does the suspected abuser have a criminal record? 	<p>Examples include, but are not limited to:</p> <ul style="list-style-type: none"> • Cognitively impaired client is taken to hospital ER waiting room, bus station, church, etc. and left by caregiver who does not return • Caregiver for a client who cannot manage without assistance goes away without making plans for coverage • Caregiver takes client to another city and leaves him/her there without making arrangements for his/her care • Client is placed in a care facility against his/her wishes and forced to remain because home care arrangements are withdrawn by caregiver

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<p>Isolation W&IC 15610.43</p>	<p>Isolation is the purposeful prevention of communication between a client and others without the client’s consent or knowledge when the action is not in the client’s best interest.</p>	<p>1. The action of the suspected abuser is purposeful</p> <p>2. Client does not or cannot consent</p> <p>and</p> <p>3. Not in the client’s best interest</p>	<p>Examples include, but are not limited to:</p> <p><u>General Considerations</u></p> <ul style="list-style-type: none"> • What are the indications, if any, that the client is being or has been isolated—such as restricting a client’s personal freedom in order to influence or control him/her and/or his/her resources through deceit, coercion, force, or threats? • Are there power and control issues in the relationship between the suspected abuser and the client? • Is the suspected abuser isolating the client in order to exert undue influence as demonstrated by such things as: <ul style="list-style-type: none"> ○ attempting to make the client emotionally dependent ○ attempting to take control of the client’s life and affairs, including personal care, medical attention, food, daily activities, and information as well as finances ○ creating an “us against them” mentality ○ fostering powerlessness & vulnerability in the client ○ exploiting his/her emotional relationship with client? • Is the suspected abuser trying to control the client’s through deceit, coercion, force, or threats? • Are the client and suspected abuser known to APS because of prior reports? <p><u>Client Considerations</u></p> <ul style="list-style-type: none"> • Does the client have cognitive/memory impairments, drug or substance abuse problems, or mental health problems that might impair his/her capacity? • Does the client have mobility problems and physical ailments that make him/her more dependent on others? 	<p>Examples include, but are not limited to:</p> <ul style="list-style-type: none"> • Client’s support system, both formal and informal, has increasingly restricted access to the client, e.g.: <ul style="list-style-type: none"> ○ visitors are turned away ○ phone calls blocked ○ phone number changed ○ mail not given to the client • The client’s ability to contact others is made difficult by <ul style="list-style-type: none"> ○ denying the client access to a phone ○ disconnecting the client’s phone • There is a change in the client’s doctors, attorneys, etc. • Caregivers not hired by the suspected abuser are fired. • Client’s mailing address is changed to a PO Box or the suspected abuser’s address. • Client is told that friends and/or family are mad at him/her (as reason they are not visiting). • Suspected abuser tries to make the client fearful about going outside by saying such things as there is danger outside.

Abuse or Neglect Category	Operational Definition	Essential Defining Elements	Evidentiary Issues to Consider	Signs of Isolation
(continued) Isolation W&IC 15610.43			<p><u>Suspected Abuser Considerations</u></p> <ul style="list-style-type: none"> • Is the suspected abuser isolating the client for personal gain? • Is the suspected abuser dependent, financially or otherwise, on the client? • Does the suspected abuser have a substance abuse or mental health problem? • Does the suspected abuser have a criminal record? 	

Abuse or Neglect Category	Operational Definition	Essential Defining Elements	Evidentiary Issues to Consider	Signs of Abduction
<p>Abduction W&IC 15610.06</p>	<p>Abduction is the malicious taking or enticing away a client from California or keeping the client from returning to California, when the client lacks the capacity to consent or without consent of the conservator.</p>	<ol style="list-style-type: none"> 1. The client was taken from California and is not being allowed to return. or 2. The client is a California resident who is out of state and wants to return but is not being allowed to. and 3. The client did not leave of his/her own volition or the conservator hasn't consented. or 4. The client does not have the capacity to consent 	<p>Examples include, but are not limited to:</p> <p><u>General Considerations</u></p> <ul style="list-style-type: none"> • What are the indications, if any, that the client is being or has been abducted? • Are the client and suspected abuser known to APS because of prior reports? • Is law enforcement investigating this as a crime, e.g. kidnapping? <p><u>Client Considerations</u></p> <ul style="list-style-type: none"> • Does the client have the capacity to consent to the move or is the client conserved? • Did the client consent or did the conservator give permission for the move? • Is it in the client's best interests to move? <p><u>Suspected abuser Considerations</u></p> <ul style="list-style-type: none"> • Did the suspected abuser abduct the client for personal gain or to meet someone other than the client's needs? • Is the suspected abuser dependent, financially or otherwise, on the client? • Does the suspected abuser have a substance or mental health problem? • Does the suspected abuser have a criminal record? 	<p>Examples include, but are not limited to:</p> <ul style="list-style-type: none"> • The client was taken from California and is not being allowed to return. • A California resident is out of state, wants to return but is not being allowed to. • The client adult did not leave of his/her own volition. • The client was not removed from the state as protective measure or because it was in his/her best interest.

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