

An Overview of APS Self-Neglect Cases Using NAMRS Data

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Background

Definition and Context

We have all played the game, “Which one is not like the rest?” For APS investigations of adult maltreatment, self-neglect is the maltreatment type not like the rest.

The [National Adult Maltreatment Reporting System](#) (NAMRS) defines self-neglect as:

A person’s inability, due to physical or mental impairment or diminished capacity, to perform essential self-care tasks including obtaining essential food, clothing, shelter, and medical care; obtaining goods and services necessary to maintain physical health, mental health, or general safety; or managing one’s own financial affairs. Includes hoarding.

Self-neglect is different from other types of maltreatment since it does not involve abuse (unless there are multiple allegations, discussed below) by a perpetrator. While the definition cites the “inability ... to perform essential self-care tasks,” self-neglect is also often the consequence of the failure of formal and informal support networks (familial or social) to compensate for the individual’s inability to self-care.

Despite these differences between self-neglect and other maltreatment types, APS programs did not generally have specific policies and procedures for cases with a self-neglect allegation. This is slowly changing as APS programs recognize the need to address self-neglect allegations differently than other types of maltreatment allegations. The concept of an “investigation” for self-neglect often doesn’t make sense because there is no perpetrator. Instead, there may be a need for increased services to maximize the client’s independence. Making a “finding” in a self-neglect case may be seen as blaming or shaming the client. Several programs are moving toward a model of an assessment rather than an investigation.

Even the term self-neglect is coming under scrutiny. In addition to being interpreted as pejorative toward the APS client, the label is not always accurate. As already noted, the alleged maltreatment is often the result of the breakdown of social, familial, or community supports and not the fault of the “self.” And the maltreatment is often not neglect but, as the definition says, an inability on the part of individual to care for themselves. Nonetheless, there is no consensus yet on a better term. Self-neglect is the term used in NAMRS. Additionally, in NAMRS, the term “client” refers to all persons with an allegation of maltreatment, while the term “victim” refers to persons in whom one of the allegations is substantiated. This brief will use the terms from NAMRS, along with person-first language.

Overview

This brief provides a comprehensive overview using NAMRS data of APS clients/victims and cases in which there is an allegation of self-neglect. All the data in this brief is from Federal Fiscal Year 2022. NAMRS collects data from programs in all states, U.S. territories, and the District of Columbia using either aggregate or case-level methods. For this brief, only case-level data is used since it contains more specificity. The number of entities reporting data will vary depending on the data element. Generally, this brief compares self-neglect to all other maltreatment types excluding self-neglect, labeled as “No Self-Neglect.” As always with NAMRS data, the reader should note for any given data element the number of states reporting the data and the amount of unknown data. There is no claim that the data is representative of the nation as a whole. Indeed, because one state (Texas) investigates so many allegations of self-neglect, that state is going to drive the data for many of the items discussed.

The data is presented in a series of summary bullets and graphs without much discussion. The APS TARC will continue discussions about the changing nature of APS self-neglect investigations (assessments), and this brief will provide a valuable resource for those discussions.

Data

Overall

Of the 56 programs that report to NAMRS, as shown in Exhibit 1, 53 of them investigate self-neglect. APS investigates more self-neglect allegations by far than any other type of maltreatment.

Exhibit 1 – Maltreatment Types Investigated by States

| Maltreatment Type | Number of States | Percentage of States (N = 56) |
|-----------------------------|------------------|-------------------------------|
| Neglect | 55 | 98% |
| Physical Abuse | 55 | 98% |
| Self-neglect | 53 | 94% |
| Sexual Abuse | 52 | 93% |
| Financial Exploitation | 50 | 89% |
| Emotional Abuse | 47 | 84% |
| Exploitation (Non-specific) | 28 | 50% |
| Other | 26 | 46% |
| Other Exploitation | 26 | 46% |
| Abandonment | 22 | 39% |
| Suspicious Death | 9 | 16% |

Disposition

Among maltreatment types, as shown in Exhibit 2, persons experiencing self-neglect have the highest substantiation rate at 46%, the lowest unsubstantiated rate at 34%, and a very low inconclusive rate at 5%. In contrast, neglect (by others) has the highest unsubstantiated rate across maltreatment types. Exhibit 3 summarizes the data and shows the comparison of self-neglect to all other types of maltreatment.

Exhibit 2 - Disposition by Maltreatment Type (N = 36)

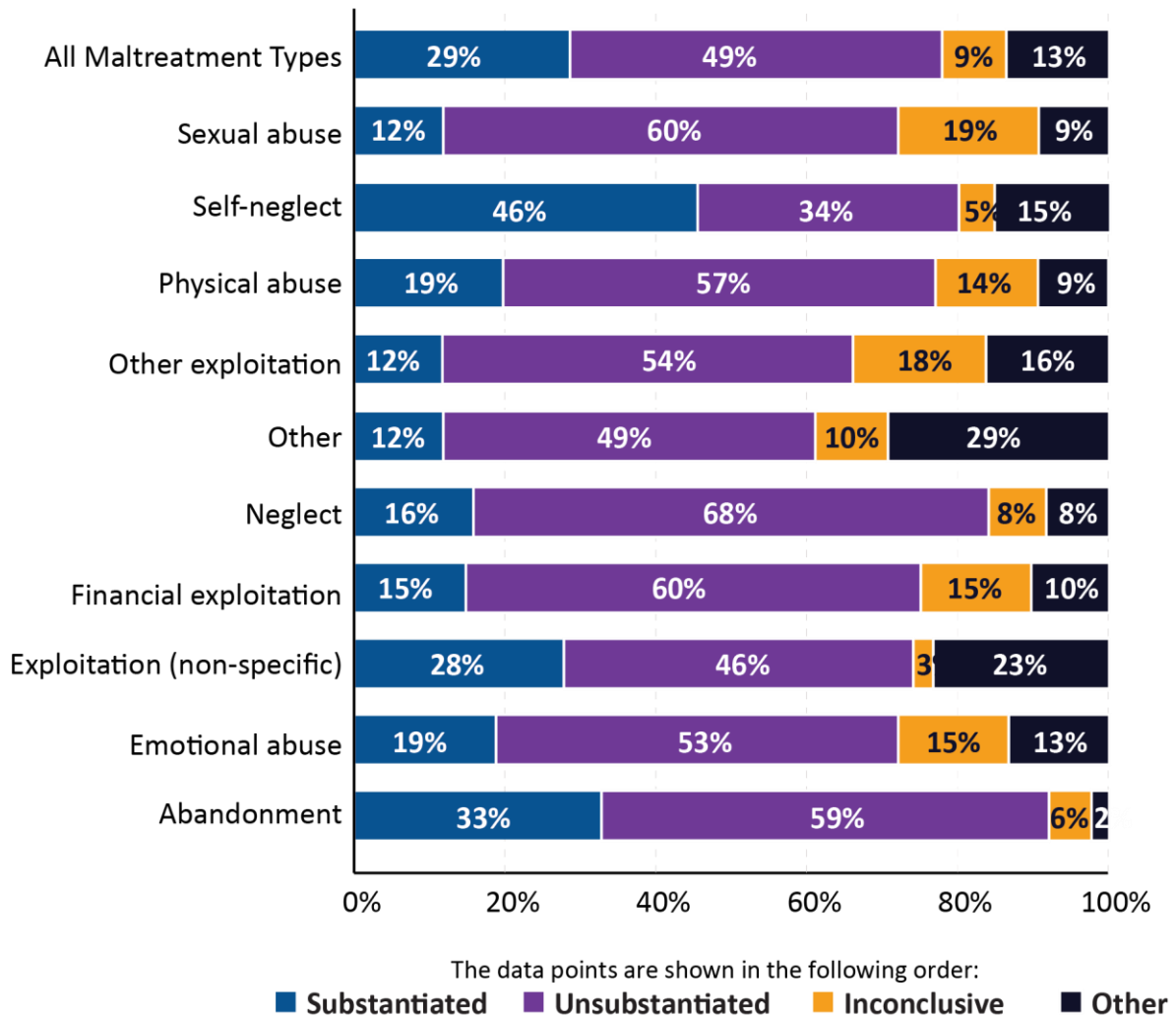
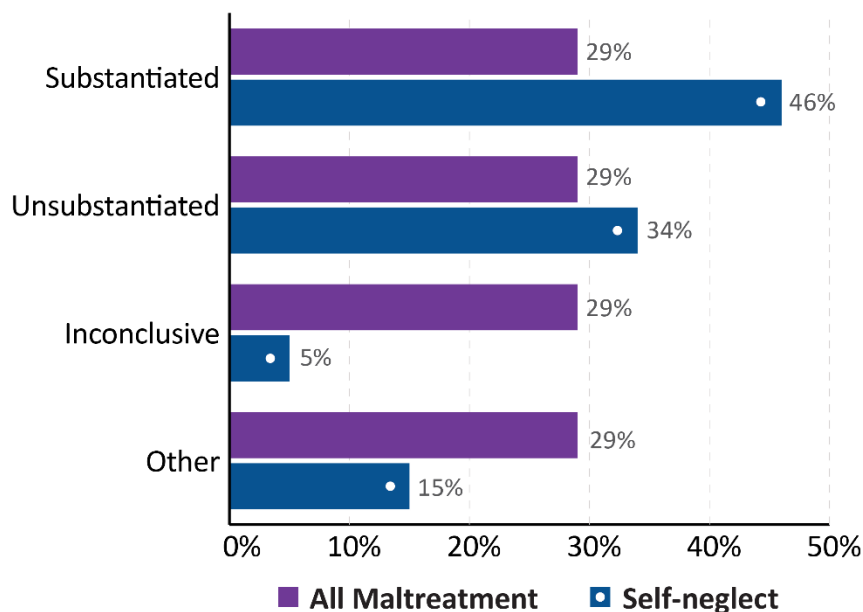


Exhibit 3 – Disposition Rate of Self-Neglect and Other Types of Maltreatment (N = 36)



Demographics

The following exhibits provide a demographic overview of persons experiencing self-neglect compared with all other maltreatment types. (Note the smaller number of states submitting data for the disability and behavioral health conditions data.)

- Across all age groups, as shown in Exhibit 4, **age differences are minimal** between persons experiencing self-neglect and other types of maltreatment. Compared to other types of maltreatment, persons experiencing self-neglect are a higher percentage in ages 60 – 74 and a lower percentage in the 18 – 39 and 75 and older age groups.
- Overall, as shown in Exhibit 5, **females are a higher percentage than males** in both persons experiencing self-neglect and other types of maltreatment. Males experiencing self-neglect are a higher percentage (44%) than males experiencing other types of maltreatment (36%).
- In terms of **race**, as shown in Exhibit 6, whites are a slightly higher percentage of persons experiencing self-neglect (63%) than persons experiencing other types of maltreatment (58%). Blacks are a slightly higher percentage of persons experiencing self-neglect (14.3%) than persons experiencing other types of maltreatment (13.6%).
- **For ethnicity**, as shown in Exhibit 7, both Hispanic and non-Hispanics are a slightly higher percentage of persons experiencing self-neglect than persons experiencing other types of maltreatment.

- Overall, a high percentage of APS clients are low **income**. Persons experiencing self-neglect, as shown in Exhibit 8, have less income compared to persons experiencing other types of maltreatment.
- As shown in Exhibit 9, the most frequent **types of disability** of persons experiencing self-neglect are (in order) self-care, independent living, ambulatory, and cognitive. Overall, as shown in Exhibit 10, 80% of persons experiencing self-neglect have one or more disabilities; 51% have two or more. The average person experiencing self-neglect has 2.22 disabilities compared to 2.04 for other types of maltreatment. Compared to persons experiencing other types of maltreatment, as shown in Exhibit 11, persons experiencing self-neglect have higher percentages in self-care, independent living, and ambulatory disability categories.
- As shown in Exhibit 12, the most frequent **behavioral health conditions** (defined as “diagnosed mental health disorders”) of persons experiencing self-neglect are (in order) dementia, depression, and substance use disorder. Overall, as shown in Exhibit 13, 42% of persons experiencing self-neglect have one or more behavioral health conditions. Most persons experiencing self-neglect have zero or one behavioral health conditions. Compared to persons experiencing other types of maltreatment, as shown in Exhibit 14, persons experiencing self-neglect have higher percentages in bipolar disorder, alcohol use disorder, schizophrenia, substance use disorder, and depression categories.

Exhibit 4 – Age Distribution of Persons Experiencing Self-Neglect and Other Types of Maltreatment (N = 33)

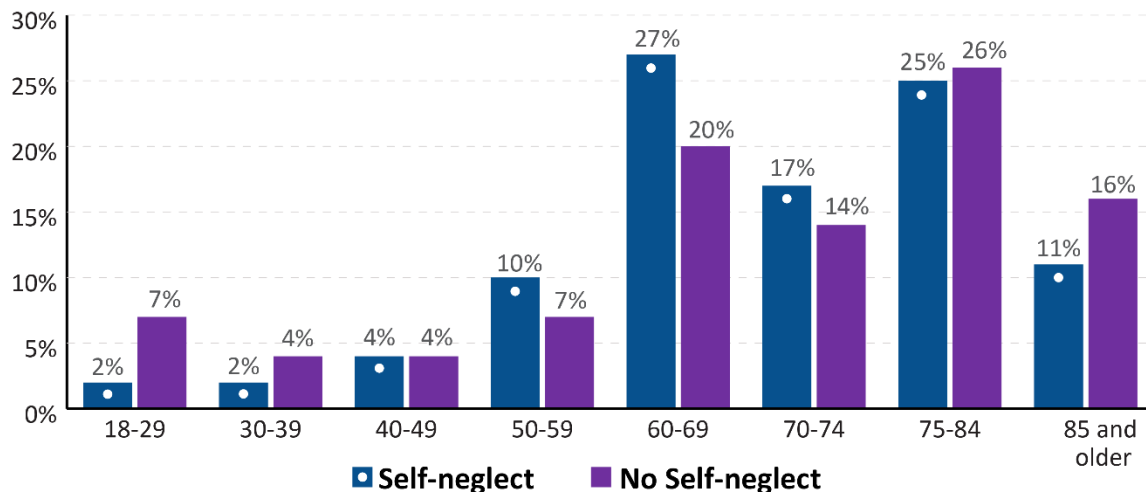


Exhibit 5 – Gender of Person Experiencing Self-Neglect and Other Types of Maltreatment (N = 33)

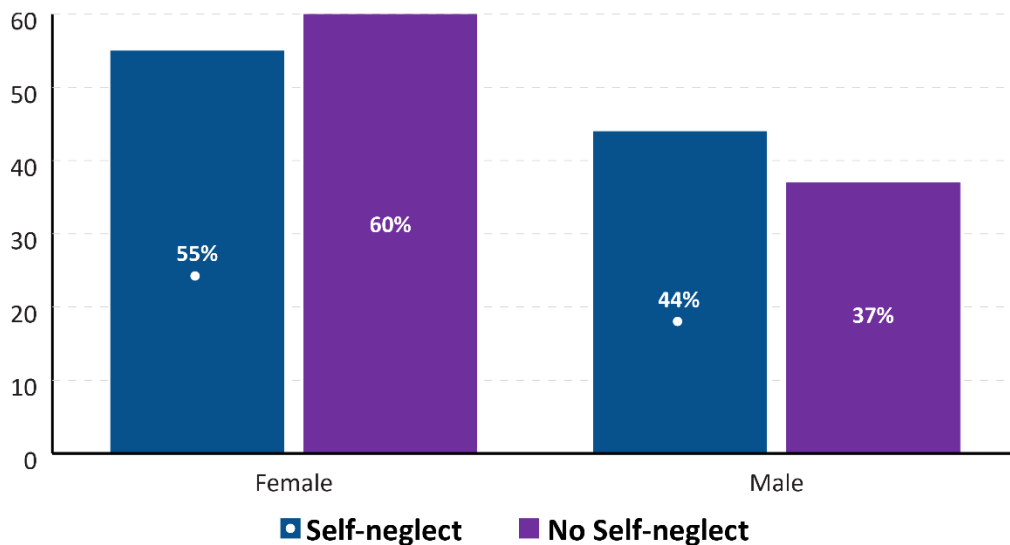


Exhibit 6 – Race of Persons Experiencing Self-Neglect and Other Types of Maltreatment (N=31 states)

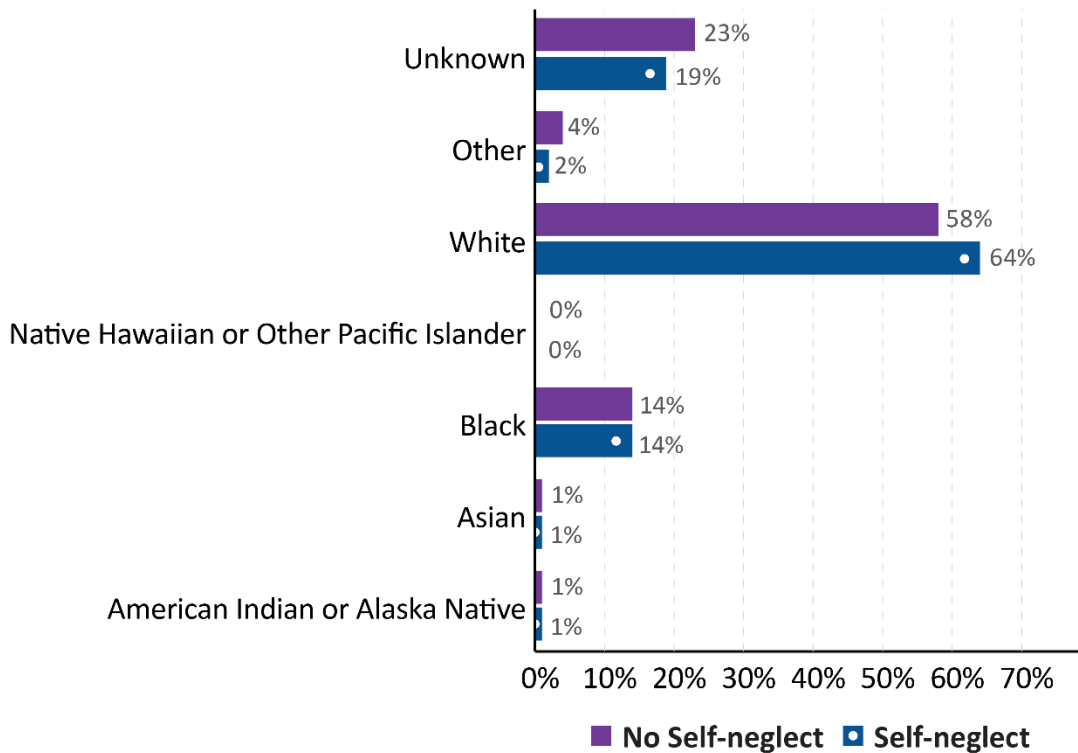


Exhibit 7 – Ethnicity of Persons Experiencing Self-Neglect and Other Types of Maltreatment (N = 31 states)

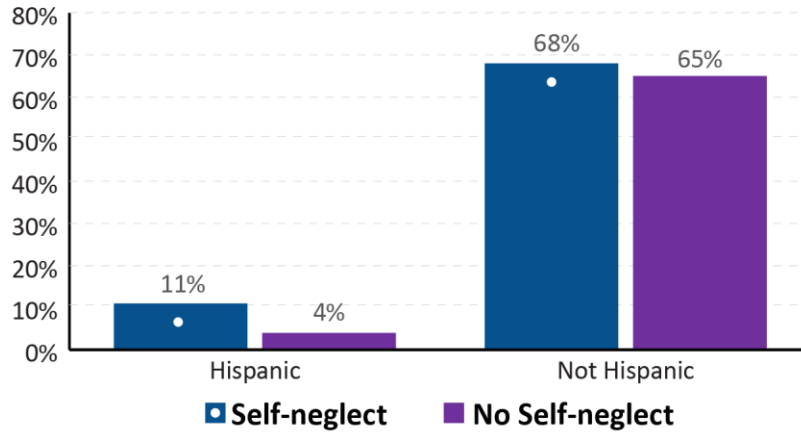


Exhibit 8 – Income of Persons Experiencing Self-Neglect and Other Types of Maltreatment (N = 15)

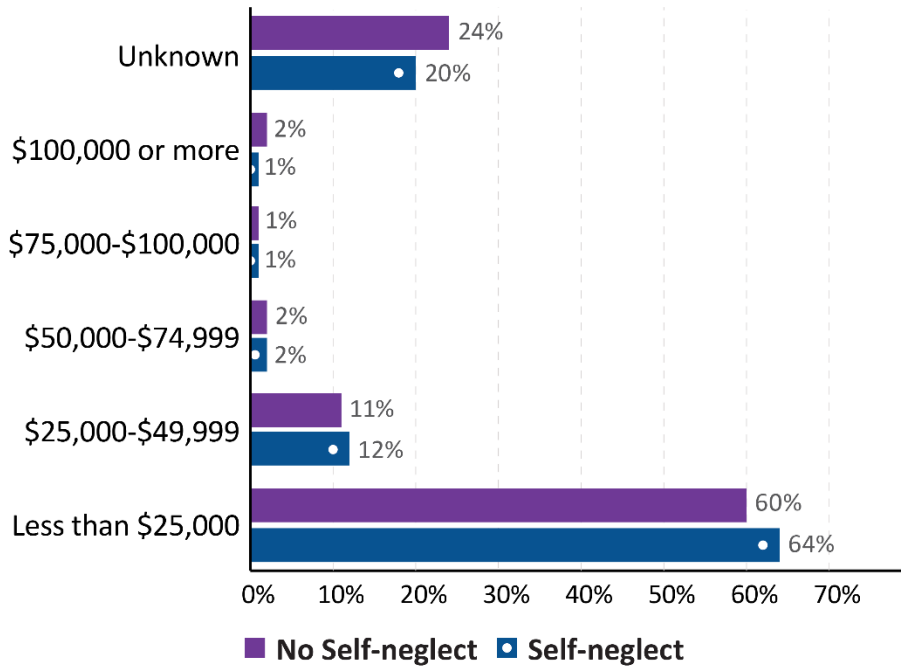


Exhibit 9 – Type of Disability of Persons Experiencing Self-Neglect (N = 18)

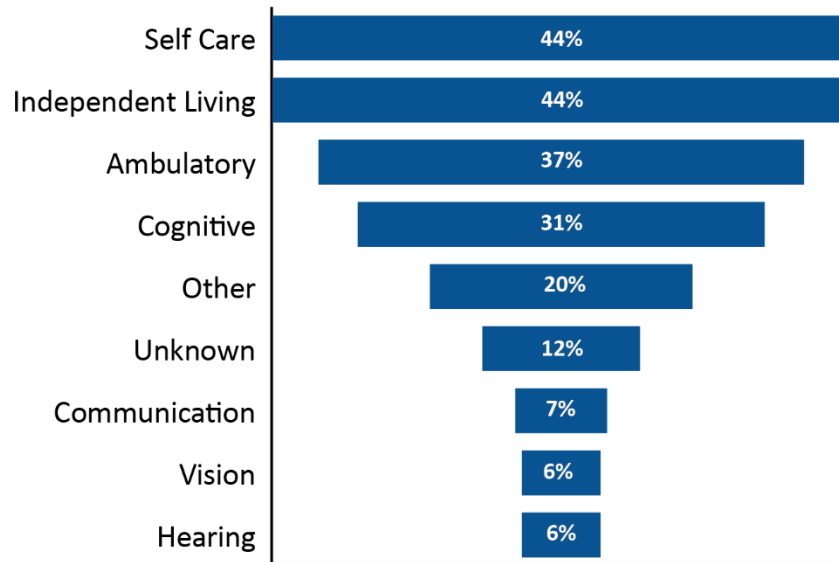


Exhibit 10 – Number of Disability Types of Persons Experiencing Self-Neglect (N = 18)

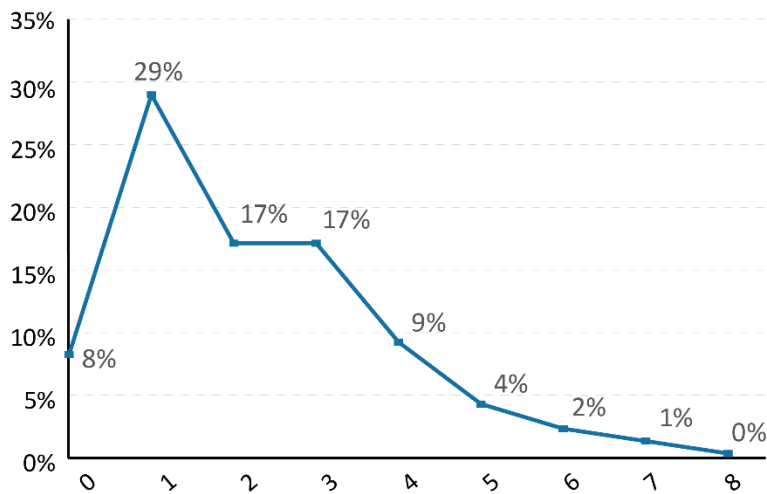


Exhibit 11 – Disability of Persons Experiencing Self-Neglect and Other Types of Maltreatment (N = 18)

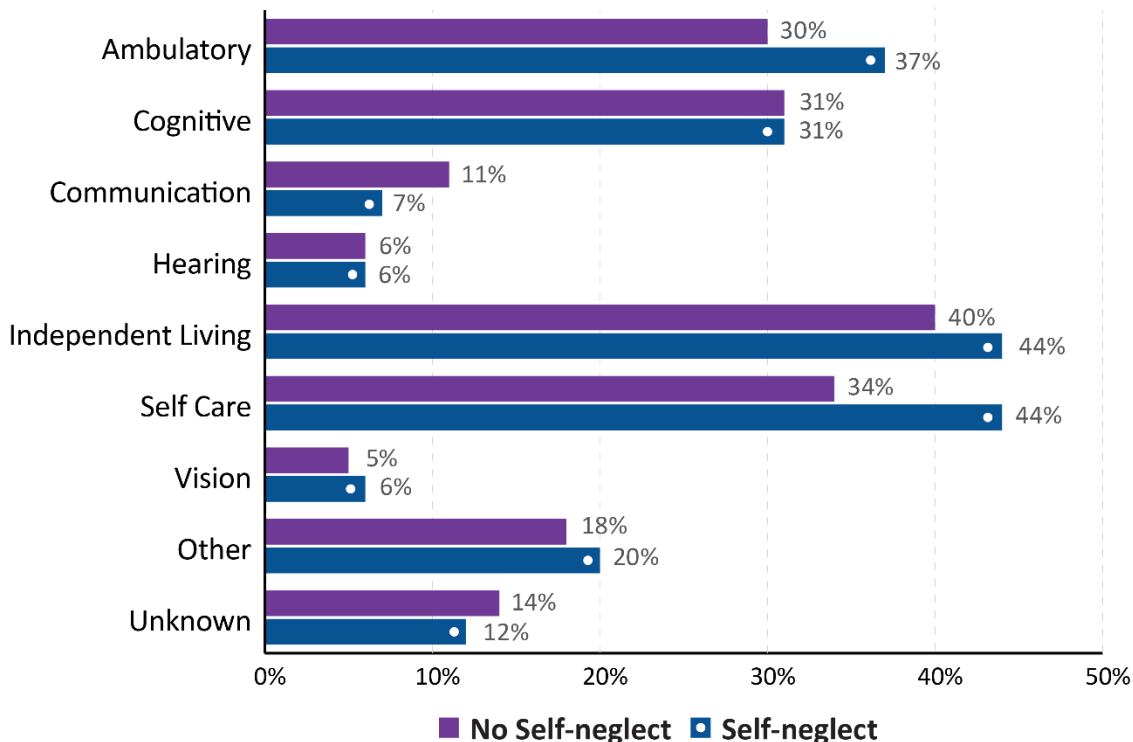


Exhibit 12 – Behavioral Health Conditions of Persons Experiencing Self-Neglect (N = 14 states)

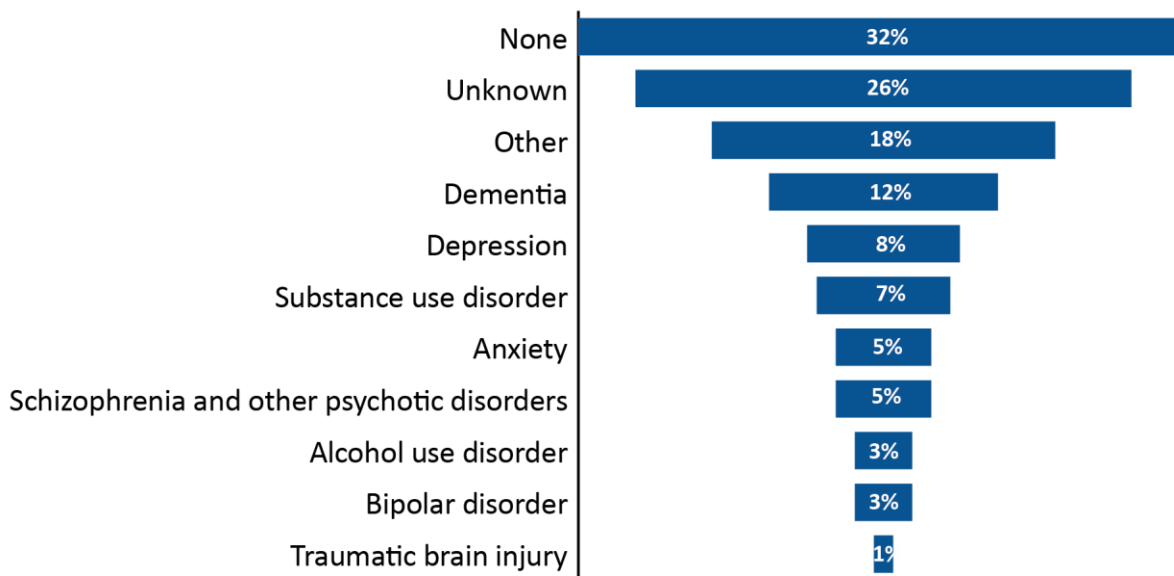


Exhibit 13 – Number of Behavioral Health Conditions of Persons Experiencing Self-Neglect (N = 14 states)

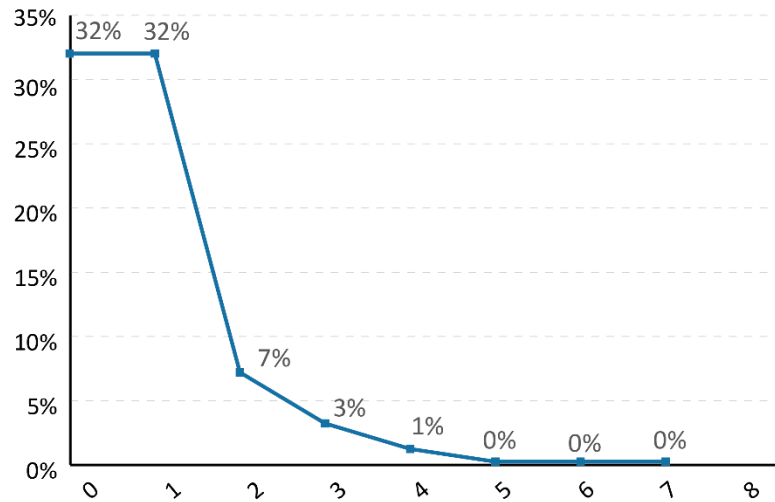
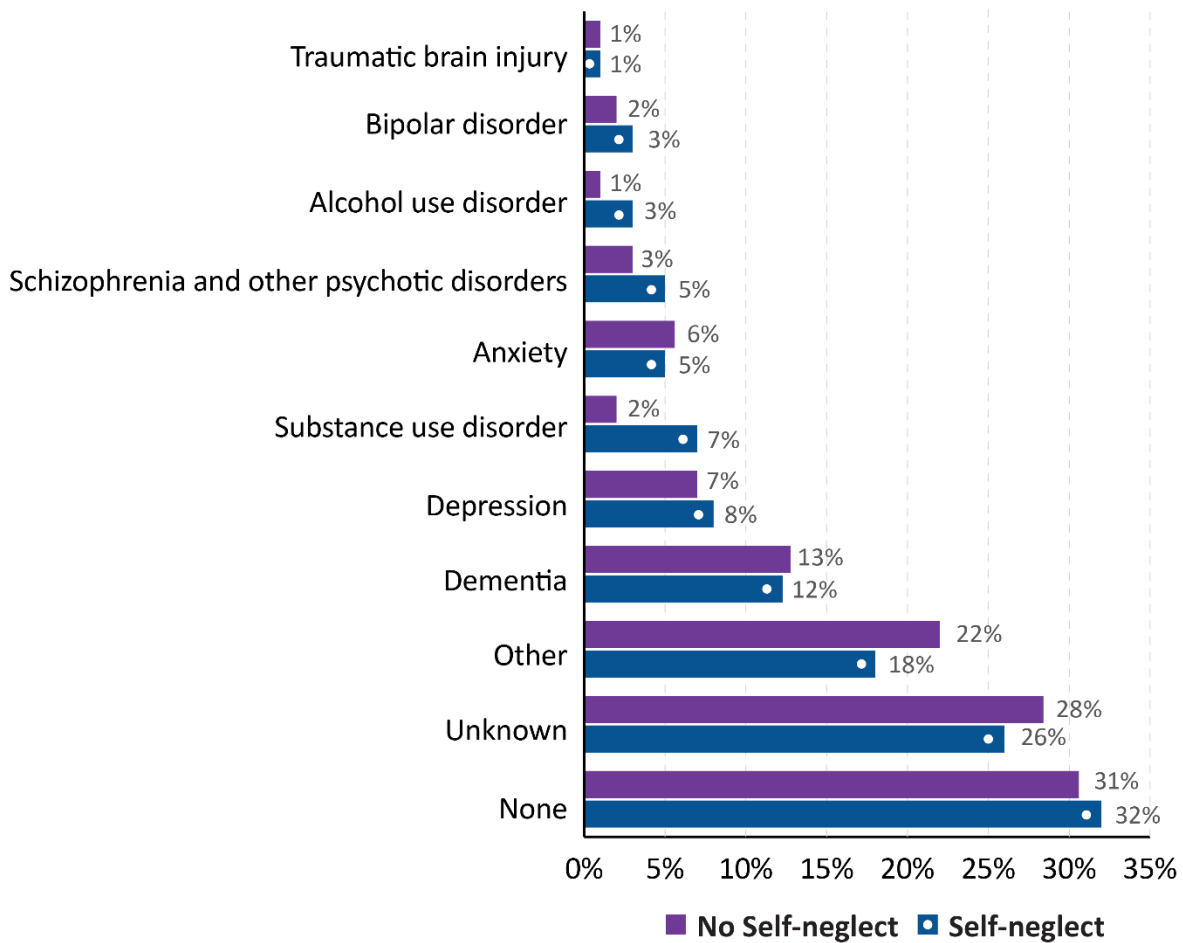


Exhibit 14 – Behavioral Health Conditions of Persons Experiencing Self-Neglect and Other Types of Maltreatment (N = 18)



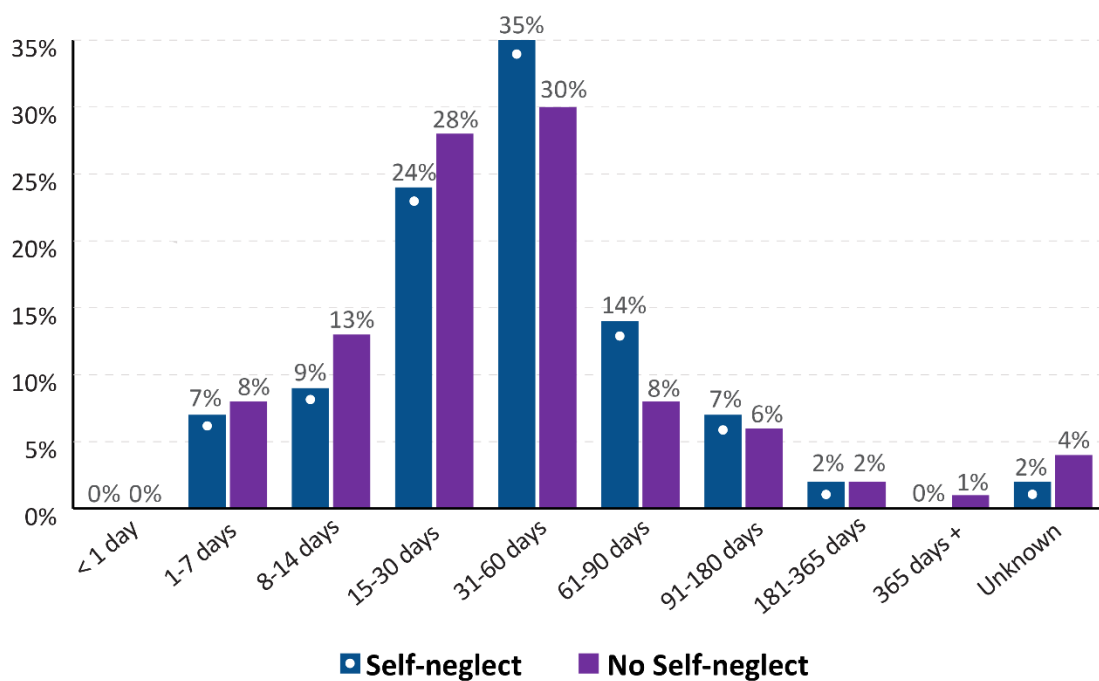
APS Practice

The following data examines various aspects of APS practice.

Case Duration

Compared to persons experiencing other types of maltreatment, the median **length of investigations** is shorter at 52.2 days for persons experiencing self-neglect compared to 67.9 days for all other maltreatment types. Exhibit 15 shows the percentage of cases for various investigation durations. Persons experiencing self-neglect have higher percentages in the 31-60 day and 61-90 day categories.

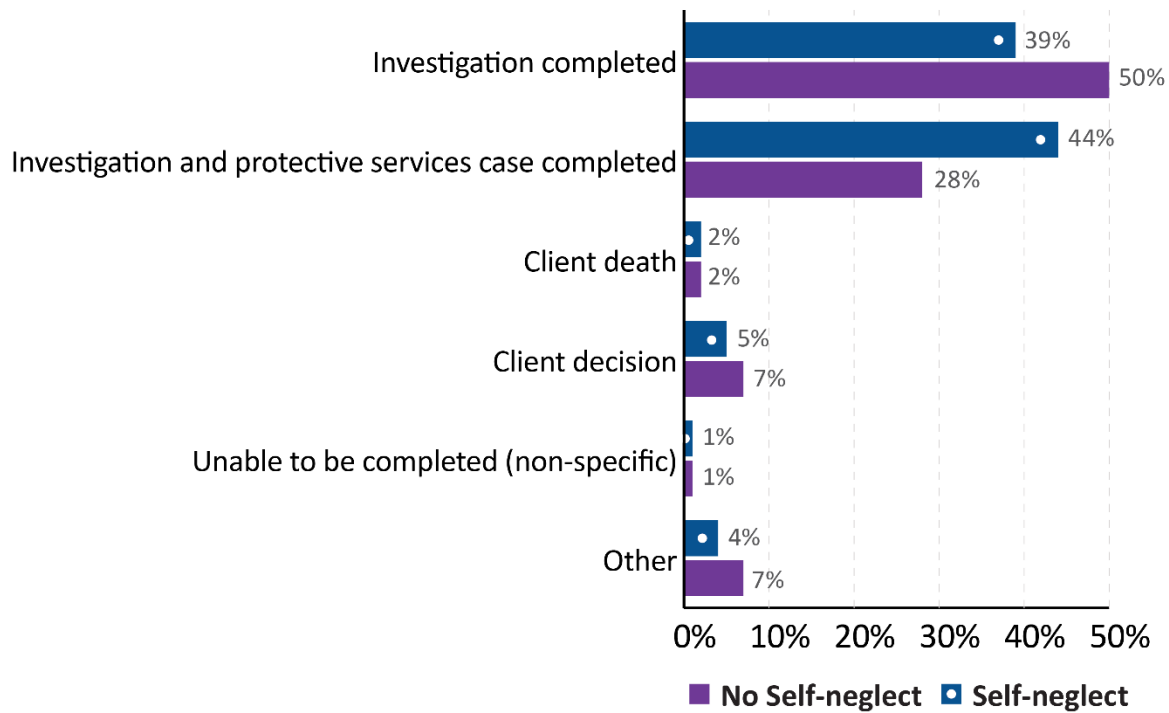
Exhibit 15 – Length of Investigation Duration of Persons Experiencing Self-Neglect and Other Types of Maltreatment (N = 30)



Case Closure Reason

As shown in Exhibit 16, a higher percentage of persons experiencing self-neglect receive services (50%) compared to persons experiencing other types of maltreatment (39%). The case closure reason for persons experiencing maltreatment other than self-neglect is more likely to be for “client decision” than persons experiencing self-neglect.

Exhibit 16 – Case Closure Reason of Persons Experiencing Self-Neglect and Other Types of Maltreatment (N = 25)



Decision-Maker

As shown in Exhibit 17, most APS victims do not have a substitute **decision-maker** at the start of the investigation. Persons experiencing self-neglect have a lower percentage of substitute decision-makers than persons experiencing other types of maltreatment. (Please note the small number of states and the high unknown percentage, especially for persons experiencing other types of maltreatment.) As shown in Exhibit 18, the data on substitute decision-makers is very similar at the close of the investigation, with a slight decrease in the None category.

Exhibit 17 – Substitute Decision-maker at the Start of the Investigation and Other Types of Maltreatment (N = 14 states)

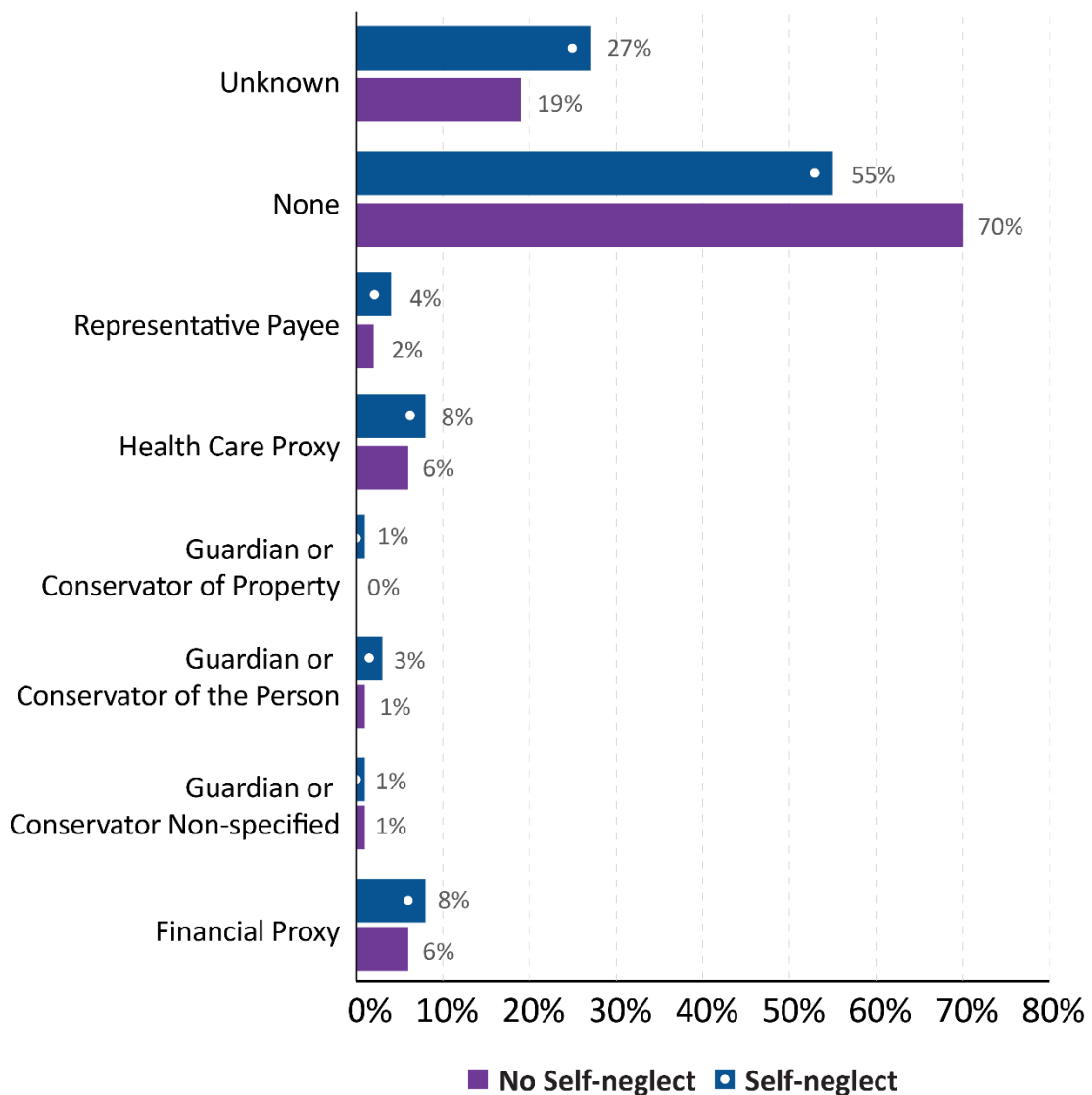
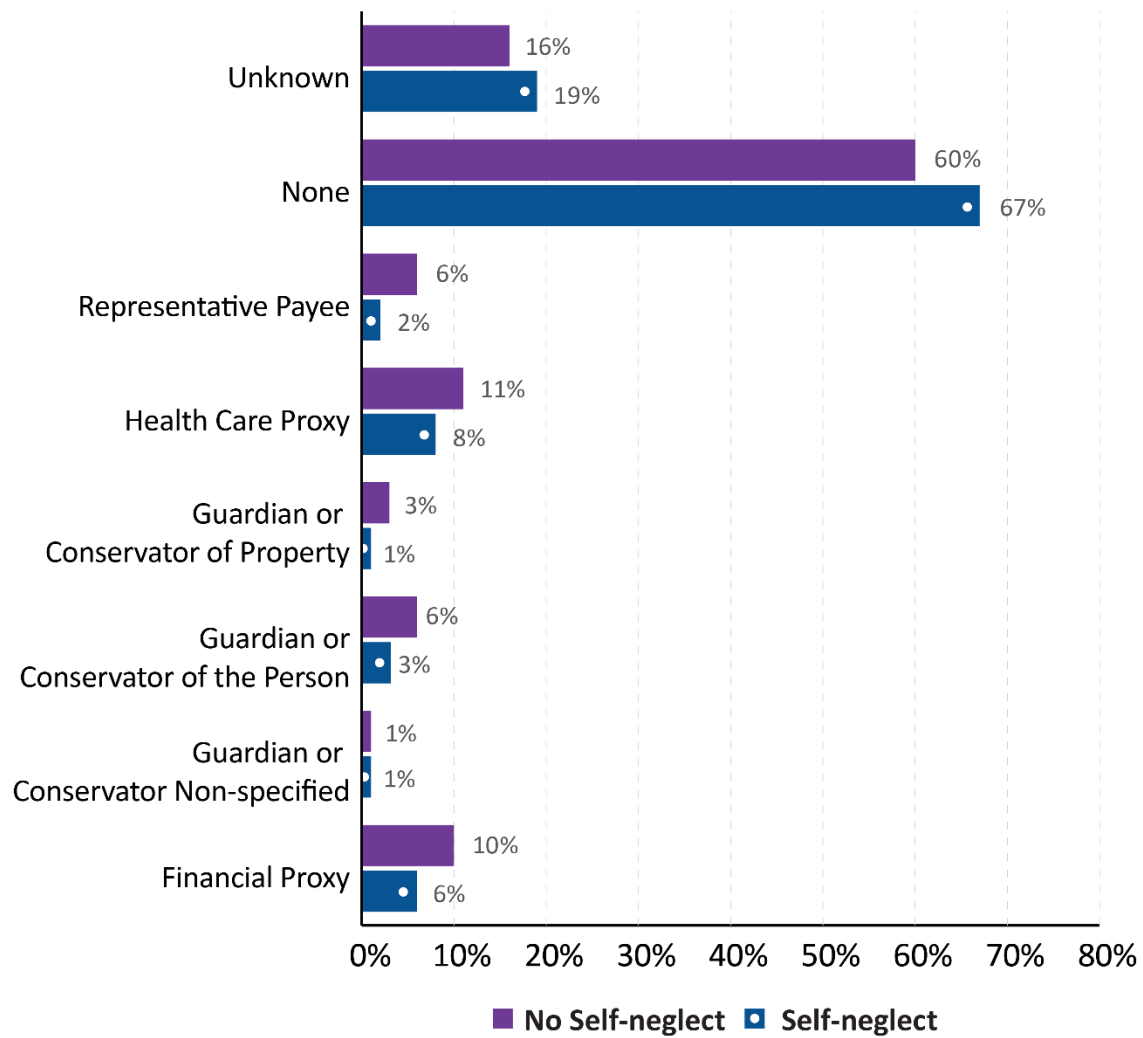


Exhibit 18 – Substitute Decision-maker at the Close of the Investigation for Persons Experiencing Self-Neglect and Other Types of Maltreatment



Other Case Aspects

The following data examines other aspects of APS self-neglect clients:

Polyvictimization

Persons experiencing self-neglect experience multiple types of allegations (Polyvictimization) at a higher rate. Exhibit 19 shows that 21.4% of clients with self-neglect allegations have multiple allegations compared to 11.5% for all persons experiencing self-neglect.

Recurrence

Exhibit 20 indicates that there is little difference in previous reports between persons experiencing self-neglect and other types of maltreatment. In NAMRS, the data element “Previous Report” refers to “The indication that the agency has information that the client was the subject of a previous report.” Persons experiencing self-neglect had a previous report 47.6% of the time compared to 43.0% for persons experiencing other types of maltreatment.

Exhibit 19 – Polyvictimization for Persons Experiencing Self-Neglect and Other Types of Maltreatment

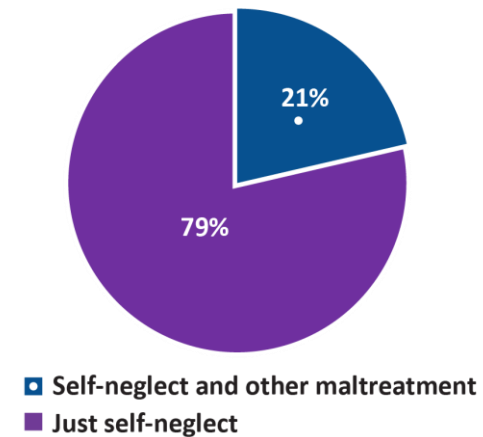
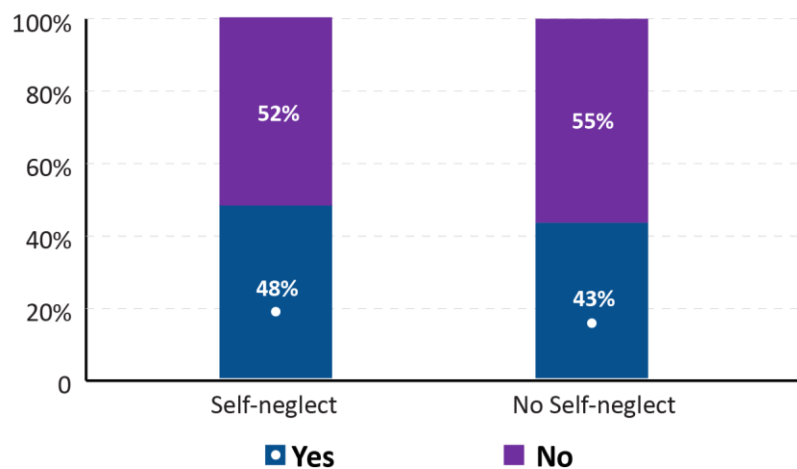


Exhibit 20 – Previous Report of Maltreatment for Persons Experiencing Self-Neglect and Other Types of Maltreatment (N = 21)



Services

Exhibits 21 and 22 show data on services at the start and close an APS investigation and Exhibit 23 shows services the victims were referred to. (Note the small number of states submitting this data and the high unknown amounts. Also note that mostly overlapping but not exactly the same states submit data for each of these data elements).

- At both the start and the close of an investigation, persons experiencing self-neglect are more likely to be receiving services than persons experiencing other types of maltreatment.
- As would be expected, the percentage of persons experiencing maltreatment with no services is higher at the start than the close of the investigation. For services at the start and close of the investigation, the most frequent service for both persons experiencing self-neglect and other types of maltreatment is care/case management. At the start of the investigation, persons experiencing other types of maltreatment are more likely to be receiving care/case management than persons experiencing self-neglect (15% compared to 11%). This reverses at the close of the investigation with 28% of persons experiencing self-neglect receiving care/case management compared to 16% experiencing other types of maltreatment.
- For in-home assistance, there is not much difference between self-neglect and other types of maltreatment (9.6% and 10.8%, respectively) at the start of the investigation, but by the end persons experiencing self-neglect has increased to 13.3%, while the percentage experiencing other types of maltreatment has not changed at 9.6%.
- For services referred, persons experiencing self-neglect are twice as likely to be receiving services than persons experiencing other types of maltreatment. This means that, for each of the individual services, persons experiencing self-neglect have a higher percentage than persons experiencing other types of maltreatment; the notable exceptions are victim services, legal, caregiver support, and care/case management. Given the change in care/case management at the start and close of the investigation, this would seem to not make sense for care/case management; however, the explanation is that APS is probably providing these services directly and not making referrals for persons experiencing self-neglect.

Exhibit 21 - Services at the Start for Persons Experiencing Self-Neglect and Other Types of Maltreatment (N = 3 to 12)

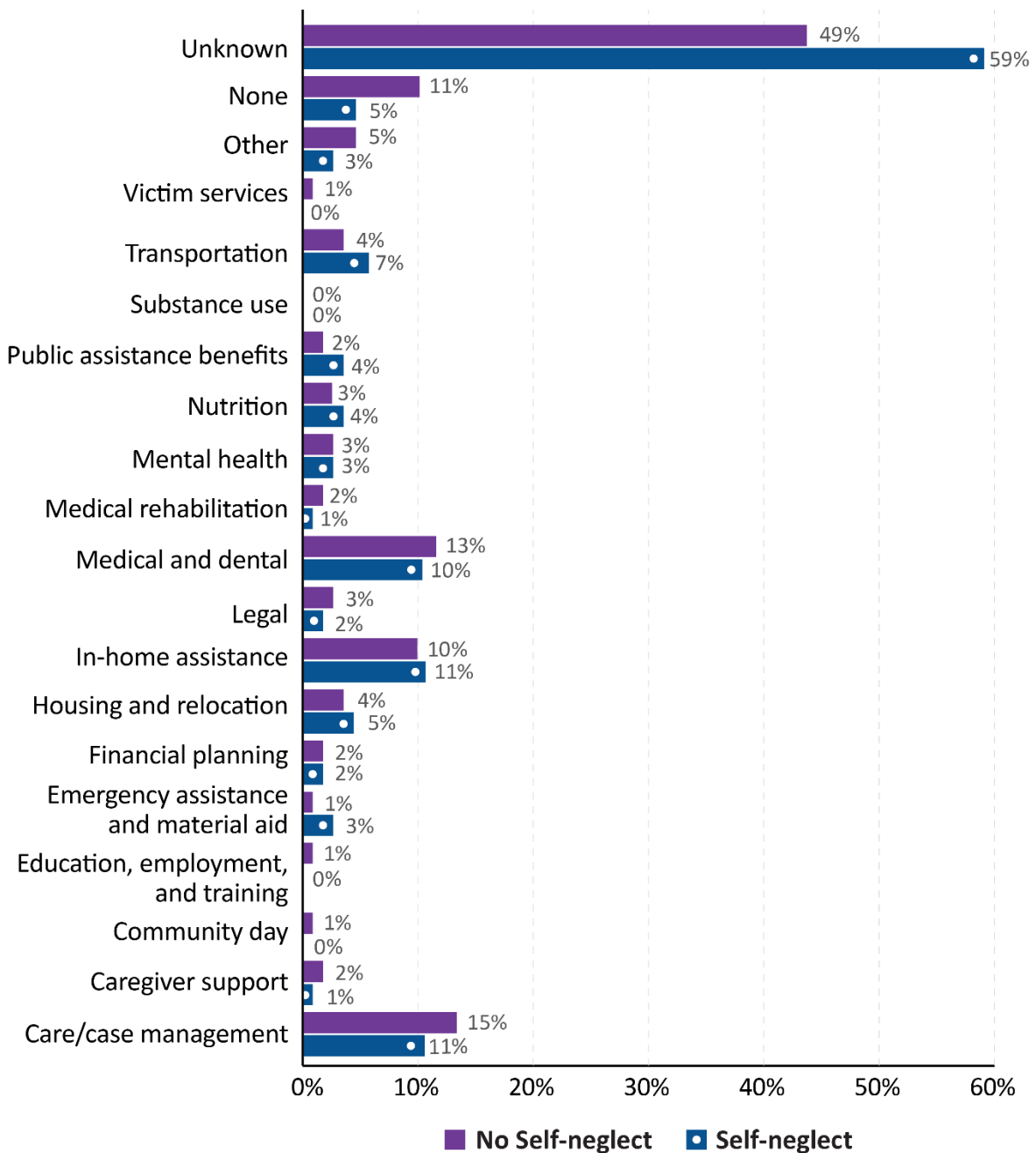


Exhibit 22 – Services at Close of Investigation for Persons Experiencing Self-Neglect and Other Types of Maltreatment (N = 5 to 13)

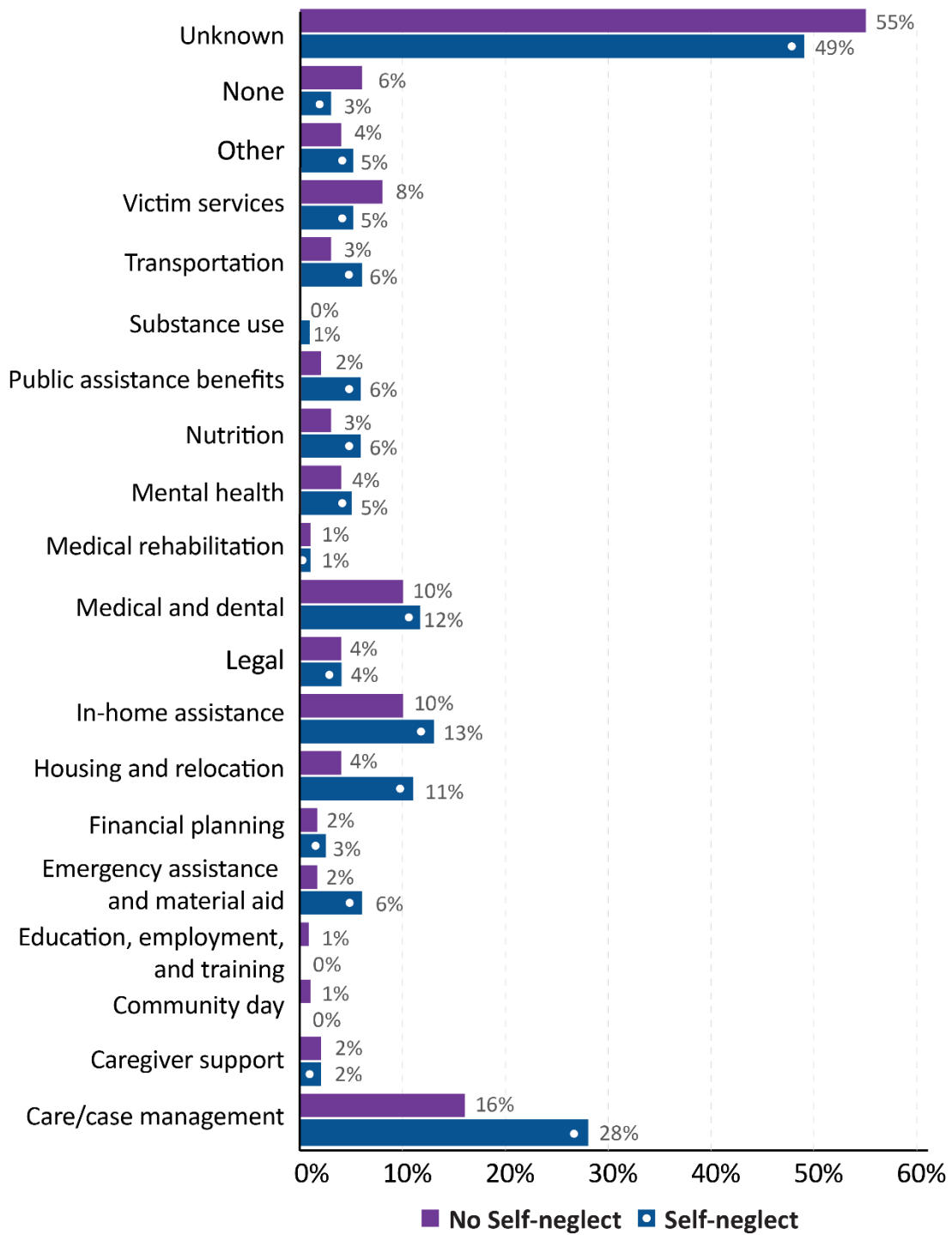
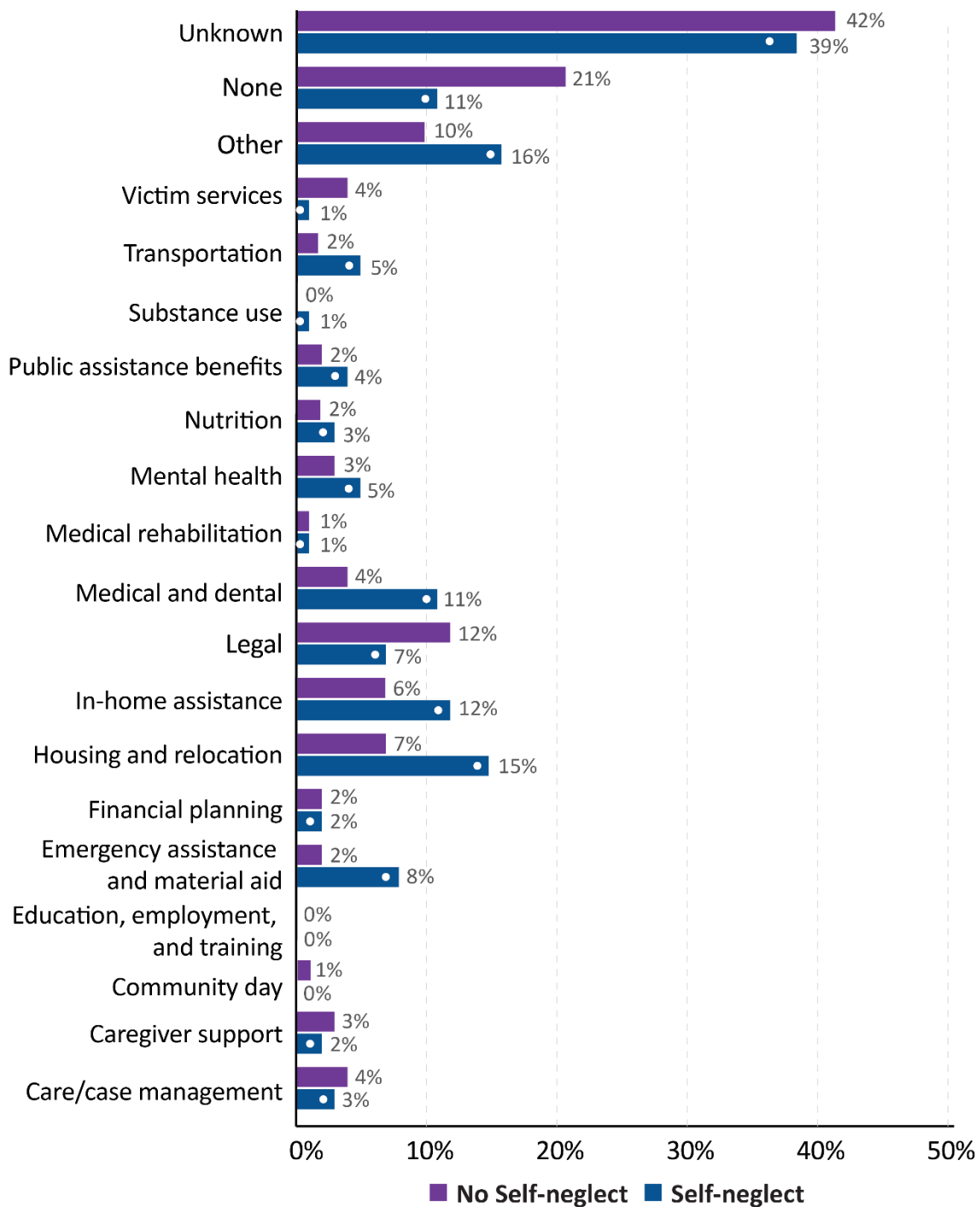


Exhibit 23 – Services Referred for Persons Experiencing Self-Neglect and Other Types of Maltreatment (N = 8 to 18)



Summary and Conclusion

As the APS field evolves in how it approaches allegations of self-neglect, it is important to understand how these allegations are different from allegations involving abuse and neglect by others. While almost all APS programs investigate allegations of self-neglect, persons with self-neglect allegations are 54% of all clients, ranging from 20% to 88% across the states. There only notable difference in the demographic characteristics of persons experiencing self-neglect compared to other types of maltreatment is lower incomes and increased incidence of disability. NAMRS data show that APS investigations involving allegations of self-neglect are different from allegations involving other types of maltreatment in the following ways:

- More likely to have more than one allegation
- Higher substantiation rates
- Shorter investigation duration rates
- More likely to be receiving services at the start of, during, and at the close of the case
- More likely to have a substitute decision-maker at the start of the investigation

The APS TARC is committed to enhancing the understanding and improving the response of APS programs to persons experiencing self-neglect. This data will provide a resource for ongoing efforts and conversations to this end.