The relationship between family abuse and substance abuse is complex and is seen in some of the most difficult cases, often with serious risk factors for clients. In order to better understand these issues, APS conducted a special study for the month of January 2014, with all closed cases (739). APS staff noted whether family abuse or substance abuse was a factor in the case—regardless of whether it was specifically tied to the investigation.

Staff received reminders and the project was reinforced by APS supervisors. These results are only suggestive, as there are limitations in the data. It was entered manually by staff, and definitions of terms could have been clearer. This early screening to identify family abuse and substance abuse has motivated APS to establish more systematic capturing of this data in the near future.

**Family Abuse**

Within this group of 739 closed cases, 413 suspected abusers were identified. Remaining cases involved self-neglect, multiple allegations within a single case and other factors. As seen in Graph 1, 269 of suspected abusers, or 65%, were family members or intimate partners, and 144, or 35%, were non-family members such as caregivers, roommates, neighbors or others.

**Substance Abuse**

As indicated below, substance abuse was a factor in approximately 15% of all closed cases. One-half to two-thirds of the cases have a prior history with APS. The cases involve self-neglect, physical abuse, mental suffering, financial abuse and neglect.

**Meth a Family Affair**

In 25 of 27 (92.6%) of the cases where Methamphetamine abuse was noted, the suspected abuser in the case was a family member/intimate partner of the client.
RESULTS OF A MONTH’S APS CASES TO LOOK AT SUBSTANCE AND FAMILY VIOLENCE

**Women at Particular Risk with Substance Involvement**
While the numbers are small, when substance abuse is involved, elderly women are at higher risk of abuse, and the abuser is almost always related to the victim. More than 80% of these cases revolve around a female victim, compared to 62% of cases in general.

**Client Substance Use Suggests Need for More Connectedness to Alcohol / Drug Treatment Services**
Across meth, alcohol and other substances, client use was a factor in about 4% of cases – or 36 cases in January. While the number is small, APS staff suspect significant under-reporting, and these cases are more likely to have APS history.

**Caregiver (Related or Non-Related) Substance Use a Persistent Factor**
When substance and meth use by caregivers is combined, there are nine cases in January, with meth slightly more prevalent. Substance and meth use by family members and others in and around the home is significant, involved in nearly 80 cases in January. More work is needed to clarify who these people are, whether or not they have responsibilities for care of these dependent adults and elderly.

**Preliminary Conclusions**

- APS staff are encouraged to participate in cross-disciplinary councils, teams, and initiatives such as the Methamphetamine Strike Force and San Diego Domestic Violence Council.
- Finalize the modifications to the APS client database to more accurately capture substance abuse and family abuse; improving the ability of APS to report on prevalence and trends for these factors.
- Explore the feasibility of using standard screening questions that staff administers during case investigations including intimate partner abuse screening and substance abuse screening.
- Provide continuing education for APS system staff for improved substance abuse screening practices for caregivers and clients and understanding available resources.
- Provide continuing education for APS staff, especially new staff, on how to assist clients experiencing family/intimate violence such as the DV Councils’ no cost “DV Essentials” one day training.
- Meth Strike Force and others can advocate for state and federal requirements to be established for new paid caregivers such as DOJ and Social Service live scan and drug testing; explore options to establish license process to provide care in private homes. These measures would reduce exposure by elders and dependent adults to substance-driven abuse and neglect.
- Promote awareness and support for clients around selecting appropriate caregivers, honoring choice but highlighting potential repercussions around substance abuse issues.
- Explore the feasibility of providing family violence and substance abuse education/resources as part of the Initial Provider Orientation and the Registry Provider Training for IHSS caregivers.
- Expand resources for older adults and adults with disabilities to support those who are involved in an IPV relationship or who have or have a loved one with substance abuse issues.