Understanding Elder Abuse

A Guide for Medical Professionals

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Introduction

As a medical professional, you are in a unique position to observe when an elder may be being abused, neglected or exploited. If you do suspect elder abuse, neglect or exploitation, Ohio law requires you to act on their behalf by reporting it to the county department of job and family services (CDJFS).

All community members have a responsibility to report suspected elder abuse. In order to intervene appropriately, medical professionals and other concerned citizens must be knowledgeable about recognizing the possible signs of elder abuse and the proper methods for making a referral.

This guide has been developed to provide that information. The Ohio Department of Job and Family Services asks for your help in protecting Ohio's vulnerable older adults. We urge you to share this information with others in your community and profession.

Printed copies of this guide can be ordered from the following website:

http://ifmsorders.jfs.ohio.gov/CustLogin.aspx?formid=1672&loc=%22PUBS%22

Electronic copies can be downloaded here:
http://www.odjfs.state.oh.us/forms/

To report suspected elder abuse 24/7, call 1-855-OHIO-APS.

Acknowledgments

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What is Elder Abuse?

Section 1

True or False?

The difference between abuse and neglect is that abuse represents an action and neglect represents a lack of action.

True – Section 5101.60 of the Ohio Revised Code defines abuse as the infliction upon an adult by self or others of injury, unreasonable confinement, intimidation or cruel punishment with resulting physical harm, pain or mental anguish. Neglect is defined as the failure of an adult to provide for self the goods or services necessary to avoid physical harm, mental anguish or mental illness; failure of a caretaker to provide such goods or services; or abandonment.

Abused adults will usually discuss the abuse in an effort to stop it.

False – The fear of what may happen if they do tell someone can be more frightening than the abuse itself. The older adult may try to hide his or her injuries or downplay what the perpetrator did. The older adult may be more afraid of being removed from the home or being punished by the alleged perpetrator.

You must have evidence of abuse, neglect or exploitation before you report it.

False – Ohio law states that a report must be made if you have a reasonable cause to believe that an adult is being abused, neglected or exploited, or is in a condition which is the result of abuse, neglect or exploitation. Physical proof or other evidence is not required, as it is not the reporter's responsibility to determine if abuse, neglect or exploitation is occurring. The local CDJFS or its designated agency is legally mandated to make this determination. To assist them with this, you will be asked to provide information concerning the older adult, alleged perpetrator, and the abuse, neglect or exploitation. There may be some information, such as the identity of the perpetrator, or the exact age of the adult, that you might not know. While providing this information is helpful, it is not necessary when making a report.

If you report abuse, neglect or exploitation, and your suspicions are unfounded, you are liable for a civil or criminal suit.

False – Section 5101.63 of the Revised Code states that any person with reasonable cause to believe that an adult is suffering abuse, neglect or exploitation who makes a report pursuant to this section, or who testifies in any administrative or judicial proceeding arising from such a report, or any employee of the state or any of its subdivisions who is discharging responsibilities under section 5101.65 of the Revised Code shall be immune from civil or criminal liability…unless the person has acted in bad faith or with malicious purpose. Although no statute can prevent the filing of civil or criminal charges, Ohio law protects the reporter of suspected adult abuse, neglect or exploitation from any decision or award which might be sought through filing of such a claim.

An anonymous report of abuse, neglect or exploitation will not be investigated.

False – Adult protective services (APS) staff are required by law to investigate every report of suspected abuse, neglect and exploitation screened in for investigation. Anonymous reports are allowed; however, they are not encouraged. Those who report are asked to give their names so they can be contacted later if additional information is needed.

Medical, mental health and legal professionals are not legally required to report adult abuse, neglect or exploitation because they are bound by client confidentiality.

False – Section 5101.63 of the Revised Code states that any individual having reasonable cause to believe that an adult is being abused, neglected or exploited, or is in a condition which is the result of abuse, neglect or exploitation, shall immediately report such belief to the CDJFS. Paragraph A(2) of this ORC section provides a comprehensive list of the individuals who are mandated reporters for APS.

Most older adults are victimized by strangers.

False – Abuse, neglect and exploitation against older adults are more likely to be carried out by family members or perpetrators who are known to the older adult.

The role of Adult Protective Services is to take older adults out of their homes and place them in a nursing home for their own protection.

False – APS has a duty to respond to reports of older adult abuse, neglect and exploitation; to investigate the allegations; to work with the older adult to address his or her needs; and to prevent further abuse, neglect and exploitation. While protecting the older adult, the APS worker must also consider the older adult's right to self-determination. The most difficult challenge APS workers face is finding a balance between the older adult's right to self-determination and his or her safety.

Once the abuse, neglect or exploitation is brought to the attention of authorities, those involved will usually admit there is a problem and accept help.

False – Any relationship where there is love, trust or an assumption of trust can be difficult to end. Most of the time, the older adult wants the abuse, neglect or exploitation to stop and also wants to preserve the relationship with the alleged perpetrator. The older adult may behave in a way that protects the abuser, such as not giving accurate information or recanting.

APS is only required to serve adults who are 60 and over.

True – However, a few counties will provide APS services to those under 60 if funds are available. Those counties are Ashtabula, Brown, Champaign, Logan, Madison, Montgomery, Pike, Preble, Shelby and Wood.

Abuse, neglect and exploitation of older adults is rare.

False – In state fiscal year 2017, Ohio's county JFS agencies received 16,241 reports of abuse, neglect and exploitation regarding adults age 60 and over. It is believed that only one in 24 incidents of elder abuse is reported.

The identity of the person who reports adult abuse, neglect and exploitation is protected under Ohio law.

True – The written and oral reports are confidential and not public records. However, the CDJFS may release the identity of the referent or any person providing information during an assessment/investigation to the following entities: ODJFS staff in the administration of Ohio's APS program; law enforcement when investigating a criminal case; the county prosecutor when information is needed for criminal proceedings; and/or another CDJFS or its designee investigating an adult abuse, neglect or exploitation report involving a principal of the case.

The state of Ohio conducts all investigations of adult abuse, neglect and exploitation.

False – Ohio's protective service systems are state-supervised and county-administered. This means the state plans and develops APS programs, writes rules and regulations, and provides technical assistance to county agencies. The county JFS agencies receive and investigate reports of elder abuse, neglect and exploitation and evaluate the need for protective services.

Only a CDJFS or its designated agency is permitted to conduct APS investigations.

False – The CDJFS is permitted by statute to designate an agency to receive, screen and investigate reports of elder abuse.

Each CDJFS or its designee independently conducts investigations for their county.

True – Each CDJFS or its designee is responsible for the investigations received within their county. However, depending on the allegation, joint investigations may be completed.

Defining Elder Abuse

Elder abuse is a term used globally to encompass the various forms of maltreatment to which vulnerable adults may be subjected. It includes physical, sexual and psychological abuse, as well as neglect, abandonment and financial exploitation. Elder abuse affects about 5 million Americans each year, causing untold illness, injury and suffering for victims and those who care about and for them (Connolly, Brandl and Breckman, 2014).

Intentional acts of abuse, neglect or exploitation can be inflicted by a caretaker or any person in the adult's life. Vulnerable adults who are unable to meet their own basic personal and medical needs may also suffer from self-neglect. For the purposes of adult protective services, Ohio law defines an "adult" as a person who meets all of the following criteria:

- Is age 60 or older.
- Is handicapped by the infirmities of aging or has a physical or mental impairment that prevents the person from providing for his or her own care or protection.
- Resides in an independent living arrangement.

An independent living arrangement is "…a domicile of a person's own choosing, including, but not limited to, a private home, apartment, trailer or rooming house." It includes a residential facility that provides accommodations, supervision and personal care services for three to 16 unrelated adults, but does not include institutions or facilities licensed by the state or in which a person resides as a result of voluntary, civil or criminal commitment.

Approximately 65 million people in the U.S. are age 60 or older All but a small percentage of them live in non-institutional settings, as do nearly 57 million people with disabilities. Both populations are growing, and older Americans are one of the fastest-growing demographics in the country. By 2020, the United States will have more than 77 million people over age 60. (Administration for Community Living, April 2017)

Elder abuse does not affect only adults who are frail, in poor health, living in nursing homes or suffering from mental or physical impairments. Individuals who still provide for their own daily needs and are active in the workforce or community may be victims of elder abuse, as well.

In Ohio, reports of elder abuse involving individuals living in the community are investigated by APS staff from the county departments of job and family services or their designated agencies. Reports of elder abuse involving individuals living in nursing or residential facilities are investigated by the Ohio Department of Health (ODH), the licensing entity for nursing homes. If the perpetrator resides in the community – in other words, is not an employee or resident of the nursing facility – ODH and APS may conduct a joint investigation to ensure the adult's safety and protection.

Some county APS programs investigate reports and provide services for people between the ages of 18 and 59 who live in independent living arrangements and have physical or mental impairments that prevent them from providing their own care or protection.

Types of Elder Abuse

The following are the main types of elder abuse:

- Self-neglect
- Neglect (by others)
- Exploitation
- Physical Abuse
- Emotional Abuse
- Sexual Abuse

Ohio APS staff investigated 16,241 maltreatment reports in state fiscal year 2017. Of those, about 45 percent involved allegations of self-neglect, 23 percent alleged neglect by others, 18 percent alleged exploitation, 8 percent alleged emotional abuse, 6 percent alleged physical abuse, and less than 1 percent alleged sexual abuse.

Self-neglect occurs when an elderly person cannot or does not provide him or herself with necessary care to avoid injury, anguish or illness. Self-neglect behaviors may include:

- Hoarding objects and/or animals to the extent that the safety of the individual (and/or other household members or community members) is threatened

- Not obtaining adequate food, nutrition, medicine and/or medical treatment.
- Poor hygiene.
- Not wearing suitable clothing for the weather.
- Residing in an unsafe or unsanitary environment

Neglect happens when a caretaker refuses or fails to provide a vulnerable adult with the goods and services necessary to prevent physical harm, mental anguish or mental illness. This could include, but is not limited to, food, shelter, health care or protection. When a caretaker deserts a vulnerable adult without making provisions or arrangements for the adult's care, it is abandonment.

Exploitation is when a person uses a vulnerable adult's funds, property or assets for their own benefit without the permission of the adult, beyond the scope of the adult's authorization, by deception, by threat or by intimidation.

Emotional abuse occurs when someone uses threats, humiliation or intimidation to psychologically harm a vulnerable adult. Violating an adult's right to make decisions for him- or herself, isolating the adult from friends and family, or denying the adult his or her right to privacy could also be considered emotionally abusive behaviors.

Physical abuse is when someone uses physical force that causes bodily injury pain or impairment. This could include punching, pushing, slapping, kicking, restraining, cutting, burning or using objects as weapons. Inappropriate administration of drugs, restraint, force feeding and confinement also could be considered physical abuse.

Sexual abuse is nonconsensual sexual contact or activity of any kind with a vulnerable older adult. It includes sexual contact when the person is legally unable to give consent, as well as touching, fondling or other sexual activity that is forced or threatened, regardless of the age of the perpetrator.

Why Elder Abuse Occurs

Early research typically linked the cause of elder abuse to caregiver stress. While being a caregiver is inherently stressful, most caregivers never abuse, neglect or exploit the elder for whom they are caring. Elder abuse is not an isolated event. It is a pattern of behavior that occurs over time and often targets only the elder. Recent research has invalidated the caregiver stress theory and found that many elder abuse cases involve the power and control dynamic more closely related to domestic violence. It is important to remember that power and control can be exerted in any type of relationship and that domestic violence can be perpetrated by people other than spouses and intimate partners.

For APS professionals, identifying whether a power and control relationship exists is critical to ensuring the adult's safety. Working solely on caregiver stress issues, without holding the abuser accountable for his or her behavior, could ultimately increase the danger to the vulnerable adult.

Several characteristics are associated with an increased risk of elder abuse. In addition to age and gender (females are more likely to be subjected to elder abuse than males), common victim risk factors include:

- Low social support
- Low income level or poverty
- Living with a large number of family members
- Poor physical health, physical disability or mental illness
- Dependency on others for care
- Previous trauma
- Dementia or other cognitive impairment
- Frailty
- Being nonverbal or unable to communicate
- Fear
- Substance abuse

Some elder abuse perpetrators are legitimately unable to care for the adult's needs and do not intentionally harm the adult. In those cases, it is wholly appropriate to provide services and supports to assist the perpetrator with meeting the adult's needs and to teach the perpetrator how to provide care without doing further harm, if possible. However, when a power and control dynamic is present, or if domestic violence is occurring, addressing the abuse requires a focus on the behaviors of the abuser, as well as the safety and care needs of the older adult.

Known risk factors for perpetrators include psychiatric institutionalization or incarceration, diagnosis of mental illness, substance abuse, social stressors, isolation, hostile disposition, and dependence on the victim for housing or finances.

Recognizing elder abuse can be challenging, but knowing the risk factors can help. Victims often are dependent on others to perform many of their activities of daily living, such as transportation, laundry, using the telephone, grocery shopping, preparing meals, and managing finances, medications and housekeeping. Many also need help with bathing, eating, dressing or toileting. They often are socially isolated and/or may have cognitive impairment that increases their vulnerability. Primary care physicians may be in a unique position to understand not only victims' needs, but their family dynamics.

Perpetrators of Elder Abuse

A perpetrator of elder abuse can be any person. In most cases, the perpetrators are people the adult knows and trusts. Family members are the most common offenders, including adult children, spouses or significant others, grandchildren and other relatives. In 2017, relatives accounted for almost 46 percent of the perpetrators in elder abuse reports in Ohio, and the perpetrator resided with the adult in 38 percent of the reports investigated. For cases of self-neglect, which represent almost half of the reports investigated by APS, there is no perpetrator.

In addition to family members, other individuals who are in positions of trust or authority are also commonly identified as perpetrators. These relationships include guardians, attorneys, clergy, paid caregivers, neighbors, friends and acquaintances (especially "new best friends"). Changes to Ohio law in 2017 expanded the definition of exploitation from a "caretaker" who unlawfully uses the adult's resources in one or more transactions to include "any person" who engages in exploitative behaviors and actions.

Perpetrators use abusive and assaultive tactics to exert their power. Some are subtle, such as giving the adult "the silent treatment," while others are more overt, such as displaying weapons or threatening beloved pets. These tactics, or abusive acts, demonstrate a pattern of behavior intended to manipulate and control the adult by making the adult fearful of seeking help. The end goal is to ensure that the abuser maintains access to the adult or the adult's resources. See "Abuser Tactics and the Power and Control Wheel" in the Appendix.

Abusers also may isolate the older adult from family or other individuals who would be concerned about him or her. When someone inquires about the adult's condition or situation, these perpetrators use any number of excuses to justify their actions or explain the harm that has occurred. An abusive caregiver may try to portray him or herself as suffering from caregiver stress as a way to justify the abuse, gain sympathy, or shift blame for the abuse to the adult victim. Some attempt to be charming and helpful; others become belligerent and angry. In some cases, the abuser will eagerly talk about the adult in an attempt to get buy-in for the idea that the abuse was unavoidable, and not the perpetrator's fault. Below are some examples of the justifications commonly heard from elder abuse perpetrators:

- "She bruises easily" / "He fell" (accident)
- "He didn't do what I said" / "She doesn't cooperate" (uncooperative victim)
- "He hit me first" / "She came on to me" (mutual blaming)
- "She is too difficult to care for" / "He is clumsy" (victim blaming)
- "I'm doing the best I can" (caregiver stress)
- "Those were gifts" / "That was a loan" (entitlement)

In families with a history of conflict or a pattern of violent behavior, the increased dependency or care needs of a vulnerable adult can escalate the problems. As the older adult becomes more dependent on his or her family members for assistance with daily activities, the chance of abuse increases.

Identifying Elder Abuse

Section 2

Elder abuse can be difficult to identify. There are many indicators that, taken in isolation, may not appear suspicious. However, when coupled with other behaviors or activities, they may suggest that an adult needs help. In addition, although each form of abuse or neglect can occur individually, it is common for more than one form to co-occur. As a result, the recognition that one form of abuse is occurring should prompt the clinician to investigate whether other forms also may be occurring.

There are two types of indicators of possible maltreatment: behavioral and physical. Physical indicators may be identified by the adult's condition, injuries and, in some cases, the condition of the adult's living environment. While behaviors also are observable, they require interpretation. One must pay attention to nonverbal cues or have some understanding of what is considered "normal" behavior for the person to identify whether there have been behavior changes. For example, an adult who was once very social and outgoing may, for no apparent physical or cognitive reason, suddenly stop attending activities that he or she had enjoyed and been involved in for years.

Indicators of Elder Abuse

The following are indicators of possible maltreatment. This is not a comprehensive list:

- Being isolated – contacts with others are limited, "monitored" or completely cut off
- Missing appointments
- Appearing frightened or afraid; avoiding specific people
- Being subjected to chemical restraint (use of medications to control activity or awareness)
- Suddenly withdrawing from usual activities or interactions with friends and family
- Changes in mood or temperament
- Changes in personal hygiene
- Regressive behaviors (such as soiling without a medical cause or ambulatory issues)
- Substance use or abuse
- Trying to flee the home or facility
- Sleep disturbances
- Being resistant to touching, bathing or specific types of caregiving (such as changing clothing)
- Hyper-vigilance
- Coded disclosures, such as:
  - » "He's my boyfriend"
  - » "She loves me"
  - » "I'm his favorite girl/her special guy"

Some injuries, occurrences or behaviors are commonly associated with specific types of maltreatment. The following lists are not comprehensive.

Physical Abuse

- Signs of trauma, such as bruises, dislocation, abrasions, black eyes, welts, lacerations, burns, sprains, fractures, internal injuries/ bleeding or skull fractures
- Scars indicating use of foreign objects (rope marks, straps, cigarette burns)
- Suspicious location of trauma (bilateral, wrap-around, inner thigh)
- Injuries healing through "secondary intention" (indicating appropriate care was not received)
- Signs of traumatic hair or tooth loss
- Open wounds, cuts, punctures, untreated injuries in various stages of healing
- Broken eyeglasses/frames, physical signs of

being subjected to punishment, signs of being restrained

- Laboratory findings of medication overdose or underutilization of prescribed drugs
- An elder's report of being hit, slapped, kicked or mistreated
- Sudden changes in the elder's behavior
- The caregiver's refusal to allow visitors to see an elder alone

Emotional Abuse

- Being upset or agitated
- Deference in the presence of the suspected perpetrator
- Depression, eating or sleep disturbances, declining functional capacity
- Being extremely withdrawn and noncommunicative or nonresponsive
- Unusual behavior usually attributed to dementia (such as sucking, biting, rocking)
- Poor work or volunteer performance (change from the norm)
- Inability to make decisions with no known physical or medical explanation; questioning own capabilities
- An elder's report of being verbally or emotionally mistreated

Sexual Abuse

- Bruises around the breasts or genital area, including the pelvis, abdomen or inner thighs
- Unexplained venereal disease or genital infections
- Unexplained vaginal or anal bleeding
- Torn, stained or bloody underclothing
- An elder's report of being sexually assaulted or raped
- Unexplained STDs

Financial Exploitation

- Sudden changes in a bank account or banking practice, including an unexplained withdrawal of large sums of money by a person accompanying the elder
- The inclusion of additional names on an elder's bank signature card
- Unauthorized withdrawal of the elder's funds using the elder's ATM card
- Abrupt changes in a will or other financial documents
- Unexplained disappearance of funds
- Missing personal property or valuable possessions
- Substandard care being provided or bills unpaid despite the availability of adequate financial resources
- Discovery of an elder's signature being forged for financial transactions or for the titles of his/her possessions
- Sudden appearance of previously uninvolved relatives claiming their rights to an elder's affairs and possessions
- Unexplained sudden transfer of assets to a family member or someone outside the family
- Missing or redirected mail
- The provision of services that are not necessary
- An elder's report of financial exploitation

Neglect

- Absence of basic necessities or medical aides, such as food, water, adequate clothing, heat, eyeglasses, hearing aids, walkers, wheelchairs, braces or commodes
- Inadequate living environment, such as lack of utilities, insufficient space, poor ventilation
- Unsafe housing: disrepair, faulty wiring, inadequate sanitation, infestations, substandard cleanliness or architectural barriers
- Dehydration, malnutrition, untreated bed sores or poor personal hygiene
- Unattended or untreated health or mental health problems; medication mismanagement
- An elder's report of being mistreated or abandoned
- The desertion of an elder at a hospital, nursing facility, shopping center or other public location

Self-Neglect

- Dehydration, malnutrition, untreated or improperly attended medical conditions, poor personal hygiene
- Hazardous or unsafe living conditions (such as improper wiring, no indoor plumbing, no heat, no running water)
- Unsanitary or unclean living quarters (such as animal/insect infestation, no functioning toilet, fecal/urine smell)
- Inappropriate and/or inadequate clothing, lack of the necessary medical aids (such as eyeglasses, hearing aids, dentures)
- Grossly inadequate housing or homelessness
- Hoarding (trash, animals)

Several clinical clues may indicate any of the above. The most obvious could be any signs of trauma or problems maintaining appearance or hygiene. More subtle signs may include unintentional weight loss or changes in mood, memory or behavior, particularly when in the presence of the perpetrator. Changes in management of chronic medical illness (such as worsening control of diabetes, heart failure, COPD, hypertension, etc.), frequent emergency department visits or hospitalizations, or difficulty adhering to a medical plan of care may suggest neglect, self-neglect or even financial exploitation (resulting from diversion of funds that would otherwise be used to pay for medical care). The appearance of new friends or family should raise questions about how the individuals came into the elder's life and what responsibilities they have taken on to help the patient.

Signs of violent behavior in the home (such as smashed furniture, holes in the walls, etc.) or the presence of weapons or other items that match a pattern of injury on the adult could be a sign that the adult is in danger or is being abused. If an elder is being cared for by another person, the "hazardous or unsafe living condition/arrangements or unsanitary and unclean living conditions" (listed above under Self-Neglect) are indicators that the caregiver is neglecting the adult by failing to provide a clean, safe living environment.

Because there could be many reasons for these behaviors or injuries, it is the APS worker's responsibility to assess them within the context of the older adult's physical condition, including medical issues, normal behaviors and environment.

The one indicator that cannot be attributed to another cause is a disclosure of maltreatment – for example, if the older adult reports being hit; is denied medications, food, clothing or water; is forced to do certain things; is yelled at, demeaned or humiliated, etc. In some cases of sexual abuse or financial exploitation, victims may not perceive the maltreatment as such because they are in a romantic relationship with the abuser, or believe themselves to be.

Tools for Medical Practitioners

Although most medical professionals have been trained to recognize child abuse, fewer have been trained to recognize elder abuse and to understand their professional responsibility for reporting it. One study found that only 2 percent of elder abuse reports are made by physicians (Rosenblatt, Cho and Durance, 1996). Inconsistent definitions of elder abuse nationwide may be contributing to this, as well as any of the following:

- Misconception that proof is necessary to report a suspicion
- Lack of awareness of reporting procedures
- Lack of professional protocols for reporting suspected abuse
- Lack of training in recognition
- Disinclination to be involved in the legal system
- Discomfort confronting the perpetrator
- Victim denial of abuse
- Subtle signs/symptoms are the only clues available
- Fear of retaliation against the victim
- Societal perceptions such as ageism
- Lack of time to identify and assess suspected cases

Although there is no uniform recommendation for how to screen older individuals for possible elder abuse, there are many ways to integrate screening into clinical practice. For example, during a routine follow-up appointment or annual physical, the clinician can ask simple questions about whether an individual feels safe at home or has concerns about their well-being.

In addition, a number of validated screening tools and other helpful resources are readily available from the following organizations:

- University of California, Irvine, Center of Excellence on Elder Abuse and Neglect **centeronelderabuse.org/research.asp**
- University of Iowa Health Care, Department of Family Medicine, Elder Mistreatment and Elder Abuse **medicine.uiowa.edu/familymedicine/research/research-projects/elder-mistreatment-elder-abuse/em-screening-instruments**
- Baylor College of Medicine – Pocket Guide on Elder Investment Fraud and Financial Exploitation **nasaa.org/wp-content/uploads/2011/08/EIFFE-Clinicians-Pocket-Guide.pdf**
- National Center on Elder Abuse **ncea.acl.gov**

Confronting possible elder abuse can be challenging, but it's an important part of patient care. In addition, clinicians do not have to confront it alone. Much help is available – from a variety of organizations and disciplines – to help protect those at risk.

Financial Exploitation

Although financial exploitation often co-occurs with other forms of elder abuse, its increasing prevalence and impact warrants special attention. Perpetrators of elder financial exploitation may be persons known to the older adult, or they may be strangers. In instances of "pure" financial exploitation – in other words, when there is no co-occurrence with other types of elder abuse – the perpetrator is usually not a relative or financially dependent on the elder, and the adult is physically healthy. "Hybrid" financial exploitation usually involves relatives who are financially dependent on the older adult, who is physically dependent on the perpetrator.

The pure form of financial exploitation most often involves defrauding the older adult, is of shorter duration, and results in less financial loss. Hybrid financial exploitation typically involves theft from the older adult over a longer period with co-occurring abuse and/or neglect.

The National Center on Elder Abuse (2014) developed the following chart outlining the types of financial exploitation frequently associated with the different perpetrator/elder relationships.

Forms of Financial Exploitation by Type of Perpetrator

Family members, friends, in-home caregivers, legal guardians, representative payees, etc.	• Theft of cash or other valuables • Withdrawals from bank accounts or use of credit cards • Transfer of deeds • Misuse of an older adult's power of attorney • Misappropriation of an incapacitated older adult's income or assets • Identity theft
Financial services providers (brokers, financial advisors, insurance agents, or others in the financial services industry)	• Sale of fraudulent investments (Ponzi or pyramid schemes) • Sale of financial products or services unsuitable for an older adult's circumstances, such as long-term annuities
Strangers	• Lottery, mail, telephone or internet scams • Door-to-door home repair scams • Identity theft

It is not always the case that a victim of exploitation lacks the ability to understand potential consequences. Older adults may be more vulnerable to the manipulation and deception of an exploiter due to grief or isolation. Perpetrators in a position of trust engage in a pattern of behaviors over time to convince the older adult to make decisions contrary to his or her own interests. Older adults may not want to admit that they were tricked or manipulated by a stranger or service provider. When the perpetrator is a family member or close friend, they may be hesitant to report the criminal behavior of a loved one. This contributes to the widespread belief that financial exploitation of the elderly is underreported. The annual cost of financial elder abuse is believed to be in the billions, with estimates ranging from $3 billion to more than $36 billion.

It is helpful to have as much information as possible when making a report. If the older adult is able to answer questions and financial exploitation is suspected, consider exploring the issue further by inquiring about how his or her funds are managed.

Questions to consider asking an older adult when financial exploitation is suspected:

- Who makes decisions about your finances?
- Who handles your finances?
- How were your finances handled a year ago? Two years ago?
- Do you know how much money is in your bank account(s)?
- Have your spending patterns changed?
- Have you created or changed an existing power of attorney? Trust? Other accounts?
- Has anyone asked you to sign something you did not understand or did not want to sign?
- Do you have any concerns about your finances?

Keep in mind that the older adult's safety is always the first consideration. If discussing the concerns will potentially jeopardize the older adult's safety, it is best to refer the concerns to APS or law enforcement and provide all the information known at the time. It is also important to follow up with APS to report any additional information that is learned after the initial referral.

A Community Response to Elder Abuse: Mandated Reporters and Adult Protective Services

Section 3

Legal Responsibilities for Reporting Elder Abuse

Section **5101.63** of the Ohio Revised Code (ORC) identifies the individuals mandated to report known or suspected elder abuse in Ohio and requires reports to be made to the county department of job and family services. Each CDJFS is statutorily mandated to investigate reports of elder abuse, neglect or exploitation. The law allows a CDJFS to contract with another agency, or "designee," to fulfill its APS responsibilities.

When the medical professionals listed below have "...reasonable cause to believe that an adult is being abused, neglected, or exploited, or is in a condition which is the result of abuse, neglect, or exploitation," they are required to "...immediately report such belief to the county department of job and family services." The full list of individuals mandated by the ORC to report elder abuse can be found in the appendix of this guide.

- An individual authorized under Chapter 4731. of the Revised Code to practice medicine and surgery, osteopathic medicine and surgery, or podiatric medicine and surgery;
- An individual licensed under Chapter 4734. of the Revised Code as a chiropractor;
- An individual licensed under Chapter 4715. of the Revised Code as a dentist;
- An individual licensed under Chapter 4723. of the Revised Code as a registered nurse or licensed practical nurse;
- An individual licensed under Chapter 4729. of the Revised Code as a pharmacist*;
- An individual holding a certificate to practice as a dialysis technician issued under Chapter 4723. of the Revised Code*;
- An employee of a home health agency, as defined in section 3701.881 of the Revised Code;
- An employee of an outpatient health facility;
- An employee of a hospital, as defined in section 3727.01 of the Revised Code;
- An employee of a hospital or public hospital, as defined in section 5122.01 of the Revised Code*;
- An employee of a nursing home or residential care facility, as defined in section 3721.01 of the Revised Code;
- An employee of a health department operated by the board of health of a city or general

health district or the authority having the duties of a board of health under section 3709.05 of the Revised Code*;

- An individual who is an ambulance driver for an emergency medical service organization, as defined in section 4765.01 of the Revised Code*;
- A first responder, emergency medical technician-basic, emergency medical technician-intermediate, or paramedic, as those terms are defined in section 4765.01 of the Revised Code*;
- A coroner.

**Effective September 29, 2018*

Ohio law allows no exceptions to the reporting requirement for professional relationships – for example, doctor/patient relationships or attorney/client relationships. The statutory penalties for failing to report known or suspected elder abuse, neglect or exploitation are outlined in ORC Section **5101.99** and apply to all individuals and professions listed in section **5101.63**. In addition, it is vitally important to be aware of any company policies, procedures and related personnel actions regarding the expectations and requirements for reporting suspected elder abuse, which must be followed, as well.

Confidentiality

A report of elder abuse made to a CDJFS or its designated agency and the investigatory report are confidential and not a public record. Pursuant to Ohio law and Ohio Administrative Code rules, the information contained in the report must be provided to the adult subject of the report and his or her legal counsel upon request. However, the name and other identifying information about the reporter or any other person providing information during an investigation is redacted prior to release of this information.

Ohio Administrative Code rule **5101:2-20-05** outlines the entities and circumstances under which the name of the reporter or any person providing information during an investigation may be released. The following entities may receive this information:

- Ohio Department of Job and Family Services staff with supervisory responsibility in the administration of Ohio's APS program
- Law enforcement when investigating a criminal case
- The county prosecutor when information is needed for criminal proceedings
- Another CDJFS or its designee when assessing or investigating an elder abuse report involving a principal of the case.

Immunity from Civil or Criminal Liability

Ohio law protects any person who makes a report of elder abuse, or who testifies in an administrative or judicial proceeding arising from such a report, from civil or criminal liability. This immunity, spelled out in ORC section **5101.63**, does not apply to perjury during testimony or for situations where the person has acted in bad faith or with malicious intent.

Statute also prohibits employers, or any other person with the authority to do so, from taking any action against employees who report suspected elder abuse. Specifically, employers are not permitted to take action detrimental to the employee or retaliate in any way against the employee by firing, demoting, transferring or preparing a negative employee performance evaluation. Reducing benefits, pay or work privileges is also prohibited under the law.

Adult Protective Services

Unlike children, adults have the right to choose to live in an unsafe, unhealthy or abusive situation. Finding the balance between the older adult's safety and his or her right to self-determination is a difficult and sometimes frustrating challenge for APS workers.

The presence of one or more of the indicators of elder maltreatment does not necessarily mean that an individual is being abused or is at risk of harm from self or others. It is the responsibility of APS staff to find appropriate interventions to ensure the protection of the older adult while honoring the person's right to live life how – and with whom – he or she chooses.

When the county APS program receives a referral, the agency will determine whether the information meets the criteria to be accepted for investigation. In some cases, there are other community resources or services available that would better meet the older adult's needs or address the identified concerns. In those cases, the APS agency may make a referral to another community agency without conducting an investigation. Ohio Administrative Code (OAC) rules govern

the activities that must be completed during an APS investigation. OAC rules **5101:2-20-11** and **5101:2-20-12** outline the requirements for screening and investigating reports of elder abuse.

If the reported concerns indicate an immediate threat of physical or financial harm to the older adult, the report is classified as an emergency, and APS has 24 hours to initiate the investigation. If the report is determined to not be an emergency, APS must initiate the investigation within three working days of receiving the report. Each county is required to have a system in place to receive APS referrals 24 hours a day, seven days a week, including weekends and holidays.

The APS worker has 30 days to complete an investigation and evaluate the need for protective services. The worker must attempt to see the older adult face-to-face and provide him or her with a written notice of the intent to investigate. The worker is also required to explain the notice to the adult in a manner that the adult is able to understand. A translator or interpreter must be provided if necessary. The worker has the option of requesting an additional 15 days to complete the investigation if information such as a medical report is needed to make a determination. The finding for a completed APS investigation is either "Validated" or "Not Validated."

The adult subject of an APS report has the right to refuse the investigation. When the adult agrees to the investigation, the worker is required to assess risk, interview other known persons or agencies that have knowledge of the alleged maltreatment, and investigate any additional concerns that are discovered during the investigation. If the adult does not appear to understand the consequences of the decisions being made, or does not appear to understand that he or she is at risk of injury or harm, the APS worker can file a petition for court orders. The court must find the adult to be incapacitated before issuing orders that override the wishes of the adult. See Section 4 of this guide for more information on court interventions in APS.

Services can be provided to an older adult if they are available, and if the adult is open to receiving services. If an ongoing case is opened by APS, the agency will develop a case plan with the adult, and make face-to-face contact with the adult at least monthly to monitor progress on the case plan objectives. Every 90 days, the agency will review the case plan to determine if the services should be continued, modified or terminated. If the adult is deemed incapacitated or incompetent and is unable to agree to services, the agency may petition the court to order the provision of services.

Interdisciplinary Teams (I-Teams)

An I-Team is a group of community professionals from a variety of social service disciplines who meet regularly to discuss specific cases of elder abuse, neglect or exploitation and jointly address concerns. The members' diverse backgrounds, experience, training and philosophies allow the issues presented to be examined from multiple perspectives. The I-Team framework encourages multidisciplinary collaboration, access to services and shared responsibility.

I-Teams were mandated in Ohio Revised Code section **5101.621** in 2015. The purpose of the I-Teams is the coordination of efforts related to the prevention, reporting and treatment of abuse, neglect and exploitation of adults. Some county teams were in existence long before the statutory requirement, and counties have discretion regarding team membership and structure. It is recommended that counties invite all local senior service providers to participate in I-Team meetings. Involvement of geriatricians, physicians, coroners or other medical professionals also is important in identifying concerns and resources for elder abuse victims.

There are two types of I-Teams: case specific and coordinated community response. Case-specific I-Team members present current cases at regular meetings, generally with requests for guidance or suggestions. Coordinated community response I-Teams identify and develop community resources, protocols and procedures that can help increase and improve APS services. Some I-Teams operate as a combination of the two types. Information about local I-Team membership and activities can be obtained from the county department of job and family services.

The Ohio Human Services Training System

The Ohio Human Services Training System (OHSTS) provides in-service training for APS workers and their public and private community partners. The program is operated by the Ohio Department of Job and Family Services, through a contract with the Institute for Human Services. A statewide steering committee provides program oversight and governance of the developmental and operational activities necessary for OHSTS to achieve its mission to **"Strengthen best practice in adult protective services through comprehensive skill development, collaboration, and advocacy."**

OHSTS utilizes a comprehensive skills-based and

Northwest RTC	Southwest RTC	Central RTC	Northeast RTC
Natalie Edwards, Lucas CDJFS **Natalie.Edwards@jfs.ohio.gov** (419) 213-8456	Lynn Simpson, Clermont CDJFS **Lynn.Simpson@jfs.ohio.gov** (513) 248-1925	Mindy Hughes, Franklin CDJFS mhughes@fcdjfs.franklincountyohio.gov (614) 233-2928	Debbie Schott, Guernsey County Children Services NEOHSTS@jfs.ohio.gov (740) 432-2355 ext. 253

culturally competent learning approach. Both in-person and online training options are available. Four Regional Training Centers (RTCs) – in Clermont, Franklin, Guernsey and Lucas counties – coordinate training events for county APS agencies based on identified learning needs. See the map above for the OHSTS regions and the contact information for each RTC coordinator.

In-person training is free of charge to all participants, and workshops are approved for continuing education credits through the Ohio Counselor, Social Worker and Marriage and Family Therapist Board. There is a fee for program partners and stakeholders to participate in the online training. To download the training catalog or register for training, visit ohsts.org. Program partners and stakeholders may register for in-person training workshops by clicking on the "For Trainees" link and using the Guest Registration form. Contact the appropriate regional coordinator for information on registering for online training.

Court Interventions and Third-Party Decision Makers

Section 4

Competent adults have the right to make decisions for themselves, even if their decisions present a risk to them. Older adults who understand the potential consequences of their actions have the right to authorize someone else to make decisions on their behalf. However, when the behavior of an older, vulnerable adult suggests that his or her judgment may be impaired to the degree that the elder does not recognize the potential consequences of their decisions, it is possible to take action that gives another individual or entity the legal authority to make decisions regarding the elder's care or finances.

When working with an elder who does not appear to understand the decisions being made, it may be necessary to obtain orders from the court to assess the elder's situation and/or provide services. In other circumstances, it may be necessary to appoint another person or entity to make decisions on the elder's behalf.

Protective Orders

In some circumstances, the APS agency can obtain court orders to gain access to an older adult when a caregiver refuses to allow APS to see the adult. The APS agency also may be able to obtain court orders to provide services to an adult who refuses services and is a risk to self or others. There are several options for court intervention. The type of petition filed and the orders requested depend on the urgency of the situation, whether the adult is incapacitated, and what the APS agency is trying to accomplish – for example, provision of services, removal of a perpetrator from the home, etc.

Under APS law, an **incapacitated person** means "…a person who is impaired for any reason to the extent that the person lacks sufficient understanding or capacity to make and carry out reasonable decisions concerning the person's self or resources, with or without the assistance of a caretaker. Refusal to consent to the provision of services shall not be the sole determinative that the person is incapacitated."

To issue an **ex parte order**, the court must find that the adult is incapacitated, that an emergency exists, and that there is reason to believe there is substantial risk of immediate and irreparable physical or financial harm to the adult. To issue an **emergency protective services order**, the court must find all of the above **and** that there is no person authorized by law or the court to give consent for the adult.

Revisions to the Ohio Revised Code that become effective on September 29, 2018, will allow a county prosecutor to file a petition for the provision of protective services in cases of financial exploitation. See the "Court Interventions in APS" chart in the appendix of this guide for more information on the court orders that can be requested and issued on an APS case.

Guardianship

By statute, a **guardian** is "… any person, association, or corporation appointed by the probate court to have the care and management of the person, the estate, or both of an incompetent or minor." Use of a guardianship is not limited to older adults. However, an adult must be determined **incompetent** for the court to appoint a guardian. For the purpose of guardianship, Ohio Revised Code defines an **incompetent** person as someone who meets **either** of the following criteria:

- Any person who is so mentally impaired, as a result of a mental or physical illness or disability, as a result of intellectual disability, or as a result of chronic substance abuse, that the person is incapable of taking proper care of the person's self or property or fails to provide for the person's family or other persons for whom the person is charged by law to provide;
- Any person confined to a correctional institution within this state.

The guardian of an older adult is the person legally responsible for making health and/or economic decisions on behalf of the older adult. Guardianship is a part-legal, part-social relationship. A guardianship is established through a legal proceeding, and the duties are carried out in a social service context. The reason an older adult may have a guardian is dependent on the adult's specific circumstances. However, appointment of a guardian is always the result of the person having a physical or mental condition that impairs his or her decision-making ability.

There are different types of guardianship. Each has a different scope of authority and level of responsibility:

- Guardian of the Person
- Guardian of the Estate
- Full Guardian of Person and Estate
- Interim Guardian
- Emergency Guardian
- Limited Guardian

A **Guardian of the Person** has the authority to make decisions about daily living, medical care and treatment, and residential decisions, including placement and selection of providers for day-to-day care. A Guardian of the Person does not have authority to make decisions involving assets or finances and must work in conjunction with a Guardian of the Estate.

A **Guardian of the Estate** is responsible for preserving the adult's income and assets and managing any lawsuits or litigation. This person has the authority to expend funds on behalf of the adult and must work in conjunction with the Guardian of the Person.

A **Full Guardian of Person and Estate** has all the responsibilities and authority listed above for Guardian of the Person and Guardian of the Estate.

An **Interim Guardian** is appointed to replace a former guardian on a temporary basis. The initial appointment can be for 15 days with the possibility of a 30-day extension. This type of guardianship can be established without the adult's presence (*ex parte*).

A true emergency must exist for an **Emergency Guardian** to be appointed. This type of appointment also can be made **ex parte** and is done to prevent imminent harm to the person or estate. An Emergency Guardian is appointed initially for 72 hours, although it can be extended for up to 30 days. Local courts may have specific procedures for appointing an Emergency Guardian.

A **Limited Guardian** is a Guardian of the Person or a Guardian of the Estate who is appointed to address a specific time, problem or need. The court has broad discretion to impose limitations on the scope of authority and level of responsibility a Limited Guardian has with respect to decision-making for the adult.

The probate court judge who made the appointment is responsible for monitoring the guardianship. Although guardianship applications are governed by ORC 2111.01–2111.51 and the Rules of Superintendence for the Courts of Ohio (Sup. R. 66.01-66.09), each county probate court can require specific forms and procedures for individuals in that county.

Although guardianship is often the first thing people think of when an elder appears unable to make sound decisions, there are several less restrictive alternatives. These options must be explored prior to establishing a guardianship.

Power of Attorney

Power of Attorney (POA) is a directive authorized by statute (ORC Chapter 1337) that often is specific to finances or health care. It allows an individual (the principal) to name a third party as his/her agent with the authority to make decisions regarding matters that the principal is unable to make. The principal must have decision-making capacity – in other words, the cognitive functioning to understand the effects of his or her decisions and acts. The POA must be "durable" for it to be effective as an alternative to guardianship. This means the principal specifically intends for the agent to have authority to act on the principal's behalf after he or she becomes incapacitated or incompetent.

The scope of power delegated to the agent can be as broad or as narrow as the principal wishes. POAs should be presented to court for consideration as an alternative to guardianship and must be carefully read and reviewed. Pursuant to ORC **2111.04**, all authority granted to an agent through a POA is suspended immediately upon the agent being served with a Notice of a Guardianship Hearing. The principal has the right to nominate the person he or she would like to serve as a guardian within the POA, and the court will consider the principal's nomination. However, the probate court ultimately makes the final decision regarding who is appointed.

Conservatorship, Advance Directive and Authorized Representative

Conservatorships also are authorized by statute (ORC **2111.021**) and are used when an individual is mentally competent but physically infirm. The probate court will appoint someone to assist the individual and carry out day-to-day tasks without requiring the individual to surrender all decision-making authority. A conservatorship is a voluntary trust relationship using certain guardianship laws and procedures subject to court supervision.

Advance Directives, such as living wills, state the adult's wishes regarding medical treatment at the end of life, in the event the adult is unable to communicate those wishes to a doctor. This is different from a POA in that the adult makes their own decisions regarding restorative health care instead of the person holding the POA.

A Payee or Authorized Representative is an individual authorized to receive and expend Social Security benefits, Supplemental Social Security Income (SSI) or veterans' benefits on behalf of a recipient. A payee or authorized representative can be appointed based on a court finding of mental incompetence or on the submission of evidence to the Social Security or Veterans administrations demonstrating the mental or physical incapacity of the recipient that impairs management of the funds. A Guardian of the Estate should never be appointed for the sole purpose of managing Social Security, SSI or veterans' benefits.

Consent and Undue Influence

As noted in the APS Desk Guide for Law Enforcement (Stiegel, 2015):

> The legal concepts of consent, decision-making capacity, or undue influence—or some combination of them—are a critical issue in many cases of elder abuse. … Lack of consent is an element of many crimes, such as sexual assault or theft. Adults may be unable to give valid consent because they do not have decision-making capacity or because they are victims of undue influence.

As a psychological concept, undue influence has been defined as "when people use their role and power to exploit the trust, dependency and fear of others. They use this power to deceptively gain control over the decision-making of the second person." If an older adult lacks the ability to understand the consequences of his or her decisions, he or she is unable to give legal consent. Diminished decision-making capacity makes an elder more vulnerable to undue influence, such as coercion, fraud, intimidation, misrepresentation and threats.

Reporting Suspected Elder Abuse

Section 5

How to Report Elder Abuse

Reports of elder abuse should be made to the CDJFS, or its designated APS agency, in the county where the adult resides. The APS agency is required to have someone available 24 hours a day, seven days a week, including holidays, to take referrals of known or suspected elder abuse. Some counties work with local law enforcement or other agencies to take calls after normal business hours. Contact information for all Ohio APS agencies is included in this section.

Ohio also has a statewide, toll-free number for reporting elder abuse: 1-855-OHIO-APS (855-644-6277). The referral line instructs callers to enter the first four letters of the adult's county of residence. The system is available 24/7 and transfers calls to the appropriate county APS agency's business or after-hours contact number, depending on the day and time of the call. When in doubt about the elder's county of residence, the reporter may contact his or her own county of residence (if in Ohio), and the report will be referred to the appropriate county. Reports can be made by phone, in writing or in person.

Mandated reporters are not responsible for determining whether elder abuse is occurring. If there is reason to *suspect* that an adult is being abused or is at risk of harm, those suspicions should be reported to APS immediately. There is no penalty for reporting allegations that are found to be non-validated provided the report was made in good faith. Waiting to report suspicions could, however, subject the older adult to continued harm during the delay. It is important to provide all known information related to the older adult's condition and the alleged maltreatment. If more information is obtained after making a report, do not hesitate to contact APS again to provide the new information. The APS screener will try to obtain the following information, at a minimum:

- The name(s) and address(es) of the adult and the adult's caregiver or guardian
- The names of all household members
- The adult's age
- The adult's race and ethnicity
- Circumstances regarding the abuse, neglect and/or exploitation (be specific and provide as much detail as possible)
- Alleged perpetrator's access to the adult, if applicable
- The adult's current condition
- The adult's current location
- Information regarding any evidence of previous abuse, neglect and/or exploitation
- Any other information that might be helpful in establishing the cause of the known or suspected abuse, neglect and/or exploitation

Having all the information listed above is not required to make a report. Simply provide any known information that may assist in the referral and investigation process.

Reports can be made anonymously. However, it is helpful for APS to have the reporter's contact information in case the investigators have follow-up questions. Sometimes mandated reporters provide their identity to ensure there is a verifiable record of them making the report. If the reporter asks, the agency may inform him or her of the screening decision (whether the referral was accepted for investigation).

Where to Report Elder Abuse

Several entities in Ohio have legal authority and responsibility for investigating maltreatment reports involving vulnerable older adults. Which entity investigates the report depends on where the elder resides (for example, in the community or in a facility) and how the perpetrator has access to the elder (for example, as a family member or as a staff member of a licensed facility).

For an elder residing in his or her own home or another independent living arrangement in the community, the report should be made to the APS agency in the county where the elder resides. **If it is unclear which entity has the authority and responsibility to investigate allegations of elder abuse, contact the county APS agency**. Ohio statute and Ohio Administrative Code rule **5101:2-20-14** require APS to forward the referral to the agency with investigatory jurisdiction, when applicable.

Allegations of abuse, neglect or theft involving an individual with a **developmental disability** may be reported to the county board of developmental disabilities, as this is usually the quickest and easiest way to log a complaint. Concerns also may be referred to the Ohio Department of Developmental Disabilities' Abuse/Neglect Hotline (**866-313-6733**), 8 a.m. to 4:30 p.m. Monday through Friday.

When an elder resides in a licensed health care facility and the perpetrator is a resident or staff member of the facility, a report may be made by calling the Ohio Department of Health's hotline number (**800-342-0553**) or completing the online complaint form at **http://www.odh.ohio.gov/-/media/ODH/ASSETS/Files/ltc/nursing-homes---facilities/Complaint-Form.pdf?la=en**.

The Ohio Department of Mental Health and Addiction Services (Ohio MHAS) licenses facilities serving individuals with **mental illness**. APS investigates reports of elder abuse in Ohio MHAS facilities that provide *residential care for three to 16 unrelated adults*. Concerns of maltreatment in other Ohio MHAS facilities are investigated by the department's Bureau of Licensure and Certification. To report a concern, call **877-275-6364** or **614-644-8317**.

The State Long-Term Care Ombudsman advocates for the rights of people receiving care in their own homes or in assisted living or long-term care facilities. When the elder resides in a licensed or certified facility, and the alleged perpetrator resides in the community (and is not an employee of the facility), the state or regional ombudsman may partner with the local APS agency to jointly investigate allegations of abuse, neglect or exploitation.

Staff from the Ohio Attorney General's Elder Abuse Initiative work with law enforcement, prosecutors, communities and APS to enhance elder abuse victims' access to criminal justice services. The Attorney General's Office investigates consumer complaints, including allegations of patient abuse and neglect in long-term care settings, and provides information to raise awareness about elder abuse and assist older adults in identifying and avoiding scams.

Contact Information for Ohio APS Agencies

Ohio's statewide, toll-free APS Referral Line: 855-OHIO-APS (855-644-6277)

OHIO APS AGENCIES	
Adams CDJFS 482 Rice Drive P.O. Box 386 West Union, OH 45693-0386 (937) 544-2371	**Clark CDJFS** 1345 Lagonda Ave. Springfield, OH 45501-1037 937-327-1748
Allen CDJFS 123 W. Spring Street Lima, OH 45801-4305 419-999-0251	**Clermont CDJFS** 2400 Clermont Center Drive Batavia, Ohio 45103 (513) 732-7173
Ashland CDJFS 15 West Fourth Street Ashland, OH 44805-2137 419-282-5001	**Clinton CDJFS** 1025 S. South St. Suite 300 Wilmington, OH 45177 937-382-5935
Ashtabula CDJFS 4332 Main Ave. Ashtabula, OH 44004 440-997-7777	**Columbiana CDJFS** 7989 Dickey Drive Suite 2 Lisbon, OH 44432-0009 330-420-6600
Athens CDJFS 184 N. Lancaster Street Athens, OH 45701-1699 740-677-4208	**Coshocton CDJFS** 725 Pine Street Coshocton, OH 43812-0098 740-622-1020
Auglaize CDJFS 12 North Wood Street Wapakoneta, OH 45895 419-739-6505	**Crawford CDJFS** 224 Norton Way Bucyrus, OH 44820 419-563-1570
Belmont CDJFS 310 Fox Shannon Place St. Clairsville, OH 43950-9765 740-695-1075	**Cuyahoga Co. Senior Services** 13815 Kinsman Road Cleveland, Ohio 44120 216-420-6700
Brown CDJFS 775 Mt. Orab Pike Georgetown, OH 45121-1399 937-378-6104	**Darke CDJFS** 631 Wagner Avenue Greenville, OH 45331-0869 937-548-4132
Butler CDJFS 300 North Fair Ave. Hamilton, OH 45011 513-887-4081	**Defiance (Paulding) Consolidated JFS** 6879 Evansport Road - Suite A Defiance, OH 43512 419-782-3881
Carroll CDJFS 95 East Main Street Carrollton, OH 44615-0216 330-627-2571	**Delaware CDJFS** 140 N. Sandusky, 2nd Floor Delaware, Ohio 43015-1789 740-833-2340
Champaign CDJFS 1512 S. US Hwy. 68, Ste N 100 Urbana, OH 43078 (937) 484-1500	**Erie CDJFS** 221 West Parish Street Sandusky, OH 44870-4886 419-626-5437

OHIO APS AGENCIES	
Fairfield CDJFS 239 W. Main Street Lancaster, OH 43130-0890 740-652-7887	**Hardin CDJFS** 175 West Franklin Street, Suite 150 Kenton, OH 43326 419-675-1130
Fayette CDJFS 133 S. Main P.O. Box 220 Washington C.H., OH 43160 740-335-0350	**Harrison CDJFS** 520 North Main Street P.O. Box 239 Cadiz, OH 43907-0239 740-942-2171
Franklin Co. Office on Aging 280 E. Broad Street Rm. 300 Columbus, OH 43215-4527 614-525-4348	**Henry CDJFS** 104 E. Washington Street Napoleon, OH 43545-0527 419-592-4210
Fulton CDJFS 604 S. Shoop Ave. Suite 200 Wauseon, OH 43567 419-337-0010	**Highland CDJFS** 1575 N. High Street, Suite 100 Hillsboro, OH 45133-9442 937-393-3111
Gallia CDJFS 848 Third Avenue Gallipolis, OH 45631-1661 740-446-3222	**Hocking (SCJFS)** 389 W Front Street Logan, OH 43138 740-385-5663
Geauga CDJFS 12480 Ravenwood Drive P.O. Box 309 Chardon, OH 44024-9009 440-285-9141	**Holmes CDJFS** 85 N. Grant Street P.O. Box 72 Millersburg, OH 44654-0072 330-674-1111
Greene CDJFS 541 Ledbetter Road Xenia, OH 45385-3699 937-562-6000	**Huron CDJFS** 185 Shady Lane Drive Norwalk, OH 44857-2373 419-668-8126
Guernsey CDJFS 324 Highland Avenue Cambridge, OH 43725 740-432-2381	**Jackson CDJFS** 25 E. South Street Jackson, OH 45640 740-286-4181
Hamilton CDJFS 222 E Central Parkway Cincinnati, OH 45202-1225 513-946-1000	**Jefferson CDJFS** 125 South Fifth Street Steubenville, OH 43952 740-282-0961
Hancock CDJFS 7814 County Road 140 P.O. Box 270 Findlay, OH 45839-0270 419-429-7022	**Knox CDJFS** 117 E. High Street, 3rd Floor Mt. Vernon, OH 43050 740-392-5437
Lake CDJFS 177 Main Street Painesville, OH 44077-9967 440-350-4000	**Mercer CDJFS** 220 West Livingston, Suite 10 Celina, OH 45822 419-586-5106
Lawrence CDJFS 1100 South Seventh Street P.O. Box 539 Ironton, OH 45638-0539 740-532-3324	**Miami CDJFS** 201 W. Main Street Troy, OH 45373 937-440-3471

OHIO APS AGENCIES	
Licking CDJFS 74 S. Second Street P.O. Box 5030 Newark, OH 43058-5030 740-670-8800	**Monroe CDJFS** 100 Home Avenue Woodsfield, OH 43793 740-472-1602
Logan CDJFS 1855 State Route 47 West Bellefontaine, OH 43311 937-599-5165	**Montgomery CDJFS** 1111 S. Edwin Moses Blvd. Dayton, OH 45422 937-225-4906
Lorain CDJFS 42485 N. Ridge Road Elyria, OH 44035-1057 440-284-4465	**Morgan CDJFS** 155 E. Main Street, Room 009 McConnelsville, OH 43756 740-962-3838
Lucas CDJFS 3210 Monroe Street Toledo, OH 43606 419-213-8663	**Morrow CDJFS** 619 W. Marion Road Mt. Gilead, OH 43338 419-947-9111
Madison CDJFS 200 Midway Street London, OH 43140 740-852-4770	**Muskingum Co Adult/Child Protective Services** 205 N. 7th Street Zanesville, OH 43702 740-455-6710
Mahoning CDJFS 345 Oakhill Avenue Youngstown, OH 44502 330-884-6952	**Noble CDJFS** 46049 Marietta Road Caldwell, OH 43724 740-732-2392
Marion CDJFS 363 West Fairground Street Marion, OH 43302-1759 740-387-8560	**Ottawa CDJFS** 8043 W. State Route 163 Oak Harbor, OH 43449 419-707-8639
Medina CDJFS 232 Northland Drive Medina, OH 44256 330- 661-0800	**(Defiance) Paulding Consolidated JFS** 252 Dooley Drive Paulding, OH 45879 419-399-3756
Meigs CDJFS 175 Race Street Middleport, OH 45760-0191 740-992-2117	**Perry CDJFS** 212 South Main Street New Lexington, OH 43764 740-342-3551
Pickaway CDJFS 110 Island Road Circleville, OH 43113 740-474-7588	**Stark CDJFS** 221 3rd Street SE Canton, OH 44702 330-451-8998
Pike CDJFS 230 Waverly Plaza Suite 700 Waverly, OH 45690 740-947-2171	**Summit CDJFS** 1180 S. Main Street, Ste 102 Akron, OH 44301 330-643-7217
Portage CDJFS 449 S. Meridian Street, 2nd Floor Ravenna, OH 44266 330-296-2273	**Trumbull CDJFS** 280 North Park Avenue Suite #1 Warren, OH 44481 330-392-3248

OHIO APS AGENCIES	
Preble CDJFS 1500 Park Avenue Eaton, OH 45320 937-456-6205	**Tuscarawas CDJFS** 389 16th Street S.W. New Philadelphia, OH 44663 330-339-7791
Putnam CDJFS 1225 E. Third Street Ottawa, OH 45875 419-538-4580	**Union CDJFS** 940 London Avenue Marysville, OH 43040 937-644-1010
Richland CDJFS 171 Park Avenue E. Mansfield, OH 44902 419-774-5473	**Van Wert CDJFS** 114 E. Main Street Van Wert, OH 45891 419-238-5430
Ross (SCJFS) 475 Western Avenue Suite B Chillicothe, OH 45601 740-773-2651	**Vinton (SCJFS)** 30975 Industrial Park Drive McArthur, OH 45651 740-596-2584
Sandusky CDJFS 2511 Countryside Drive Fremont, OH 43420-9987 419-334-8708	**Warren CDJFS** 416 S. East Street Lebanon, OH 45036 513-695-4123
Scioto CDJFS 710 Court Street Portsmouth, OH 45662 740-355-8804	**Washington CDJFS** 1115 Gilman Avenue Marietta, OH 45750 740-373-5513
Seneca CDJFS 900 E. County Road 20 Tiffin, OH 44883 419-447-5011	**Williams CDJFS** 117 W. Butler Street Bryan, OH 43506 419-636-6725
Shelby CDJFS 227 S. Ohio Avenue Sidney, OH 45365-3060 937-498-4981	**Wood CDJFS** 1928 East Gypsy Lane Road Bowling Green, OH 43402 419-354-9669
Wayne CDJFS 356 W. North Street Wooster, OH 44691 330-287-5865	**Wyandot CDJFS** 120 E. Johnson Street Upper Sandusky, OH 43351 419-294-4977

Other Agency Contact Information

Ohio Attorney General's Office
800-282-0515

Ohio Department of Aging, Office of the State Long-Term Care Ombudsman
800-282-1206

Ohio Department of Developmental Disabilities, Abuse/Neglect Hotline
866-313-6733

Ohio Department of Health, Office of Health Assurance and Licensing
800-342-0553

Ohio Department of Mental Health and Addiction Services, Bureau of Licensure and Certification:
877-275-6364 or 614-644-8317

References

Administration for Community Living. (2017). **Projected Future Growth of Older Population**. Retrieved from **acl.gov/aging-and-disability-in-america/data-and-research/projected-future-growth-older-population**

Connolly, M., Brandl, B., Breckman, R. (2014). **The Elder Justice Roadmap. A stakeholder Initiative to Respond to an Emerging Health, Justice, Financial and Social Crisis**. Accessed January, 2018. Retrieved from **justice.gov/file/852856/download**.

Graham, D., Taliaferro, P. (2017). **The Supreme Court of Ohio Fundamentals of Adult Guardianship Participant Manual**. Retrieved from **ohiochannel.org/Assets/Files/UserContent/40/155679.pdf**.

Institute for Human Services. (2017). **Adult Protective Services (APS) Core Training, Dynamics of Older Adult Maltreatment (Written by NAPSA, Adapted by IHS for the Ohio Human Services Training System)**.

National Center on Elder Abuse. (n.d.). **Frequently Asked Questions, Types of Abuse**. Retrieved from **ncea.acl.gov/faq/abusetypes.html**.

National Center on Elder Abuse. (2014). **An Introduction to Elder Abuse for Professionals: Financial Exploitation** [PowerPoint slides]. Retrieved from **ncea.acl.gov/resources/docs/Intro-EA-Pro-Financial-Exp-Slides-2014.pdf**.

National Council on Aging. (n.d.). **Elder Abuse Facts**. Accessed January, 2018. Retrieved from **ncoa.org/public-policy-action/elder-justice/elder-abuse-facts**.

National Clearinghouse on Abuse in Later Life. (n.d.). **Dynamics of Abuse in Later Life**. Retrieved from **ncall.us/dynamics-of-abuse-in-later-life**.

Ohio General Assembly. (n.d.). **LAWriter Ohio Laws and Rules**. Accessed December 2017. Retrieved from **codes.ohio.gov/orc**.

Stanger, T. (2015). Lies, Secrets, and Scams: How to Prevent Elder Abuse. **Consumer Reports**. Retrieved from **consumerreports.org/cro/consumer-protection/preventing-elder-abuse**.

Stiegel, L. (2015). Legal Issues Related to Elder Abuse, A Desk Guide for Law Enforcement. Retrieved from **americanbar.org/groups/law_aging/resources/elder_abuse/legal_issues_related_to_elder_abuse_guides.html**.

Appendix

Abuser Tactics and the Power and Control Wheel

Physical Abuse

- Hitting, slapping, pushing, shaking, kicking, pinching, burning, pulling hair or choking
- Inappropriately using drugs or physical restraints
- Creating hazards, bumping and/or tripping
- Force feeding
- Throwing objects
- Forcing unwanted physical activity
- Physical punishment
- Homicide or homicide/suicide
- Strangulation and suffocation

Sexual Abuse

- Committing a sexual crime against the adult (rape, sexual battery, trafficking)
- Making demeaning remarks about intimate body parts
- Unnecessary, painful or rough handling of the genital area during caregiving that is not part of the nursing plan
- Taking advantage of physical or mental illness to engage in sex
- Forcing sex acts that make victim feel uncomfortable and/or against victim's wishes
- Forcing victim to watch pornography on television and/or computer
- Voyeurism
- Taking sexually explicit photographs
- Forcing the adult to undress and be viewed by others

Emotional and Psychological Abuse

- Withholding affection
- Engaging in "mind games"; falsely claiming the elder is demented
- Publicly humiliating or behaving in a condescending manner toward the adult
- Humiliating, shaming, demeaning or ridiculing the adult
- Yelling, insulting or calling names
- Degrading, disrespecting or blaming the adult
- Using silence or profanity

Threatening

- Stalking
- Threatening to leave and never see elder again
- Threatening to divorce or not divorce
- Threatening to commit suicide
- Threatening to institutionalize the adult or place him or her away from home or family
- Abusing or killing pets
- Destroying or taking property
- Displaying or threatening with weapons

Targeting Vulnerabilities

- Taking/moving walker, wheelchair, glasses, dentures
- Taking advantage of confusion
- Making the adult miss medical appointments

Neglecting

- Denying or creating long waits for food, heat, care or medication
- Not reporting medical problems
- Fails to follow medical, therapy or safety recommendations even though the abuser understands them or the need for them
- Refusing to dress the adult or dressing the adult inappropriately

Denying Access to Spiritual Traditions/Events

- Denying access to ceremonial traditions or church
- Ignoring religious traditions

Power and Control Wheel[1]

Each section of the wheel describes tactics used by perpetrators of elder abuse. Any combination of tactics may be used to control and manipulate the victim.

1 National Clearinghouse on Abuse in Later Life (2006). **Abuse in Later Life Power and Control Wheel**. Retrieved from **http://www.ncall.us/FileStream.aspx?FileID=27**

Mandated Reporters of Elder Abuse in Ohio, Per ORC 5101.63*

- An attorney admitted to the practice of law in this state;
- An individual authorized under Chapter 4731. of the Revised Code to practice medicine and surgery, osteopathic medicine and surgery, or podiatric medicine and surgery;
- An individual licensed under Chapter 4734. of the Revised Code as a chiropractor;
- An individual licensed under Chapter 4715. of the Revised Code as a dentist;
- An individual licensed under Chapter 4723. of the Revised Code as a registered nurse or licensed practical nurse;
- An individual licensed under Chapter 4732. of the Revised Code as a psychologist;
- An individual licensed under Chapter 4757. of the Revised Code as a social worker, independent social worker, professional counselor, professional clinical counselor, marriage and family therapist, or independent marriage and family therapist;
- An individual licensed under Chapter 4729. of the Revised Code as a pharmacist*;
- An individual holding a certificate to practice as a dialysis technician issued under Chapter 4723. of the Revised Code*;
- An employee of a home health agency, as defined in section **3701.881** of the Revised Code;
- An employee of an outpatient health facility;
- An employee of a hospital, as defined in section **3727.01** of the Revised Code;
- An employee of a hospital or public hospital, as defined in section **5122.01** of the Revised Code*;
- An employee of a nursing home or residential care facility, as defined in section **3721.01** of the Revised Code;
- An employee of a residential facility licensed under section **5119.22** of the Revised Code that provides accommodations, supervision, and personal care services for three to sixteen unrelated adults;
- An employee of a health department operated by the board of health of a city or general health district or the authority having the duties of a board of health under section **3709.05** of the Revised Code*;
- An employee of a community mental health agency, as defined in section **5122.01** of the Revised Code;
- An agent of a county humane society organized under section **1717.05** of the Revised Code;
- An individual who is a firefighter for a lawfully constituted fire department*;
- An individual who is an ambulance driver for an emergency medical service organization, as defined in section **4765.01** of the Revised Code*;
- A first responder, emergency medical technician-basic, emergency medical technician-intermediate, or paramedic, as those terms are defined in section **4765.01** of the Revised Code*;
- An official employed by a local building department to conduct inspections of houses and other residential buildings*;
- A peace officer;
- A coroner;
- A member of the clergy;
- An individual who holds a certificate issued under Chapter 4701. of the Revised Code as a certified public accountant or is registered under that chapter as a public accountant;
- An individual licensed under Chapter 4735. of the Revised Code as a real estate broker or real estate salesperson*;
- An individual appointed and commissioned under section **147.01** of the Revised Code as a notary public*;
- An employee of a bank, savings bank, savings and loan association, or credit union organized under the laws of this state, another state, or the United States*;
- An investment adviser, as defined in section **1707.01** of the Revised Code*;
- A financial planner accredited by a national accreditation agency*;
- Any other individual who is a senior service provider.

**Effective September 29, 2018*

APS Court Interventions, Per the Ohio Revised Code

Ohio Revised Code	Petition	Court
5101.651* Temporary Restraining Order – Access	Filed by APS or its designated agency Used when any person, including the adult subject, denies or obstructs access to the residence of the adult	Court issues a temporary restraining order to prevent interference or obstruction Must have cause to believe the adult is being or has been abused, neglected or exploited, and access to the person's residence has been obstructed The finding is prima-facie evidence that immediate and irreparable injury, loss or damage will result (no notice is necessary)
5101.68* Protective Services Order **5101.681*** Notice **5101.682*** Hearing	Filed by APS or its designated agency Used when an adult is incapacitated and determined by APS to need protective services The petition may be filed by the county prosecutor if the need for protective services is the result of exploitation The petition shall include a proposed protective service plan APS must apply for renewal of the order if the need for services continues past the initial six-month time frame • The renewal period can be no longer than one year • There is no statutory limit on the number of renewals that can be obtained The adult may petition the court for a modification of the order at any time	A notice of the petition shall be personally served to the adult subject of the petition The adult is notified of his or her right to counsel Written notice shall be provided to the adult's guardian, legal counsel, caretaker and spouse, if any, or if the adult has none of these, the adult's adult children or next of kin A hearing on the petition must be held within 14 days of filing The adult has the right to waive counsel unless the court finds the adult lacks the capacity to waive the right to counsel The court may order only services that are locally available The court must give consideration to the adult's choice of residence if placement is ordered The court cannot place the adult in a hospital or public hospital and shall not place the adult in an institutional setting unless a less restrictive alternative cannot be found If a placement is made by the court, the placement cannot be changed without court authorization The order is in effect for six months

Ohio Revised Code	Petition	Court
5101.69* Temporary Restraining Order – Provision of Services	Filed by APS or its designated agency, or the county prosecutor Used when an adult has consented to the provision of protective services and any other person is refusing to allow the services to be provided	A notice of the petition shall be provided to the person alleged to be interfering with the provision of services in a language reasonably understandable to that person A hearing on the petition must be held within 14 days of filing To issue a temporary restraining order to restrain the person from interfering with the provision of services, the court must find that services are necessary, that the adult agreed to the services, and that the person is preventing the provision of services
5101.70* Emergency Protective Services Order	Filed by APS or its designated agency, or the county prosecutor The petition must outline the nature of the emergency, the proposed protective services and the attempts to obtain the adult's consent to services APS or the county prosecutor must apply for renewal of the order for an additional 14 days if the need for services continues past the initial 14-day period If the need for services continues beyond the renewal period, APS, its designated agency or the county prosecutor may petition the court for an order of protective services under ORC Section **5101.68**	A notice of the filing and contents of the petition, the rights of the person and the possible consequences of a court order shall be given to the adult Notice shall also be given to the adult's spouse or, if the adult has none, the adult's adult children or next of kin and the adult's guardian, if a guardian exists and if his/her whereabouts are known The notice shall be given in language reasonably understandable to the recipients at least 24 hours prior to the hearing on the petition unless the court determines: • Immediate or irreparable harm (physical or financial) will result from the delay • Reasonable attempts have been made to notify the required parties The hearing shall be held no sooner than 24 hours after the notice (unless the notice was waived by the court) and no later than 72 hours after notice is provided Services must be available locally and necessary to address the emergency conditions The court cannot order a change of residence without a specific finding that the change is necessary The court cannot order the adult placed in a hospital or public hospital The services can be ordered only for 14 days

Ohio Revised Code	Petition	Court
5101.701* *Ex Parte* Emergency Order	May be issued by phone Must be requested by APS or its designated agency because an emergency order is needed and:: • The adult is incapacitated • There is substantial risk of immediate and irreparable harm (physical or financial) or death A petition must be filed no later than 24 hours or the next working day (whichever is first) after the order is issued	The judge or magistrate shall journalize the order The order can be in effect no longer than 24 hours or the next working day (whichever is first) The court shall hold a hearing no later than 24 hours or the next working day (whichever is first) after the order is issued to determine probable cause for the order At this hearing the court: • Shall determine whether protective services are the least restrictive alternative to meet the adult's needs • May issue temporary orders, including but not limited to evaluations, ordering someone to vacate the adult's residence, and temporary protection orders • May order emergency services • May freeze the adult's assets Temporary orders are in effect for 30 days and can be renewed by the court for an additional 30 days The proceedings on the petition filed under this section shall be conducted in accordance with ORC Section **5101.70** (Emergency Protective Services Order).

**Renumbered effective September 29, 2018*

Additional Helpful Resources

For data and other information about **Ohio's Adult Protective Services program** visit **jfs.ohio.gov/ocf/aps.stm**.

The **Elder Justice Roadmap** was developed by the U.S. Department of Justice with support from the U.S. Department of Health and Human Services. The document provides strategic planning resources for the APS field and focuses on the domains of direct service, policy, education and research. It can be accessed at **justice.gov/file/852856/download**.

The U.S. Department of Justice Elder Justice Initiative provides education and resources to help professionals, victims, family members and caregivers combat financial crimes against older Americans. For more information on national initiatives related to financial exploitation, visit **justice.gov/elderjustice/financial-exploitation**.

LifeSpan is a not-for-profit organization offering **Representative Payee** services for individuals who do not have a family member able to serve in that capacity. For more information, visit **lifespanohio.org/representative-payee**.

The Administration on Aging promotes the well-being of older individuals by providing services and programs designed to help them live independently in their homes and communities. For more information on **national programs and initiatives to support older and aging Americans**, visit **acl.gov/about-acl/administration-aging**.

For additional information about **Ohio APS law** (ORC 5101.60 – 5101.73), visit **codes.ohio.gov/orc/5101.60v2**.

For additional information about the **Ohio Administrative Code rules governing Ohio's APS program**, visit **emanuals.jfs.ohio.gov/FamChild/FCASM/SocialServices**.

Baylor College of Medicine – Pocket Guide on Elder Investment Fraud and Financial Exploitation
nasaa.org/wp-content/uploads/2011/08/EIFFE-Clinicians-Pocket-Guide.pdf

National Adult Protective Services Association
napsa-now.org

National Center on Elder Abuse
ncea.acl.gov

Ohio Attorney General's Office Services for Seniors
ohioattorneygeneral.gov/Individuals-and-Families/Seniors

Ohio Department of Aging/State Long-term Care Ombudsman
aging.ohio.gov

Ohio Department of Commerce
com.ohio.gov

Ohio Department of Insurance
insurance.ohio.gov

Ohio Hopes (Information and Referral Resource for Seniors)
ohiohopes.org/elder-abuse/reporting-and-how-to-report

The Ohio Human Services Training System
ohsts.org

The Social Security Administration (Authorized Representative
ssa.gov/payee

Additional Helpful Resources, Continued

The Supreme Court of Ohio (Guardianship Education and Court Rules)
supremecourt.ohio.gov

University of California, Irvine, Center of Excellence on Elder Abuse and Neglect
centeronelderabuse.org/research.asp

University of Iowa Health Care, Department of Family Medicine, Elder Mistreatment and Elder Abuse
medicine.uiowa.edu/familymedicine/research/research-projects/elder-mistreatment-elder-abuse/em-screening-instruments

Ohio | Department of Job and Family Services

John R. Kasich, Governor
State of Ohio

Cynthia C. Dungey, Director
Ohio Department of Job and Family Services

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