

Lesson Plan Cover Sheet

Course Name:

At-Risk Adult Crime for 9-1-1 Personnel (POST Course Code IYD13G)

Lesson Title:

At-Risk Adult Crime for 9-1-1 Personnel

Hours:

2 Hours

Prepared by:

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Date completed:

July 2013

Revised by:

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Revised date:

October 2013

Instructional Methods:

Lecture, Discussion

Classroom Setting:

Traditional classroom seating

Terminal Performance Objective:

While answering a call of the abuse, neglect, or exploitation of an at-risk adult, the 9-1-1 personnel will identify and respond in accordance with O.C.G.A. and his/her agency policies.

Enabling Objectives:

- a. Describe an at-risk adult.
- b. Define abuse, neglect, and exploitation in accordance with Georgia law.
- c. Describe types of abuse.
- d. Explain the role of Social Services Agencies.
- e. Describe tips for interviewing at-risk adult victims

Audio/Visual Aids (see Appendix A):

Electronic slideshow – Microsoft PowerPoint 2010

Handouts/Other Reference Material (see Appendix B):

None

Course Evaluation Methods (see Appendix C):

None

Pre-course or Additional Readings (see Appendix D):

None

References:

- NCPEA. (2013). Physical Abuse. Retrieved May 15, 2013 from <http://www.preventelderabuse.org/elderabuse/physical.html>
- NCPEA. (2013). Sexual Abuse. Retrieved May 15, 2013 from http://www.preventelderabuse.org/elderabuse/s_abuse.html
- NCPEA. (2013). Financial Abuse. Retrieved May 15, 2013 from http://www.preventelderabuse.org/elderabuse/fin_abuse.html
- NCPEA. (2013). Neglect Abuse. Retrieved May 15, 2013 from <http://www.preventelderabuse.org/elderabuse/neglect.html>
- MetLife. (2007). *Boomers Ready to Launch*. Retrieved January 23, 2013 from <https://www.metlife.com/assets/cao/mmi/publications/studies>
- State of Georgia. (2013). *Georgia Law Enforcement Handbook: Criminal Law and Procedure*. Eagan, MN: Thomson West.
- NCJRS. (2013). Elderly Victims. Retrieved March 28, 2013, from https://www.ncjrs.gov/ovc_archives/reports/firstrep/eldvic.html
- Georgia Department of Human Services. (2013). Protecting At-Risk Adults by DAS [Video]. Retrieved June 24, 2013 from <http://www.youtube.com/watch?v=ergev4SEBw4>
- Georgia Department of Human Services. (2011). *Georgia Adult Protective Services*. Retrieved November 19, 2011, from <http://aging.dhs.georgia.gov/>
- Georgia DBHDD. (2012). DBHDD Overview. Retrieved January 28, 2013 from <http://dbhdd.georgia.gov/sites/dbhdd.georgia.gov>
- Georgia Department of Human Services. (2013). *Certified ACT Specialist Field Guide*. Atlanta, GA: Author.
- David Shenk. (2013). What is Alzheimer's disease? [Video]. Retrieved June 24, 2013 from <http://aboutalz.org/>
- King, Pat. (2013). [images]. *ACT Certification Training*. Atlanta, GA

Equipment/Materials:

Laptop Computer – One

Data Projector – One

Instructional Guide/Abstract

Course Title: At-Risk Adult Crime for 9-1-1 Personnel

The lesson is taught via a combination of lecture and discussion. The purpose of this lesson plan is to give public safety communication center call-takers and dispatchers answering a call of a crime involving an at-risk adult, information to recognize the indicators of abuse, identify the state social service agencies responsible for investigating, and learn basic tips for interviewing an at-risk adult crime victim.

This course is best taught by using traditional classroom seating. The instructor should be well versed in this material because questions may be asked about the unique issues and nuances of crimes involving at-risk adults.

During this block of instruction, a computerized slide show presentation will be used to enhance the delivery of this information. News clips from YouTube® may be used to illustrate the relevance of the class material to current events and crime trends.

Appendix A: Contains a master copy of the computerized slide show. If additional copies are needed, you may contact David Blake at 404-232-1257 for a new master copy.

Appendix B: Contains a copy of handouts and other reference material.

Appendix C: Contains a copy of the test questions and answers related to the Enabling Objectives.

Appendix D: None

Course Schedule

Time	Session
5 Minutes	Introduction
15 Minutes	At-Risk Adults/Georgia law.
30 Minutes	Georgia Social Service Agencies.
10 Minutes	Break
45 Minutes	Response by 9-1-1/Interviewing At-Risk Adults.
10 Minutes	Test
5 Minutes	Conclusion

At-Risk Adult Crime for 9-1-1 Personnel

I. Introduction (5 minutes)

Instructional Note: *Display Power Point Slide # 1 (At-Risk Adult Crime for 9-1-1 Personnel)*

Instructional Note: *Introduce self, if new to group*

A. Opening Statement

The abuse, neglect and exploitation of at-risk adults is a problem that is growing across the state of Georgia as well as the rest of the nation. These crimes can involve physical assaults, sexual abuse, neglect, and financial exploitation.

9-1-1 personnel answering calls and dispatching units in response to these crimes can encounter many difficult issues, e.g. uncooperative victims, lack of understanding about at-risk adult crimes, etc. that can hinder a proper response, or even unintentionally harm a later investigation or prosecution.

Today we are going to learn several important areas in responding to a call of abuse, neglect, or exploitation involving an at-risk adult.

These areas are:

1. At-Risk Adults/Georgia Law
2. Types of Abuse/Indicators
3. Georgia Social Services Agencies/Multidisciplinary Response
4. 9-1-1 response/Interviewing

At the end of this presentation you will be better equipped with the knowledge and resources available to respond to the abuse, neglect, or exploitation of at-risk adults.

Instructional Note: *Display Power Point Slide #2 (DAS Public Service Video)*

B. Performance Objectives

Instructional Note: *Display Power Point Slide #3 (Terminal Performance Objective)*

1. Terminal Performance Objective

While answering emergency calls, 9-1-1 personnel will identify and respond appropriately to calls related to the possible abuse, neglect, or exploitation of an at-risk adult, in accordance with Georgia law and agency policy.

Instructional Note: *Display Power Point Slide #4 (Enabling Objectives)*

2. Enabling Objectives

- a. Describe an at-risk adult.
- b. Define abuse, neglect, and exploitation in accordance with Georgia law.
- c. Describe the types of abuse.
- d. Explain the role of Social Service Agencies.
- e. Describe tips for interviewing at-risk adult victims.

Instructional Note: *Ask if there are any questions about the Performance Objectives*

Instructional Note: *Display Power Point Slide #5 (Why Addressing Abuse is Important)*

C. Reasons for Learning

Cases involving the abuse, neglect, and exploitation of at-risk adults are extremely important for public safety communications professionals to respond to properly. Adults over the age of 65 are the fastest growing portion of the population. The push to move residents from nursing facilities back into the community (Olmstead settlements), increased demand for scarce community services and the stagnant economy have created a target rich environment for predators to go after adults with disabilities. Financial abuse costs older adults more than \$ 2.6 billion dollars per year nationally and is most often perpetrated by family members and caregivers. The abuse threatens the economic security, lives, health and welfare of millions of older Americans and Americans with disabilities. You as 9-1-1 personnel play a critical role in the, detection, and prosecution of these crimes against some of the most vulnerable members of society.

II. Body (100 minutes)

Instructional Note: *Display Power Point Slide #6 (At-Risk Adult Crime/Georgia Law)*

Instructional Note: *Display Power Point Slide #7 (What is an “At-Risk” Adult?)*

A. At-Risk Adults/Georgia Law

What is an “at-risk” adult? We will look at who is considered an at-risk adult and the definition under Georgia law. The usual criminal statutes apply to at-risk adult crimes, as they would for any other citizen, however in Georgia we also have specific statutes that only apply to crimes against at-risk adults. Let us take a look at these ‘special’ laws and definitions.

1. Definitions O.C.G.A. 16-5-100

Disabled adult

Disabled adult means a person 18 years of age or older who is mentally or physically incapacitated or has Alzheimer’s disease or dementia.

Elder Person

Elder person means a person 65 years of age or older.

Instructional Note: *Display Power Point Slide #8 (Exploit, Abuse, or Neglect)*

Exploit, Abuse, or Neglect O.C.G.A. 16-5-102(a)

Any person who knowingly and willfully exploits a disabled adult, elder person, or resident, willfully inflicts physical pain, physical injury, sexual abuse, mental anguish, or unreasonable confinement upon a disabled adult, elder person, or resident, or willfully deprives of essential services a disabled adult, elder person, or resident shall be guilty of a felony.

Instructional Note: *Display Power Point Slide #9 (Abuse) (cont.)*

Instructional Note: *Display Power Point Slide #10 (Abuse) (cont.)*

Instructional Note: *Display Power Point Slide #11 (Abuse) (cont.)*

Instructional Note: *Display Power Point Slide #12 (Neglect By Caregiver)*

Neglect By Caregiver O.C.G.A. 16-5-101

A guardian or other person supervising the welfare of or having immediate charge, control, or custody of a disabled adult, elder person, or resident when the person willfully deprives a disabled adult, elder person, or resident of health care, shelter, or necessary sustenance to the extent that the health or well-being of such person is jeopardized

Instructional Note: *Display Power Point Slide # 13 (Neglect By Caregiver) (cont.)*

Instructional Note: *Display Power Point Slide #14 (Neglect By Caregiver) (cont.)*

Instructional Note: *Display Power Point Slide # 15 (Exploit)*

Exploit

To exploit means illegally or improperly using a disabled adult or elder person or that person’s resources through undue influence, coercion, harassment, duress, deception, false representation, false pretense, or other similar means for another’s profit or advantage (O.C.G.A. 16-5-100).

Instructional Note: *Display Power Point Slide #16 (Essential Services)*

Essential Services

Essential services means social, medical, psychiatric, or legal services necessary to safeguard a disabled adults, elder person’s, or resident’s rights and resources and to maintain the physical and mental well-being of such person.

Instructional Note: *Display Power Point Slide #17 (Essential Services) (cont.)*

Such services may include, but not limited to, the provision of medical care for physical or mental health needs, assistance in personal hygiene, food, clothing, adequately heated and ventilated shelter, and protection for health and safety hazards (O.C.G.A. 16-5-100).

Instructional Note: *Display Power Point Slide #18 (Essential Services) (cont.)*

...but shall not include the taking into physical custody of a disabled adult or elder person without that person’s consent.

Instructional Note: *Display Power Point Slide #19 (At-Risk Adult vs. Child Cases)*

It is important to remember that unlike cases involving children that allow a child to be “deprived” and placed into protective custody, an at-risk adult has the autonomy and self determination to live life the way they choose, even if that includes making “bad decisions”.

Instructional Note: Display Power Point Slide #20 (Mandated Reporting)

The list of mandated reporters was expanded in July 2013 to include all those already listed under O.C.G.A. 19-7-5 (c) (1) for child abuse and physical therapists, occupational therapists, day care personnel, coroners, medical examiners, EMS personnel,, emergency medical tech, cardiac tech, paramedic, first responder, employees of public/private agency engaged in health related services to elder persons or disabled adults, clergy, and employee of financial institution

2. Mandated Reporting Law

O.C.G.A. 30-5-4

The reporting of the suspected abuse, neglect, and exploitation of an at-risk adult is mandated under the law in Georgia. O.C. G. A. 30-5-4, relating to reporting the need for protective services reads as follows:

(a)(1)(A) The following persons having cause to believe that a disabled adult or elder person has been the victim of abuse, other than by accidental means, or has been neglected or exploited shall report or cause reports to be made in accordance with the provisions of this code section:

Instructional Note: Display Power Point Slide #21 (Mandated Reporters)

Any person required to report child abuse as provided in subsection (c) of Code Section 19-7-5 (c)(1) The following persons having reasonable cause to believe that a child has been abused shall report or cause reports of that abuse to be made as provided in this Code section:

- (A) Physicians licensed to practice medicine, interns, or residents;
- (B) Hospital or medical personnel;
- (C) Dentists;
- (D) Licensed psychologists and persons participating in internships to obtain licensing pursuant to Chapter 39 of Title 43;
- (E) Podiatrists;
- (F) Registered professional nurses or licensed practical nurses licensed

pursuant to Chapter 24 of Title 43 or nurse's aides;
(G) Professional counselors, social workers, or marriage and family therapists licensed pursuant to Chapter 10A of Title 43;
(H) School teachers;
(I) School administrators;
(J) School guidance counselors, visiting teachers, school social workers, or school psychologists certified pursuant to Chapter 2 of Title 20;
(K) Child welfare agency personnel, as that agency is defined pursuant to Code Section 49-5-12;
(L) Child-counseling personnel;
(M) Child service organization personnel;
(N) Law enforcement personnel; or
(O) Reproductive health care facility or pregnancy resource center personnel and volunteers.

and

(ii) Physical therapists;
(iii) Occupational therapists;
(iv) Day-care personnel;
(v) Coroners;
(vi) Medical examiners;
(vii) Emergency medical services personnel, as such term is defined in Code Section 31-11-49;
(viii) Any person who has been certified as an emergency medical technician, cardiac technician, paramedic, or first responder pursuant to Chapter 11 of Title 31;
(ix) Employees of a public or private agency engaged in professional health related services to elder persons or disabled adults; and
(x) Clergy members

(B) Any employee of a financial institution, as defined in Code Section 7-1-4, having reasonable cause to believe that a disabled adult or elder person has been exploited shall report or cause reports to be made in accordance with the provisions of this code section.

Violation of this Code section is a misdemeanor.

Instructional Note: Display Power Point Slide #22 (Types of Abuse/Indicators)

B. Types of Abuse/Indicators

Abuse can be broken down into five main categories; physical, emotional, sexual, neglect, and financial. We will discuss each one as well as the indicators that may be present. Indicators are signs that abuse may have occurred.

Instructional Note: *Display Power Point Slide #23 (Physical Abuse)*

1. Physical Abuse

Physical abuse is physical force or violence that results in bodily injury, pain, or impairment. It includes assault, battery, and inappropriate restraint.

Instructional Note: *Display Power Point Slide #24 (Physical Abuse) (cont.)*

Instructional Note: *Display Power Point Slide #25 (Physical Abuse Indicators)*

a. Physical indicators

- i. Sprains, dislocations, fractures, broken bones
- ii. Burns from cigarettes, appliances, or hot water
- iii. Abrasions on arms, legs, or torso that resembles rope or strap marks.
- iv. Internal injuries and bleeding from body orifices.

Instructional Note: *Display Power Point Slide #26 (Physical Abuse Indicators) (cont.)*

- v. **Bruises. The following types of bruises are rarely accidental:**
 - aa. Bilateral bruising to the arms (may indicate that the person has been shaken, grabbed, or restrained)
 - bb. Bilateral bruising of the inner thighs (may indicate sexual abuse)
 - cc. Signs of traumatic hair and tooth loss.

b. Behavioral indicators

- i. Injuries are unexplained or explanations are implausible (They do not fit with the injuries observed)
- ii. Family members provide different explanations of how injuries were sustained
- iii. Delay between injury and seeking medical treatment

Instructional Note: *Display Power Point Slide #27 (Emotional Abuse)*

2. Emotional Abuse

Emotional abuse is the willful infliction of mental or emotional anguish by threat, humiliation, or other verbal or nonverbal conduct.

Instructional Note: *Display Power Point Slide #28 (Emotional Abuse Indicators)*

a. Physical indicators

- i. Weight loss/gain that is not attributed to other causes
- ii. Stress-related conditions, including elevated blood pressure

b. Behavioral indicators

- i. Isolation of the at-risk adult by the suspect
- ii. At-risk adult has problems sleeping

Instructional Note: *Display Power Point Slide #29 (Emotional Abuse Indicators) (cont.)*

- iii. Cowers in the presence of the suspect
- iv. Exhibits depression/confusion
- v. Exhibits unusual behavior usually attributed to dementia (e.g. biting, rocking)

Instructional Note: *Display Power Point Slide #30 (Sexual Abuse)*

3. Sexual Abuse

Sexual abuse can be any form of non-consensual sexual contact. It may include unwanted touching, all types of sexual assault or battery such as rape, sodomy, molestation, , coerced nudity, sexual explicated photographing or any sexual conduct with a person who lacks the mental capacity to exercise consent.

Instructional Note: *Display Power Point Slide #31 (Sexual Abuse indicators)*

a. Physical Indicators

- i. Genital or anal pain, irritation, or bleeding
- ii. Bruises on external genitalia or inner thighs
- iii. Difficulty walking or sitting
- iv. Torn, stained, or bloody underclothing
- v. Sexual transmitted diseases

Instructional Note: *Display Power Point Slide #32 (Sexual Abuse indicators) (cont.)*

b. Behavioral Indicators

- i. Inappropriate sex-role relationship between at-risk adult and suspect
- ii. Inappropriate, unusual, or aggressive sexual behavior

Instructional Note: *Display Power Point Slide #33 (Neglect)*

4. Neglect

Neglect is the failure of caregivers to fulfill their responsibilities to provide needed care.

There are three types of neglect; active, and passive, and self-neglect

Instructional Note: *Display Power Point Slide #34 (Active Neglect)*

a. Active Neglect

“Active” neglect refers to behavior that is willful (e.g. the caretaker intentionally withholds care or necessities) and may be motivated by financial gain.

Active neglect can be a crime under O.C.G.A. 16-5-101 Neglect By Caregiver

Instructional Note: *Display Power Point Slide #35 (Passive Neglect)*

b. Passive Neglect

“Passive” neglect refers to situations in which the caregiver is unable to fulfill his/her care giving responsibilities as a result of illness, disability, stress, ignorance, lack of maturity, or lack of resources. This type of neglect is usually not considered a crime.

Instructional Note: *Display Power Point Slide #36 (Self Neglect)*

c. Self-Neglect

Self-neglect refers to situations in which there is no suspect and the neglect is the result of the at-risk adult refusing care. Self-neglect is not a crime.

Instructional Note: *Display Power Point Slide #37 (Self Neglect Indicators)*

d. Physical Indicators and Signs of Neglect

- i. Poor personal hygiene including soiled clothing, dirty nails and skin, matted or lice infested hair, odors, and the presence of feces and/or urine
- ii. Unclothed, or improperly clothed for the weather
- iii. Bedsores
- iv. Dehydration
- v. Untreated medical conditions

Instructional Note: *Display Power Point Slide #38 (Self Neglect Indicators) (cont.)*

- vi. Absence of needed eyeglasses, dentures, hearing aids, walkers, wheelchairs, etc.
- vii. Absence of necessities (e.g. food, water, heat)
- viii. Unsafe living environment (e.g. faulty wiring, inadequate sanitation)

Instructional Note: *Display Power Point Slide #39 (Financial Abuse/Exploitation)*

5. Financial Abuse/Exploitation

Every year thousands of at-risk adults lose all or part of their life savings to financial exploitation. Many of these crimes occur within a family setting, often dismissed as a “civil matter. “At-risk adults are often convinced or coerced into signing blank checks, transferring titles to their homes and vehicles, or surrendering ownership of assets to others. Victims of financial exploitation are often reluctant to report or even cooperate in an investigation.

Instructional Note: *Display Power Point Slide #40 (Financial Abuse Indicators)*

A. Financial Abuse Indicators

- i. Victim report/outcry
- ii. Unemployed adults living at home
- iii. Sudden changes in banking habits
- iv. New power of attorney

Instructional Note: *Display Power Point Slide #41 (Financial Abuse Indicators) (cont.)*

- v. Changing in will, property titles or other legal documents
- vi. Unpaid bills
- vii. Eviction from facility

Each one of these “red flags” may be an indication of possible financial exploitation and should be investigated to determine whether or not financial exploitation is taking place. Although

these various conditions (unpaid bills, for example) may not always be financial exploitation or require an investigation, multiple occurrences should be reviewed.

Instructional Note: Display Power Point Slide #42 (Georgia Social Services Agencies)

C. Georgia Social Services Agencies

Several different Georgia social services agencies are responsible for investigating at-risk adult abuse cases. The primary state agencies are; the Georgia Department of Human Services/Division of Aging Services, the Georgia Department of Community Health/Healthcare Facility Regulation, Long-term Care Ombudsman Program, and the Georgia Department of Behavioral Health and Developmental Disabilities. Law enforcement agencies should coordinate with these state agencies to prevent duplication of effort and better serve the at-risk adult victim.

Instructional Note: Display Power Point Slide #43 (Adult Protective Services)

1. Adult Protective Services (APS)

Many of law enforcement officers are familiar with the Division of Family and Children Services (DFCS) and may have worked closely with DFCS when investigating child abuse cases. Some officers may recall that Adult Protective Services, herein referred to as APS, use to be part of DFCS. In 2004, APS was moved from DFCS to the Georgia Department of Human Services (DHS) Division of Aging Services (DAS). APS investigates all reports of abuse, neglect, and exploitation of disabled adults, age 18 to 64, and elder persons age 65 and over, who do not live in long-term care facilities (community living arrangements, personal care homes, intermediate care or skilled nursing facilities.)

Instructional Note: Display Power Point Slide #44 (Central Intake)

APS utilizes a Central Intake reporting system as the mechanism for APS reports. This is a gateway access to DAS/APS services and the point where all information is gathered to determine if criteria is met and will be accepted for investigation. Reports can be submitted by telephone 1-866-552-4464, fax 770-408-3001, or via the Internet at: <http://aging.dhs.georgia.gov/adult-protective-services>, click on report here. The case criteria for acceptance is the person must be a disabled adult 18 years or older or an elder person age 65 or older and can be identified by name, description, or location. There must also be harm or

the threat of harm to the at-risk adult either by the action or inaction of the at-risk adult or others.

Instructional Note: *Display Power Point Slide #45 (APS Investigations)*

Adult Protective Services does not conduct criminal investigations. Their primary mission is to put protective services into place if needed, while at the same time respecting the autonomy and self-determination of the at-risk adult. An at-risk adult has to consent to the assistance of adult protective services and has the right to refuse their services.

Instructional Note: *Display Power Point Slide #46 (Healthcare Facility Regulation)*

2. Healthcare Facility Regulation (HFR)

When abuse, neglect, or exploitation occurs in the home or community setting, APS is the agency that conducts the investigation. If these same types of cases are taking place in a facility setting, such as a hospital, nursing home, long-term care facility, personal care home or other such location, then the investigation would be conducted by the Georgia Department of Community Health Healthcare Facility Regulation (HFR). HFR was created in 2009 and was previously called the Office of Regulatory Services (ORS). Healthcare planning, as well as the licensing and certification of various healthcare facilities and businesses are the responsibility of HFR.

Instructional Note: *Display Power Point Slide #47 (Healthcare Facility Regulation) (cont.)*

HFR compiles facility compliance reports on how well each facility meets state rules/regulations and federal regulations. The surveys are prepared as result of on-site survey visits. HFR reports are available on-line at: <http://167.193.144.216>. When a facility is found to be in violation of rules or regulations they can “cite” the facility and impose large fines. These fines can range up to hundreds of thousands of dollars depending on the type of violation and the danger to a resident (i.e. water temperature maintained at a scalding level.) You can file a report of abuse, neglect, or exploitation that occurred in a facility to HFR on-line at: <https://services.georgia.gov/dhr/reportfiling>, or by calling 1-800-878-6447/fax 404-657-5731.

HFR does not conduct criminal investigations. The primary mission of HFR is to ensure licensed facilities are in compliance with federal and state regulations.

Instructional Note: Display Power Point Slide#48 (LTCO)

3. Long-Term Care Ombudsman Program (LTCO)

The Long-Term Care Ombudsman Program (LTCO) in Georgia was established under federal and state law (Older Americans Act and Georgia law). The Office of the State Long-Term Ombudsman operates as a separate office within the Georgia Department of Human Services Division of Aging Services (DAS). DAS contracts with Area Agencies on Aging (AAA) to provide ombudsman services throughout the state. Community ombudsman programs employ staff and utilize volunteers to serve residents.

Instructional Note: Display Power Point Slide#49 (LTCO) (cont.)

The LTCO Program seeks to improve the quality of life for residents of long-term care facilities. Facilities include nursing homes and personal care homes as well as residents who live in community living arrangements and intermediate care facilities for persons with mental retardation. A LTCO is a resident advocate. The LTCO articulates the expressed wishes of the resident and works to resolve complaints to the satisfaction of the resident. LTCO investigate complaints, identify problem areas, provide information about long-term care, and promote resident, family and community involvement in long-term care. LTCO educate facilities staff about the needs and rights of long-term care residents. In addition LTCO conduct routine visits to facilities to talk with the residents and monitor conditions.

LTCO do not conduct criminal investigations. The primary mission of a LTCO is to help ensure the quality of life and well-being of a resident of a long-term care facility. LTCO are not mandated reporters.

LTCO is a separate office within the GA Department of Human Services Division of Aging Services (DAS). DAS contracts with regional Area Agencies on Aging (AAA) to provide LTCO services.

Instructional Note: Display Power Point Slide #50 (DBHDD)

4. Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD)

The Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD) is the state agency that focuses solely on policies, programs, and services for people with mental illness, substance use disorders, and developmental disabilities. Created by the Governor and the General Assembly in 2009, DBHDD operates seven regional state hospitals and provides and oversees community-based services across the state.

DBHDD is responsible for policies, programs, and services for people with: Severe and persistent mental illness, developmental and intellectual disabilities, substance use disorders, or a combination of any of these.

Instructional Note: Display Power Point Slide #51 (DBHDD) (cont.)

DBHDD has investigators that respond to complaints, i.e., death-unexpected, suicide, individual abuse-physical, neglect, sexual abuse, individual to individual sexual assault, and exploitation-staff to individual. As with APS, HFR, and LTCO investigations, DBHDD investigations are not criminal investigations.

DBHDD does not conduct criminal investigations. The primary mission of a DBHDD is to ensure a provider is following policies and regulations.

The Georgia social services agencies (APS, HFR, LTCO, and DBHDD) that investigate abuse, neglect, and exploitation of at-risk adults are not first responders, e.g. APS has ten days to respond, and do not conduct criminal investigations (even though many of their cases may uncover criminal activity). This delay in responding could lead to the loss of evidence as well as compromise the ability to prosecute the case. As mandated reporters (with the exception of LTCO) these social service agencies are required to report suspected crimes discovered during their investigations to law enforcement. Evidence uncovered during an APS, HFR, LTCO, or DBHDD investigation may be used by law enforcement and prosecutors in a criminal investigation/trial. This is one of the reasons why using a multidisciplinary approach to the investigation of at-risk adult crimes is so important.

Instructional Note: Break class for ten minutes

Instructional Note: Display Power Point Slide #52

D. Response by 9-1-1

The initial response to abuse, neglect, and exploitation cases involving at-risk adults by 911 operators can be difficult because of family dynamics, victims being reluctant to prosecute, mental capacity, and many other issues. In many ways these types of cases can be similar to a domestic violence or child abuse case.

Instructional Note: *Display Power Point Slide #53 (Initial Report – 9-1-1 Call)*

1. Call into 9-1-1

Abuse, neglect, and exploitation of at-risk adult crimes can be discovered and called into 9-1-1 for many different reasons:

- i. Report of abuse**
- ii. Request for a welfare check at the location**
- iii. Uncovered while investigating another crime/report**
- iv. Responding to a referral from a social service agency (e.g. Adult Protective Services, Healthcare Facility regulation)**

When responding to any crime scene always remember personal safety. At-risk adults may be violent, or living with violent people. There may be vicious animals or weapons at the location. The residence may be unsafe or hazardous. Switchboard operators should always ask the caller; Who is the caretaker? This information may be useful later for law enforcement and prosecutors.

Instructional Note: *Display Power Point Slide #54 (Initial On Scene Considerations)*

2. Initial on scene considerations for law enforcement/EMS

9-1-1 personnel knowing what a law enforcement officer/EMT may encounter once arriving on scene can be important and help with planning a proper response. After arriving on scene the following should be considered:

- i. Injuries/EMS**

The safety and well-being of all parties is a top priority. First aid should be administered and request EMS if needed.

ii. Prior calls to the location

The prior call history can help give the responding officer valuable intelligence, e.g. domestic violence calls, suspect names, and if weapons were involved.

iii. Emotional/physical state of the victim

The condition of the victim emotional/physical as well as the location can be important.

iv. Excited utterances of victim/suspect

Unsolicited statements could be important as evidence.

Instructional Note: *Display Power Point Slide #55 (Assumptions & Misinformation)*

3. Assumptions and misinformation

Be aware of and avoid assumptions when you receive a call involving an at-risk adult.

i. He/she has dementia

What does the word dementia mean to you? Dementia can be temporary (e.g. caused by dehydration, illness) or permanent (e.g. Alzheimer's disease). Do not assume that the victim is lying or unreliable.

Instructional Note: *Display Power Point Slide #56 (Alzheimer's disease)*

4. Interviewing a victim

Interviewing a victim is one of the most important parts of responding to an at-risk adult crime. When at-risk adults are victims of a crime, they may suffer greater physical, mental, and financial injuries than other types of victims. For an elderly victim the physiological process of aging brings a decreased ability (both physically and mentally) to heal after trauma. If the crime is financial, the loss can have a devastating impact on the victim.

Instructional Note: Display Power Point Slide #57 (Interviewing a Victim)

i. Tips for interviewing an at-risk adult victim

These are general guidance tips for conducting on scene interviews with at-risk adult victims. While most 9-1-1 personnel interviews are over the telephone some of these same issues may apply.

Instructional Note: Display Power Point Slide #58 (Tips for Interviewing)

- aa.** May need glasses/hearing aids
- bb.** Oxygen/medication
- cc.** Determine the best time
(A victim suffering from Alzheimer's disease may not do well late in the afternoon, schedule a morning interview)

Instructional Note: Display Power Point Slide #59 (Tips for Interviewing) (cont.)

- dd.** May need a translator if non English speaker
- ee.** Give victim time to hear and understand your words
- ff.** Repeat key words/phrases
- gg.** Be patient/avoid unnecessary pressure

Instructional Note: Display Power Point Slide #60 (Cognitive Limitations)

ii. Cognitive limitations

A victim may be suffering from Alzheimer's disease, dementia, a developmental disability or some other type of impairment. It is important to remember that not all confusion exhibited by a victim is caused by dementia.

Temporary dementia may be caused by; trauma, lack of food, water, sleep, medications (too much, not enough), infection, running a fever. Once the condition passes, cognitive skills usually improve.

Instructional Note: Display Power Point Slide #61 (Cognitive Limitations) (cont.)

- aa.** Do not discount the alleged abuse because the victim has made statements that seem untrue or the result of delusions
- bb.** Ask about food, sleep, medicine (routinely and especially if the victim seems confused)
- cc.** Ask the at-risk adult if he/she can draw or show what happened

Instructional Note: Display Power Point Slide #62 (Cognitive Limitations) (cont.)

- dd.** Listen patiently and redirect as needed if the at-risk adult digresses
- ee.** Use memory clues such as “What were you doing before this happened?”
- ff.** Read written materials to the individual

Instructional Note: Display Power Point Slide #63 (Cognitive Limitations) (cont.)

- gg.** Use an interpreter if needed (avoid using family members if possible)
- hh.** Ask short questions
- ii.** Keep trying until you figure out what works best

III. Conclusion (5 minutes)

Instructional Note: Display PowerPoint Slide#64 (Enabling Objectives)

A. Summary

During this block of instruction, we have described what an at-risk adult is. Next, we defined abuse, neglect, and exploitation in accordance with Georgia law. Third, we described the different types of abuse. Fourth, we identified the Georgia social service agencies that investigate abuse, neglect, or exploitation. Finally, we discussed tips for interviewing at-risk adult victims.

B. Final Questions

Instructional Note: Display Power Point Slide #65 (Questions)

Instructional Note: Ask if there are any final questions

C. Closing Statements

In closing, we know that the abuse, neglect, and exploitation of at-risk adults can have a devastating impact on the lives of good people. With the information you have received today, you are now better equipped to recognize what is an at-risk adult, identify the indicators of abuse, neglect, and exploitation, what role state agencies such as APS, HFR, LTCO, and DBHDD play, and the basics on how to respond properly to a call of an at-risk adult crime.

Instructional Note: Display Power Point Slide #66 (Resources)

Instructional Note: Display Power Point Slide #67 (Resources) (cont.)