

Elder Abuse — Guidelines For Professional Assessment And Reporting

- Identification
 - Assessment
 - Reporting
 - Prevention
 - Resources



UPDATED
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*For age is opportunity no less
than youth itself, though in
another dress.
And as the evening twilight
fades away
The sky is filled with stars,
invisible by day.*

-Henry Wadsworth Longfellow

Elder Abuse: Guidelines for Professional Assessment and Reporting

Prepared by the Elder Abuse Task Force of Santa Clara County, California.

First printing 1987; updated and reprinted 1993, 2000, 2008 and 2018.

The information contained in this manual is current as of January 2018 and is of a general educational nature. This manual is not intended to replace the user's own reading and command of the elder abuse reporting law contained in Welfare and Institutions Code sections 15600 and following sections, nor to replace the advice of an attorney where appropriate.

This manual was adapted in part from pamphlets by the San Francisco Elder Abuse Prevention Task Force and the Monterey County Departments of Health and Social Services.

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Introduction: Why This Information Is Important

The presence of confused, frail, emotionally or physically impaired older adults in the home and community is often a major source of strain to a caregiving family, facility or to friends. The strain may manifest itself in abuse of older adults—you can intervene and prevent this from occurring.

Elder abuse may be physical (including sexual), financial, neglect, abandonment, isolation, abduction, or mental suffering.

The current mandatory reporting law in California **requires** that abuse of older and dependent adults be reported and provides criminal and/or civil sanctions for failure to report such abuse (Welfare and Institutions Code sections 16500 and the following sections).

The reporting requirement applies to nearly all professionals who work with older or dependent adults.

It is important to you and the community that you be able to identify the various types of abuse. You will need to assess and document the situation carefully, intervene appropriately and know when and how to report the abuse. It is helpful to know of other community agencies to contact for assistance with the abuse situation when needed. This manual will assist with each of these areas.

How To Use This Manual

This manual was developed to provide direction and guidelines to professionals and other service providers regarding elder abuse and the mandatory reporting laws.

Those subject to the current mandatory reporting laws and those service providers dealing with older adults in nearly every professional capacity: physicians, nurses, care managers, administrators, and employees at residential care homes and skilled nursing facilities, psychologists, social workers, clergy, financial institutions, law enforcement and ombudsmen, among others. Please refer to the section, “Who Must Report” on [page 3](#) for a more extensive listing.

These guidelines are designed not only to be step-by-step procedures for each case, but also to offer general direction and approaches to responding to elder abuse cases. You as the service provider will need to assess each case individually and determine the most effective approach for intervening and reporting, depending on the circumstances and level of independence of the older adult. Keep in mind that the older adult’s right to self-determination allows him/her to have the final decision regarding acceptance of the services offered after the mandatory report is made.

With increased awareness and education, we can improve recognition of elder abuse, improve service delivery, prevent abuse, and work more effectively with existing reported cases.

Elder Abuse Task Force of Santa Clara County: *Elder Abuse -- Guidelines for Professional Assessment and Reporting (2008, Updated 2018).*

Elder Abuse Task Force of Santa Clara County

The Elder Abuse Task Force of Santa Clara was formed in 1981. Composed of professionals representing agencies serving older adults, this group is committed to the education, advocacy and prevention of elder abuse.

Through its major advocacy efforts, the Elder Abuse Task Force has worked to establish mandatory reporting legislation and maintain county protective services. The Elder Abuse Task Force has focused on professional education and community awareness of elder abuse. The group has hosted and participated in training conferences featuring national experts on this issue. The Elder Abuse Task Force's training manual, "Elder Abuse—Guidelines for Professional Assessment and Reporting", and video, "The Silent Cry: Elder Abuse Assessment and Reporting," have been distributed throughout the United States.

The Elder Abuse Task Force continues to meet on a monthly basis, working toward the prevention of elder abuse. All interested persons are welcome to join in these efforts.

For more information, please contact the Elder Abuse Task Force at:
ElderAbuseTaskForce@hotmail.com.

Elder Abuse Task Force of Santa Clara County: *Elder Abuse -- Guidelines for Professional Assessment and Reporting (2008, Updated 2018).*

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What is Abuse?

What the Abuse Reporting Law Requires

The Welfare and Institutions Code section 15600 and the following sections provide for mandatory reporting of abuse of older adults age 65 and over and of dependent adults* ages 18-64, by specified service providers, including most professionals who work with older and dependent adults. See sections “Who Must Report” on [page 3](#), and “Definitions of Abuse” on [page 4](#).

Any mandated reporter, in his/her professional capacity, who:

- **Has observed or has knowledge of** an incident that reasonably appears to be abuse, or
- **Is told by the older or dependent adult that** he/she has been abused, or
- **Reasonably suspects** abuse

must report the known or suspected abuse by telephone immediately, and by **written report within two working days** as described below. Long-term care facility timelines are shorter and reporting may be required to licensing agencies. See [page 15](#) and Resources [page 22](#).

If the known or suspected abuse is alleged to have occurred in a **long term care facility** such as a skilled nursing facility or a residential care facility, the abuse must be reported to the **Long Term Care Ombudsman Program** or the police. If the abuse occurred **anywhere else**, the report must be made to **Adult Protective Services** or the police. Please see section “How to Report Abuse” on [page 14](#) for a detailed chart showing what, when and how to report abuse.

Any person reporting abuse under this law is **immune** from civil or criminal liability, unless that person acted in bad faith or with malicious purpose.

However, failure to report *physical* abuse of an older or dependent adult is a *misdemeanor* punishable by not more than six months in county jail or by a fine of not more than \$1000, or both. Willful failure to report serious abuse, where the abuse results in death or great bodily injury, may be punished by up to one year in county jail, or a fine of up to \$5,000, or both.

Officers and employees of financial institutions who fail to report abuse are subject to a civil penalty not exceeding \$1,000 and for willfully failing to report are subject to a civil penalty not exceeding \$5,000, to be paid by the financial institution that employs the mandated reporter.

Reporting has four purposes: (1) to stop abuse, (2) to provide needed services, (3) to compile needed data on the nature and extent of abuse in order to plan for better services, and (4) to address prevention of abuse within our community.

***DEPENDENT ADULT:** The law defines a “dependent adult” as someone ages 18 to 64 who has physical or mental limitations which restrict his/her ability to carry out normal activities or to protect his/her rights, including those whose abilities have diminished with age, and those admitted as in-patients in a 24-hour health facility such as an acute care hospital.

The current abuse reporting law applies to both older and dependent adults. This manual is oriented toward elder abuse and the term “older adult” will be used to refer to elders. Keep in mind this information applies equally to dependent adults ages 18 to 64.

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Who Must Report?

Most persons providing a service to an older adult (anyone age 65 or over) or to a dependent adult (age 18-64) must report known or suspected abuse. This includes paid and non-paid staff and volunteers of these organizations.

Persons not required to report abuse **may** report any type of abuse or neglect, of which they are aware or reasonably suspect.

The following is a **summary** of those people who **must** report elder abuse as required by Welfare and Institutions Code sections 15600-15655.5. Be sure to check the code specifically for a more complete list of who must report abuse.

Care Custodians: These include administrators and employees of the following facilities when providing care to older or dependent adults—community care, residential care and skilled nursing facilities, clinics, home health agencies, adult day health centers, ombudsmen, public guardians, welfare departments, certain secondary and post secondary educational institutions, sheltered workshops, camps, respite care facilities, foster homes, DSS and DHS licensing, patients' rights advocates, humane societies and animal control, fire departments, offices of environmental health and building code enforcement, and others including public assistance agencies providing health or social services to older or dependent adults. This includes all persons who have assumed full or part-time care of the older or dependent adult, whether or not the care provider receives compensation for the care.

Clergy Members: This includes priests, ministers, rabbis, religious practitioners, or similar functionaries of a church, synagogue, temple, mosque, or recognized religious denomination or organization.

Health Practitioners: These include physicians and surgeons, psychiatrists, psychologists, residents, interns, paramedics, dentists, licensed nurses, optometrists, podiatrists, dental hygienists, licensed clinical social workers; marriage, family and child counselors or trainees or interns; psychological assistants, emergency medical technicians I or II, chiropractors, therapists (R.P.T., O.T., S.T.), counselors, social workers, coroners, and public health or social service employees who treat older or dependent adults.

Adult Protective Services Agency Staff: This includes all county welfare department staff, and others (such as support staff and maintenance staff) who do not work directly with older or dependent adults.

Law Enforcement Agencies: These include police, sheriff, and probation departments, as well as the Office of the District Attorney.

In addition, the following professionals **must** report suspected **financial** abuse:

Officers and Employees of Financial Institutions: This includes officers and employees of depository institutions, institution-affiliated parties, federal or state credit unions (including institution-affiliated parties of credit unions), who have direct contact with the older or dependent adult or who review or approve the person's financial documents, records or transactions in connection with providing financial services.

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What is Abuse? (continued)

Definitions of Abuse

The mandatory abuse reporting law, Welfare and Institutions Code section 15600 and the following sections, defines abuse and related concepts as follows:

ABUSE of an older or dependent adult means physical abuse (including sexual), financial abuse, neglect, abandonment, isolation, abduction, treatment that causes physical harm or pain or mental suffering, and withholding of goods or services by a care custodian.

PHYSICAL abuse means assault, battery, unreasonable physical or chemical constraint, prolonged or continual deprivation of food or water, and sexual assault.

FINANCIAL abuse means a situation in which any person takes, keeps or misappropriates the money, assets, real or personal property of an older or dependent adult, or assists in doing these things, fraudulently.

NEGLECT (including **SELF-NEGLECT**) means the negligent failure of a caretaker or custodian, or the older or dependent adult him/herself, to exercise the degree of care a reasonable person would have exercised in the same situation. Neglect includes failure to assist in personal hygiene, or in the provision of food, clothing or shelter; failure to provide for medical care for physical and mental health; failure to protect from health and safety hazards; and failure to prevent malnutrition.

ABANDONMENT means the desertion or willful forsaking of an older or dependent adult by anyone having care or custody of that person under circumstances in which a reasonable person would continue to provide care and custody.

ISOLATION means acts that intentionally prevent an older or dependent adult from receiving his/her mail, phone calls or visitors, or false imprisonment.

ABDUCTION means taking an older or dependent adult from this state or preventing him/her from returning to the state, if the older or dependent adult does not have capacity to consent.

TREATMENT RESULTING IN PHYSICAL HARM OR PAIN OR MENTAL SUFFERING. Mental suffering means fear, agitation, confusion, severe depression, or other forms of serious emotional distress caused by threats, harassment, or intimidation.

WITHHOLDING BY A CARE CUSTODIAN OF GOODS AND SERVICES necessary to avoid physical harm or mental suffering. These goods and services include provision of medical care for physical and mental health needs; assistance in personal hygiene; adequate clothing; adequately heated and ventilated shelter; protection from health and safety hazards; protection from malnutrition; and transportation and assistance to meet these needs.

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What is Abuse? (continued)

Types of Abuse

Below is an overview of the various types of abuse.

To further determine whether certain types of abuse are occurring, please see the section “Indicators for Determining Abuse” on [page 8](#).

PHYSICAL ABUSE

- Direct physical harm (including shoving, pushing, hitting, shaking and hair-pulling)
- Lack of medical care or over-medication
- Sexual exploitation
- Unreasonable physical or chemical constraint
- Prolonged deprivation of food or water

FINANCIAL ABUSE

- Theft (including identity theft)
- Misuse of funds, assets or property
- Extortion
- Duress
- Fraud (including mortgage or real estate fraud)
- Undue influence
- Forgery

NEGLECT (DENIAL OF BASIC NEEDS) & SELF-NEGLECT

- Failure to provide food
- Failure to provide clothing
- Failure to provide shelter
- Failure to provide for health and safety
- Failure to provide for medical care
- Failure to assist in personal hygiene
- Failure to prevent malnutrition or dehydration

ABANDONMENT (by anyone having care or custody)

- Desertion where a reasonable person would not desert
- Willful forsaking (leaving) where a reasonable person would not forsake the older adult

ISOLATION

- Acts which prevent receiving mail
- Acts which prevent receiving phone calls
- Acts which prevent receiving visitors
- False imprisonment

ABDUCTION

- Removal from the state, if no capacity to consent
- Preventing from returning to the state, if no capacity to consent

OTHER TREATMENT RESULTING IN PHYSICAL HARM OR PAIN OR MENTAL SUFFERING

- Threats
- Harassment
- Intimidation
- Creating fear, agitation, confusion, severe depression or other serious emotional distress

WITHHOLDING BY A CARE CUSTODIAN OF GOODS AND SERVICES NECESSARY TO AVOID PHYSICAL HARM OR MENTAL SUFFERING

- Deprivation of the following goods and services:
 - Provision of medical care for physical and mental health needs
 - Assistance in personal hygiene
 - Adequate clothing
 - Adequately heated or ventilated shelter
 - Protection from health and safety hazards
 - Protection from malnutrition
 - Transportation and assistance to meet these needs

What is Abuse? (continued)

Common Causes of Elder Abuse

Elder abuse has increasingly become understood as a significant problem in our society. There are several beliefs as to why older adults may be abused. Abuse and/or neglect may be intentional, or may be due to the caretaker's lack of knowledge or capacity to care for the older adult. Abuse can also be reflective of a stressed family or longstanding difficult parent-child relationship. It can be found in the home setting, in residential or skilled nursing facilities or in other areas of the community. Abusers may be family members, caretakers, employees or strangers.

Often, abuse may continue if the person assessing the situation fails to consider it a possibility or omits it as a part of the assessment. Socialized thinking, fear and shame may serve as barriers to discovering abusive situations.

RELATIONSHIP DIFFICULTIES:

- Older adults, who have severe mental or physical impairments, are more likely to be abused. With increased dependency, they are more vulnerable to abuse and neglect.
- Violence may have been learned as an acceptable reaction to stress in the family. The abused child can become an elder abuser.
- The older adult may have been abused most of his/her life by a spouse or others.
- The adult child may have unrealistic expectations of the parent.
- Adult children with mental health and/or substance abuse issues may pose a risk to parents, grandparents, and other family members.

SITUATIONAL PROBLEMS:

- The individual abuser (in a caretaker role) may be overwhelmed by his/her own emotional / physical problems. For example:
 - Psychiatric disability
 - Drug abuse
 - Alcohol abuse
 - Mental retardation
- The abuser may respond to external stresses, such as divorce, loss of job, trouble with the law, changes in residence, or financial difficulty.
- Extensive need for care and no respite for caretaker.

CRIME:

- The abuser preys on vulnerable older adults, often for financial gain.
- The abuser develops a sense of entitlement to the older adult's assets.

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What is Abuse? (continued)

Characteristics of the Abused and Abusers*

Higher Risk Factors for Victims of Abuse:

Frequently female

Often over age 75

Often live with the abuser

Internalize blame—believe they “caused” assaults

Passive—rarely take action on his/her own behalf

Socially isolated

Loyal—may defend the abuser

Dependent

Frail

Characteristics of Abusers:

Most often a relative

Most often live with abused person

May be abusing drugs or alcohol

Externalize blame—others are to blame for their problems

Confused roles—expect older parent to meet a wide range of their needs

Displace anger—often shift anger meant for an authority figure to a family member

Poor impulse control—subject to outbursts

Lack empathy—violent background

Lack resources to live elsewhere

Not a voluntary caretaker

* Fulmet T., R.N., Ph.D.; Street, S., R.N.,; Carr, K. R.N. “Abuse of the Elderly: Screening and Detection,” *Journal of Emergency Nursing*— June 1984, Vol. 10 #3, pp. 131-133.

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Indicators of Possible Abuse

The following indicators are warning signs to alert you to the possibility of abuse, although some indicators may be present without the existence of abuse. These indicators may exist alone or in combination, and may escalate in frequency or severity and from one form to another. Further assessment and documentation is necessary to determine whether there is actual abuse by the agency that receives your suspected abuse report. See the section, “Guidelines for Assessment and Documentation” on [page 12](#).

1. Quality of Involvement of Family or Other Responsible Persons
2. Physical Abuse
3. Financial Abuse
4. Neglect/Self-Neglect Indicators/Withholding of Goods and Services
5. Abandonment
6. Isolation
7. Abduction
8. Mental Suffering

1. Quality of Involvement of Family or Other Responsible Persons

There are many behavioral responses that the caretaker, family member, or other responsible persons may exhibit. These responses may give you significant information as to the possibility of abuse.

- The older adult may not be given the opportunity to speak for him or herself, or to see others without the presence of the caregiver (who may be the suspected abuser).
- Caregiver may appear under stress; may look pressured; show frustration, anger, or sadness.
- The family member or caregiver “blames” the older adult (for example, accusation that incontinence is a deliberate act).
- There is a problem with alcohol, drugs, or medications.
- Flirtation, coyness, etc., indicate the possibility of an inappropriate sexual relationship.
- There is aggressive behavior (threats, insults, harassment, or threatening gestures).
- There is previous history of abuse to others (for example, children, spouse).

- Caregiver was abused as a child, or accepts violence as a way of life.
- Caregiver exhibits tendency toward unpredictable behavior.
- Older adult relies on unrealistic, unenforceable promises by caregiver.
- There is social isolation of family, or isolation or restriction of activity of the older adult within the family unit (for example, denying the need for social interaction).
- Lack of close family ties is evident.
- Security or affection is withheld or nonexistent.
- There may be an obvious absence of assistance, questionable attitude, indifference, or anger towards the older or dependent adult.
- The caregiver appears unable to understand care needs or shows poor judgment.
- There are conflicting accounts of incidents by the family, neighbors, or person interviewed.
- There is an unwillingness or reluctance to comply with service providers in planning for care and its implementation.
- Intentional isolation by caregiver of older adult to gain control of finances (see “Isolation” on [page 11](#)).

Indicators of Possible Abuse (continued)

2. Physical Abuse

The following indicators do not signify physical abuse or neglect per se. They can be clues, however, and thus helpful in assessing the client's situation. The complex physical assessment of abuse should be done by a physician or other trained professional.

- Any injury incompatible with explanation
- Injury that is not being cared for properly
- Cuts, pinch marks, scratches, lacerations, or puncture marks
- Bruises, welts or discolorations:
 - Bilaterally on upper arms
 - Clustered on trunk, but may be evident over any area of body
 - Presence of old and new bruises at the same time
 - Injury reflects shape of article used to inflict injury (electric cord, belt buckle)
 - Injuries are sometimes hidden under the breast or on other areas of the body normally covered by clothing
- Dehydration and/or malnourishment without illness-related cause
- Loss of weight
- Pallor
- Sunken eyes, cheeks
- Evidence of inadequate or inappropriate administration of medication
- Eye injury
- Torn, stained, bloody underclothing
- Bruises, swelling or bleeding in external genitalia, vaginal or anal areas

- Poor skin hygiene
- Absence of hair and/or hemorrhaging beneath the scalp
- Soiled clothing or bed
- Burns which may be caused by cigarettes, caustics, acids, friction from ropes or chains, or contact with other objects
- Signs of confinement (tied to furniture, bathroom fixtures, locked in room)
- Lack of bandages on injuries or stitches when indicated, or evidence of unset bones

Repeated skin or other bodily injuries should be fully described and careful attention paid to their location and treatment; frequent use of the emergency room and/or hospital or health care "shopping" may also indicate physical abuse. The lack of necessary appliances such as walkers, canes, bedside commodes; or lack of necessities such as heat, food, water; and unsafe conditions in the home (no railings on stairs, etc.) may indicate abuse or neglect. Abuse may also occur if the older adult's level of care is beyond the capacity of the caregiver or inadequate supervision is given.

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Indicators of Possible Abuse (continued)

3. Financial Abuse

This list is not intended to be exhaustive, but is intended to indicate possible abuse. Great care must be taken before making accusations.

- Unusual activity in bank accounts
- Activity in bank accounts that is inappropriate to the older adult; for example, withdrawals from automated banking machines when he/she cannot walk or get to the bank
- Power of attorney or deeds to real property obtained when the older adult is unable to comprehend the financial situation and/or to give a valid power of attorney or deed
- Unusual interest in the amount of money being spent for care of the older adult, or concern that too much money is being spent
- Refusal to spend older adult's money on his or her care.
- Numerous unpaid bills, such as overdue rent, when someone is supposed to be paying the bills
- Recent acquaintances expressing affection for a wealthy older adult with assets
- Recent change of title to house or loan to benefit a "friend" when the older adult is incapable of understanding the nature of the transaction and may not even realize the transfer took place
- Caregiver asking only about financial matters of the social worker investigating the situation, not matters related to care
- Caregiver with no obvious means of support
- New or recent will or trust has been drawn:
 - If the person is clearly incapable of making a will or trust, or the older adult does not fully realize there are changes in beneficiaries or fiduciaries; or
 - If someone is urging the older adult to make a new will or trust and the older adult does not clearly indicate she/he wants one
- Living arrangements not commensurate with what the older adult can afford
- Lack of clearly affordable amenities and necessities
- Missing personal belongings such as art, silverware, or jewelry
- Willing or deeding of property/bank accounts to caregiver in exchange for promises of lifelong care
- Signature on checks and other financial documents that do not resemble older adult's signature or older adult is unable to write
- Refusal by a person in control of assets to be accountable
- Confusion or lack of understanding by older adult regarding financial affairs
- Caregiver isolates older adult to gain total control of the finances

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Indicators of Possible Abuse (continued)

4. Neglect/Self-Neglect/Withholding of Goods and Services

- Failure to assist in personal hygiene
- Failure to provide food, clothing or shelter
- Failure to provide medical care for physical and mental health
- Failure to prevent malnutrition and dehydration
- Restricted access for personal hygiene, including bladder/bowel routine
- Failure to protect from unsafe wandering
- Self-neglect includes failure by older adult to provide for any of the above needs or services for him/herself

5. Isolation

- Caregiver tries to isolate and alienate older adult from old friends and family, possibly by telling older adult no one wants to see him/her
- Visitors, phone calls, access to phone or receipt of mail prevented
- Sensory deprivation including withholding of necessary items (hearing aid, dentures, eyeglasses, walker, cane, wheelchair or prosthesis)
- Older adult is locked in room, car or home

6. Abandonment

- Older adult is left unattended in a public setting
- Caregiver moves away without making arrangements for care
- Older adult is locked out of home

7. Abduction

- Older adult is moved from state without ability to consent to move
- Older adult is prevented from returning to this state

8. Mental Suffering

- Caregiver treatment/actions:
 - Threats
 - Harassment
 - Intimidation
 - Any intimidating behavior causing mental suffering
 - Coercion has been used to force older adult into skilled nursing facility or other care facility
- Older adult behavior:
 - Fear
 - Agitation
 - Confusion
 - Ambivalence
 - Deference, passivity
 - Fear of caregiver or health care provider
 - Fearfulness expressed in eyes; may look away from caregiver or health care provider
 - Withdrawal
 - Depression
 - Helplessness, hopelessness, resignation

The older adult may exhibit these behaviors, but by themselves they do not indicate psychological abuse or neglect. If these behaviors are present, you need to also consider the items listed under “Quality of Involvement of Family and Other Responsible Persons as an Indicator” and evaluate further for abuse. If no indication of abuse, make a referral for evaluation of health status including mental health, if appropriate.

Guidelines for Assessment and Documentation

Mandated Reporters shall report suspected abuse **as soon as possible**. These guidelines are helpful for those reporting suspected abuse, because it is important to obtain the most reliable and useful information for reporting and for later use in determining effective intervention and providing necessary services. However, do not delay your report to gather this information.

In addition, Adult Protective Services, Long-term Care Ombudsman, and law enforcement have the responsibility to investigate and assess suspected abuse that has been reported. If your job responsibilities include investigation and assessment, the following guidelines should be used to assess and document the suspected abuse.

Procedure To Use When Abuse Is Suspected

1. Interview the suspected victim privately, in a confidential setting away from the suspected abusers.
2. Carefully document all available information pertaining to suspected abuse. See previous section on “Indicators for Determining Abuse” on [page 8](#) and next section on “What Should Be Assessed and Documented” on [page 13](#).

Try to document as many indicators and conditions as possible.

If physical abuse is suspected, ask victim’s permission for you and another professional to verify the location of the injury. Photograph the injury if possible. Otherwise, draw a diagram of victim’s body and specify the exact location and characteristics of the injury. Describe with as much detail as possible. Date diagram and write name of victim on it. Sign diagram, and name other professionals who identified the injury.

3. Carefully gather any easily available information from other involved persons. Determine what has been done in the past to resolve problems.

4. It is not advisable or necessary to interview suspected abusers. This can be done later by trained persons. Approach any suspected abusers with caution.
5. **BY LAW, YOU MUST REPORT ALL KNOWN OR SUSPECTED ABUSE WHICH OCCURRED IN LONG TERM CARE FACILITIES (including skilled nursing and residential care facilities) TO THE LONG TERM CARE OMBUDSMAN PROGRAM. YOU MUST REPORT ALL OTHER ABUSE TO ADULT PROTECTIVE SERVICES (APS).**

(See section “How To Report Abuse” on [page 14](#).)

6. Discuss with your supervisor or call Adult Protective Services at (800) 414-2002 to determine what other steps may be appropriate to take. Refer to section “Community Resources Available” on [page 21](#).

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Guidelines for Assessment and Documentation (continued)

What Should Be Assessed and Documented

In your assessment of the suspected abuse, assess the following conditions. These factors will assist with appropriate intervention.

• Degree of Urgency

- Is this an emergency?
 - Definition: Needs immediate response from Adult Protective Services or police. There is a life-threatening situation or a high level of risk to personal health or safety.
 - **Call 9-1-1**
- Is this a non-emergency situation?
 - Definition: Potential abuse which needs further follow-up, investigation and evaluation by Adult Protective Services or the Long Term Care Ombudsman.
 - **Call Adult Protective Services (800-414-2002) or the Long Term Care Ombudsman (800-231-4024)**

• Physical Abuse

- Describe any abuse in detail and with diagrams. (Refer to “Physical Abuse Indicators” on [page 9](#).)

• Financial Abuse

- How much income does the older adult have? Is he/she concerned or confused about his/her finances?
- Has the older adult given power of attorney to anyone? Is he/she under a conservatorship?
- Is the older adult being pressured to make/change a will/trust?

• Intervention Issues

- What does the older adult want?
- How does he/she view the abuse situation and offer of help?
- Does the older adult and/or suspected abuser know that a referral and report is being made?

• Mental Status

- Is the older adult alert and oriented to time, place, person, and surroundings?
- Does he/she recognize and identify caregiver(s)?
- Is there any evidence of delusional patterns, suspiciousness, or impaired judgment?
- Does he/she have difficulty hearing or seeing you?
- Does he/she normally exercise good judgment? Can he/she follow your instructions?

• Level of Functioning

- What is the older adult’s mobility and ability to perform activities of daily living, for example, cooking meals, bathing, dressing, paying bills, maintaining his/her home and property?
- How dependent is he/she on his/her caretaker?

• Living Situation

- Who are family members and caregivers? Where do they live? Obtain addresses and phone numbers.
- How often does the older adult see the caregiver?
- Does he/she live with the caregiver? Alone? With others? How is access to his/her home obtained?

• Support Services

- Does the older adult have friends or others who might be available for assistance and support? Obtain names and phone numbers.
- Obtain the name of his/her primary health care facility and medical doctor.
- What other agencies/services are working with this older adult and/or family? Obtain the names of agencies and contact persons.

• Rights Violations

- Has the older adult compromised valuable rights or transferred property? (Refer to “Financial Abuse Indicators” on [page 10](#).)

How To Report Abuse

Mandated reporters of elder and dependent adult abuse are required by law to report **known** or **suspected** abuse by **immediately telephoning** the appropriate agency. Also, a **written report** must be filed within 2 working days. See “How to File the Abuse Report Form” on [page 16](#).

Note: Long-term care facility timelines are shorter, and reporting may be required to licensing agencies. See [page 15](#) and “Resources” - [page 21](#) and [page 22](#).

WHAT MUST BE REPORTED	WHERE TO CALL	
(See “Definitions of Abuse” and “Types of Abuse” on page 4 and page 5 .)	<p>Suspected abuse occurred In the Community:* All persons 65 and over, and all dependent adults 18-64</p>	<p>Suspected abuse occurred In a Long Term Care Home or Facility:* All persons 65 or over, and all dependent adults 18 to 64</p>
<p>Physical Abuse, including Assault Battery Sexual abuse Deprivation of food or water Unreasonable physical or chemical restraint</p> <p>Financial Abuse Neglect (including Self-Neglect) Abandonment Abduction Isolation Other actions that result in physical harm, pain, or mental suffering Deprivation of goods or services by a care custodian</p>	<p>Adult Protective Services</p> <p>(408) 975-4900 (800) 414-2002 (24-hour) -or- Local Police (where abuse occurred)</p> <p>*In the Community includes, but is not limited to: -Private homes -Unlicensed boarding homes -Banks & other financial institutions -Independent living in Continuing Care Retirement Community (CCRC) -In-patient in 24-hour health facility such as acute care hospital -Any other community setting</p>	<p>Long Term Care Ombudsman</p> <p>(408) 944-0567 (800) 231-4024 (24-hour) -or- Local Police (for Licensing Agencies see page 22)</p> <p>* Long Term Care Homes and Facilities include, but not limited to: SNF— Skilled Nursing Facility RCFE— Residential Care Facility for the Elderly RCH — Residential Care Home ARF — Adult Residential Facility Adult Day Care</p> <p style="text-align: center;">* * *</p> <p>(For suspected abuse in a State Mental Hospital or Developmental Center, call the State Department of Mental Health or State Department of Developmental Services, or the Local Police.)</p>

Elder Abuse Task Force of Santa Clara County: *Elder Abuse -- Guidelines for Professional Assessment and Reporting* (2008, Updated 2018).

MANDATORY REPORTING REQUIREMENTS FOR SUSPECTED ABUSE IN LONG-TERM CARE FACILITIES *

IMPORTANT: *Effective January 1, 2013, the elder and dependent adult abuse reporting law was amended. For suspected physical abuse in long-term care facilities, some time periods have been shortened and the reporting agencies have been changed.*

PHYSICAL ABUSE

If the suspected physical abuse <u>results in serious bodily injury</u> involving extreme physical pain, substantial risk of death, or protracted loss or impairment of function of a bodily member, organ, or of mental faculty, or requiring medical intervention, including, but not limited to, hospitalization, surgery, or physical rehabilitation:	A telephone report shall be made to the local law enforcement agency immediately, and no later than within two hours of the mandated reporter observing, obtaining knowledge of, or suspecting physical abuse.
	A written report shall be made to the local ombudsman, the corresponding licensing agency, <i>and</i> the local law enforcement agency within two hours of the mandated reporter observing, obtaining knowledge of, or suspecting physical abuse.
If suspected physical abuse <u>does not result in serious bodily injury</u> :	A telephone report shall be made to the local law enforcement within 24 hours of the mandated reporter observing, obtaining knowledge of, or suspecting physical abuse.
	A written report shall be made to the local ombudsman, the corresponding licensing agency, <i>and</i> the local law enforcement agency within 24 hours of the mandated reporter observing, obtaining knowledge of, or suspecting physical abuse.
If suspected physical abuse is allegedly <u>caused by a resident with a physician's diagnosis of dementia</u> , and there is <u>no serious bodily injury</u> , as reasonably determined by the mandated reporter drawing upon his or her training or experience:	A telephone report shall be made to the local ombudsman <i>or</i> law enforcement agency immediately or as soon as practicably possibly.
	A written report shall be made to the local ombudsman <i>or</i> the local law enforcement agency within 24 hours .

ALL OTHER TYPES OF ABUSE (Non-Physical)

For all other types of suspected abuse occurring in a long term care facility, the reporting requirements are the same as before January 1, 2013: A **telephone report** shall be made to the local ombudsman *or* law enforcement agency **immediately** or as soon as practicably possible, *and* a **written report** shall be sent to the local ombudsman *or* law enforcement agency within **two working days**.

The above reporting procedures do not apply to suspected abuse in a **State Mental Hospital or **Developmental Center**. For these facilities, call the State Department of Mental Health or State Department of Developmental Services, or the Local Police. For these cases, the reporting procedures remain the same as before January 1, 2013: Call immediately and send a written abuse reporting form within two working days.*

How To File the Abuse Report Form

By law, in mandatory reporting cases, you must follow up your mandatory phone call with a written abuse report within two working days to either Adult Protective Services or the Long Term Care Ombudsman.

The report should include information you have about the abuse situation. It should be on the official form provided for that purpose, entitled "Report of Suspected Dependent Adult/Elder Abuse" (SOC 341) or "For Use by Financial Institutions – Report of Suspected Dependent Adult/Elder Abuse" (SOC 342).

Report forms are available in the following ways (be sure to include the quantity of forms requested and the shipping address):

- Call Adult Protective Services at (408) 975-4900 or (800) 414-2002.
- Call the Long Term Care Ombudsman program at (408) 944-0567 or (800) 231-4024.
- Order in bulk from the California Department of Social Services by calling (916) 371-1974, by fax request to (916) 371-3518, or on-line at <http://www.dss.cahwnet.gov/cdssweb/PG98.htm>.

For suspected elder and dependent abuse in the community (independent living situations), mail or fax abuse reports to:

Adult Protective Services
333 W. Julian St., 4th floor
San Jose, CA 95110-2314
(408) 975-4900 or (800) 414-2002
Fax (800) 975-4910

For suspected elder and dependent adult abuse in any licensed long term care facilities including residential care for the elderly (includes assisted living facilities and licensed board & care), adult residential, and skilled nursing facilities), mail or fax abuse reports forms to:

Long Term Care Ombudsman
2625 Zanker Road #200
San Jose, CA 95134-2107
(408) 944-0567 or (800) 231-4024
Fax (408) 944-0776

To report to State Licensing Agencies, see [page 22](#).

For More Information

If you have any questions about reporting a suspected or known abuse case, or questions about how to handle an abuse situation or other aspects of elder abuse, please call for a consultation. Call (800) 414-2002 for abuse occurring in the community and ask for the Social Worker on duty for Adult Protective Services. Call (800) 231-4024 for abuse occurring in long term care facilities and ask for the Ombudsman staff for the Long Term Care Ombudsman Program.

Note: The purpose of filing a report is to provide information to start the investigation and to develop a case management plan. Attorneys and Ombudsmen are still bound by their respective obligations of confidentiality to their clients. (Attorneys: See Welfare and Institutions Code section 15637; Ombudsmen: See "*Older Americans Act, State LTC Ombudsman Provisions*" at Title 42, Chap. 35, Subchap. XI, Part A, Subpart ii, section 3058g).

Also see Welfare and Institutions Code section 15630(b)(2)(A) for reporting exceptions for clergy members; section 15630(b)(3)(A) for reporting exceptions for physicians and surgeons, registered nurses and psychotherapists; and section 15630(b)(4)(A) for reporting exceptions for certain incidents occurring in a long term care facility.

What Happens When You Report Abuse

Adult Protective Services Response

- The Adult Protective Services (APS) professional who takes your phone report may wish to coordinate the APS response with you at that time.
- You will be reminded to submit your written report (SOC 341) within 2 working days to aid the APS investigation.
- APS staff will arrange to complete a face-to-face investigation and assessment of the individual alleged to have been abused. The assessment generally examines the older adult's environment, his/her level of functioning, physical and emotional status and cognition. Often, collateral sources such as physicians, public health nurses or family are included in the assessment.
- If there is a finding of abuse, APS will offer possible remedies, depending on the circumstances of the case.
- If the individual consents to APS involvement, APS will proceed with a plan for protection.
- If there are questions about the person's capacity to protect himself/herself, APS will assess the need for a conservatorship or other protective measures.
- APS will coordinate with law enforcement and other agencies as needed.
- APS is available on a 24-hour basis to respond to emergencies. Often, emergency interventions can be made to stabilize crisis situations.
- Your ongoing involvement with the APS staff is helpful in the resolution of the problem. You are encouraged to stay in touch with the assigned APS worker, who can be reached at (800) 414-2002 during business hours.

FAST (Financial Abuse Specialist Team)

- The FAST Team is available to respond to suspected financial abuse cases where assets are at risk and elderly's ability to protect self is at issue.

Long Term Care Ombudsman Program Response

- The Ombudsman Program will take your **verbal** report of suspected abuse of a resident in a licensed long term care facility.
- You will be reminded to submit your written report (SOC 341) within 2 working days to further aid the Ombudsman investigation.
- The Ombudsman Coordinator or a certified Ombudsman designee will investigate the abuse report and contact the resident or legal representative.
- The Ombudsman Program will make referrals when appropriate and coordinate with law enforcement and other agencies as needed.
- The Ombudsman Program is available on a 24-hour basis to respond to emergencies.
- You are encouraged to consult with the Ombudsman who is investigating the case. The Long Term Care Ombudsman may be reached at (408) 944-0567 during regular business hours; call (800) 231-4024 after hours and on weekends.

Your Rights When Reporting

The law requires mandated reporters to report known and suspected abuse of older and dependent adults. See previous section on "How To Report Abuse" on [page 14](#). The law guarantees certain protections to you after the report. You are immune from civil or criminal liability, unless you acted in bad faith or with malicious purposes (Welfare and Institutions Code section 15634). However, you should also be aware of other legal consequences of reporting. An investigation or court action against the abuser may result from your report. If necessary, you and your records may be subpoenaed in the court action. If this happens, you should consult legal counsel **through your agency or business**. The law also requires your identity as a reporter to be kept confidential and disclosed only to certain law enforcement agencies investigating a case or in a court action (Welfare and Institutions Code section 15633 and 15633.5).

Principles of Intervention

Mandated Reporters shall report suspected abuse **as soon as possible**. Mandated reporters may find the following principles helpful regarding what to expect *after* reporting. For agency staff whose job responsibilities include assessing and intervening in potentially abusive situations *after* reports have been filed, the following four principles can be used to assess possible interventions.

Remember that the client retains the right to self-determination unless a conservatorship is established. Please see section on “Determining Mental Competency” on [page 19](#).

1. Determining Least Restrictive Services

Within the field of protective, mental health, and health services, it is generally accepted that all interventions should be kept at the least restrictive level possible to maintain the individual’s autonomy.

Financial Management

The following methods may be used to help manage finances, and are arranged in order from least to most restrictive:

- Assisting older adults to write their own checks and keep their own accounts
- Arranging direct deposit of pension, Social Security, or other benefit payments
- Arranging for a **general power of attorney**. This is a document under which a person, who is capable of making decisions, authorizes another to take care of financial matters for himself/herself. This power ends if the person executing it becomes unable to make decisions (incapacitated).
- Arranging for a **durable power of attorney**. This document is the same as the **general power of attorney** described above except it can continue in effect after a person has become unable to make decisions. It can also be used for a specific purpose; for example, real estate sale(s), estate planning.

- Arranging for a **representative payee**. This is done through a document used by the Social Security Administration that permits the agency to send the older adult’s checks to another individual, who manages the funds on behalf of the older adult and accounts to the Social Security Administration for the funds on a yearly basis.
- Petitioning for **conservatorship** of estate and/or person. These are court proceedings which enable the appointee to take care of legal matters for the conserved person. A **conservatorship of the estate** enables the appointee to take care of financial matters. A **conservatorship of the person** enables the appointee to make placement and medical decisions on behalf of the conserved person. This should be considered as a last resort since it limits a person’s rights.

Intervention Services: Least Restrictive

When arranging for an older adult’s medical, living, clothing, or social needs, services ranging from least to most restrictive, might include:

- Referral to resources
- Counseling
- Use of current or existing older adult support systems; for example, family, Friendly Visitor Program, Meals-on-Wheels
- Long term case management
- Use of an Advanced Health Care Directive
- Conservatorship of the person and/or estate
- Placement in residential care or skilled nursing facilities

Principles of Intervention (continued)

2. Confidentiality and Consent

Under California law, any mandated reporter who has knowledge of or who reasonably suspects abuse of an older adult (or dependent adult) is **required** to report this abuse. The mandate to report takes precedence over the client's right to confidentiality. Whenever possible, however, it is desirable to obtain the cooperation of the client in reporting the abuse.

After the abuse has been reported, the designated agency shall act only with the consent of the victim, unless a violation of the penal code has been alleged or it is clear that the individual client is gravely disabled by virtue of a mental impairment and has been declared as such. According to the Welfare and Institutions Code, the agency worker is asked to obtain written consent, and the elder abuse victim may refuse or withdraw consent at any time in the investigation for the provision of protective services. If the victim is incapacitated and cannot legally give or deny consent to investigation and protective services, a petition for temporary conservatorship may be initiated in accordance with the Welfare and Institutions Code.

Once a report has been made, a mentally competent client has the right to refuse any unwanted intrusion into his/her life. The initial Adult Protective Services case assessment may be considered such an intrusion. If the client is mentally capable and refuses to be interviewed, or expresses a desire to be left alone, the Adult Protective Services Agency must respect his/her right to privacy. Before continuing with the case, there must be a clear indication from the client that he/she wishes to proceed.

Elder Abuse Task Force of Santa Clara County: *Elder Abuse -- Guidelines for Professional Assessment and Reporting* (2008, Updated 2018).

3. Determining Mental Competency

Be sure to consider the adult's ability to consent to services offered, as this will affect the handling of the situation.

An elder or dependent adult may fall under one of the four categories listed below:

- **Capable and Consenting**

The older adult is mentally clear, understands what has happened to him/her, and is willing to accept recommended services and to cooperate with the service provider. The older adult has not been proven to lack capacity by a court of law, has not had a conservator appointed, nor has he/she been committed to an institution by the court.

- **Capable and Not Consenting**

The older adult is capable of making decisions for himself/herself, but does not wish to take action to halt further victimization, and will not cooperate to change the situation. It may be necessary and more effective to work indirectly by focusing on general needs of the older adult or by influencing the caretaker that services are needed to prevent further abuse.

- **Incapable by Legal Action**

The older adult has been proven to lack capacity by a court of law and/or a conservatorship of person and/or estate has been appointed or the older adult has been committed to an institution by a court of law. Further investigation requires contact with and cooperation by the conservator and/or clinical staff of the institution.

Principles of Intervention (continued)

- **Incapable But Not Proven So by Legal Action**

The older adult has not been proven to lack capacity by a court of law, but has demonstrated mental dysfunction that limits his/her understanding of what has happened. The older adult may or may not acknowledge the abuse or want care to take action to halt further victimization. If he/she is unwilling or unable to take action, mental health evaluation is required before taking further legal action. Consider requesting prior medical or legal documents that may address mental capacity of the older adult. In some circumstances, the court may appoint a legally responsible individual to act on behalf of the older adult. This older adult is often one of the most vulnerable and in need of protection. Close monitoring and follow-up are essential.

4. Client's Right to Self-Determination

The right to self-determination means the client is in charge of decision-making until he/she delegates responsibility voluntarily to another or the court grants responsibility to another.

In general, older adults have a right to choose to live as independently as possible.

Freedom to choose must be respected. For example, an older adult may choose to live in harm or even self-destruction, provided he/she is competent to choose, does not harm self or others, and no violation of the penal code has been alleged.

When interests compete, the client is the only person you are charged to serve. The investigating worker is encouraged to use the services of existing agencies to support the needs and rights of the clients.

In the ideal case, services delivered for the protection of adults should achieve freedom, safety, the least disruption of life style, and the least restrictive care alternative.

-
- **Have you reviewed possible indicators of abuse?**
 - **Have you thoroughly assessed and documented the situation?**
 - **Are you required to report the suspected abuse?**

Elder Abuse Task Force of Santa Clara County: *Elder Abuse -- Guidelines for Professional Assessment and Reporting (2008, Updated 2018).*

Community Resources for Elder And Dependent Adult Abuse Prevention and Reporting (2018)

In Santa Clara County, a wide variety of services are available to assist elder and dependent adults. For more information on available services, contact the following programs which are currently responding to immediate requests for assistance and referral regarding elder abuse prevention and reporting. All the programs below provide information and most services free of charge.

Adult Protective Services (408) 755-7690 or (408) 975-4900
24 Hour.....(800) 414-2002
<http://www.sccgov.org/sites/ssa/daas/aps>
Consultation and reporting of suspected abuse

Long Term Care Ombudsman Program..... (408) 944-0567
24 Hour..... (800) 231-4024
<https://www.catholiccharitiesscc.org/long-term-care-ombudsman-program>
Suspected abuse reporting and advocacy for residential care and skilled nursing facility residents

Senior Adults Legal Assistance (SALA) (408) 295-5991
North County (650) 969-8656
South County..... (408) 847-7252
<http://www.sala.org>
Legal services and referral

**Sourcewise (Community Resource Solutions
- formerly Council on Aging)** (408) 350-3200
<http://www.mysourcewise.com>
List of services and support systems for all adults in Santa Clara County.

Local Senior Centers Look Online
<http://www.svhap.org/other-programs/senior-centers/>
Assessment of needs and referral
Ask for a Case Manager/Social Worker or Director.

Santa Clara County District Attorney Office
Elder/Dependent Adult Financial Abuse ... (855) 323-5337
Victim Services..... (408) 295-2656
<https://www.sccgov.org/sites/da>

California Advocates for Nursing Home Reform (CANHR) (800) 474-1116
www.canhr.org
Long-term care justice, advocacy and resources

United Way Bay Area (408) 247-1200
<https://uwba.org>
Information about community services such as food, shelter, and health care 2-1-1

Santa Clara County Sheriff's Department... (408) 808-4900
Toll-free..... (800) 211-2220

Local Police See [page 22](#) or Look online
Call the sheriff or local police for elder abuse reporting and assistance in suspected abuse cases, and any other criminal activity.

In emergencies, call 9-1-1

Elder Abuse Task Force of Santa Clara County: *Elder Abuse -- Guidelines for Professional Assessment and Reporting (2008, Updated 2018)*.

California State Licensing Agencies for Reporting Elder Abuse in Santa Clara County

Department of Social Services Community Care Licensing (for Assisted Living and Board and Care Facilities):
(408) 324-2112 or (800) 952-5253; www.cclcd.ca.gov

Department of Public Health Licensing and Certification (for Skilled Nursing Facilities):
(408) 277-1784 or (800) 554-0346; www.cdph.ca.gov

Department of Public Health – Health Facilities Certification and Licensing (for complaint against a hospital):
(800) 236-9747 or (916) 552-8700; www.cdph.ca.gov

Bureau of Medi-Cal Fraud and Elder Abuse: (800) 722-0432; www.oag.ca.gov/bmfea

Police – For Emergencies and Immediate Assistance: Call 9-1-1

Santa Clara County Sheriff and Local Police Departments:

SANTA CLARA CO. SHERIFF'S OFFICE

(408) 808-4400 -- informational voice mail for unincorporated area/VTA
(408) 299-2311 or (408) 299-3233 -- 24 hr non-emergency dispatch line
Saratoga - (408) 866-6600 - business line for contract cities (Saratoga, Los Altos Hills, Cupertino)
San Martin - (408) 686-3650 - 8am - 5pm (408) 683-2681 - 24 hr. bus. line

LOS GATOS AND MONTE SERENO POLICE DEPARTMENT

(408) 354-5257 -- 8am-5pm business line (408) 354-8600 -- 24 hr. non-emergency dispatch line

CAMPBELL POLICE DEPARTMENT

(408) 866-2121 - 8am to 7pm business line (408) 866-2101 - 24 hr non-emergency report line, directly to dispatcher

LOS ALTOS POLICE DEPARTMENT

(650) 948-8223 -- non-emergency; line goes to dispatch after work hours

MOUNTAIN VIEW POLICE DEPARTMENT

(650) 903-6344 -- 24 hr. business line (650) 903-6395 -- 24 hr. non-emergency dispatch line

SAN JOSE POLICE DEPARTMENT

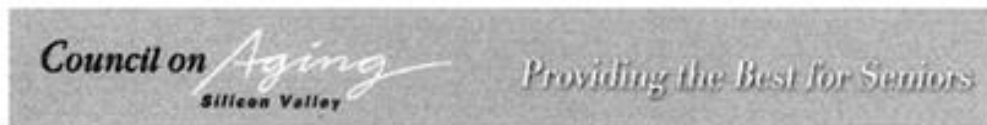
(408) 277-8900 or 311 -- 24 hr. non-emergency line Emergency Line 277-8911

SANTA CLARA POLICE DEPARTMENT

(408) 615-4700 -- business line (408) 615-5580 -- records line and 24 hr. non-emergency dispatch line

SUNNYVALE DEPARTMENT OF PUBLIC SAFETY

(408) 730-7110 -- desk officer (408) 730-7100 -- records line and 24 hr. non-emergency dispatch line



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