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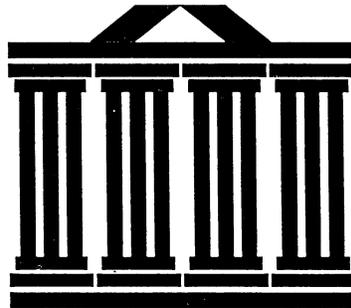
Improving the Police Response to Domestic Elder Abuse

Instructor Training Manual

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Improving the Police Response to Domestic Elder Abuse:



POLICE EXECUTIVE
RESEARCH FORUM

Prepared by the
Police Executive Research Forum
as a guide to law enforcement agencies

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Instructor Training Manual

This manual provides general information to promote a prompt and thorough law enforcement response to incidents of suspected abuse of elderly persons. This project was supported by Grant No. 92-FV-CX-0008 awarded by the Office for Victims of Crime, Office of Justice Programs, U.S. Department of Justice. The Assistant Attorney General, Office of Justice Programs, establishes the policies and priorities, and manages and coordinates the activities of the Bureau of Justice Statistics, National Institute of Justice, Office of Juvenile Justice and Delinquency Prevention and the Office for Victims of Crime. Points of view in this document are those of the author and do not necessarily represent the official position or policies of the U.S. Department of Justice. Specific local legislation regarding elder abuse, reporting mandates, local Adult Protective Services and other appropriate social service agencies should be consulted for further, more specific guidance.

In the preparation of this training manual, the Police Executive Research Forum reviewed much written material related to domestic elder abuse. Materials were contributed by too many agencies to acknowledge individually. Special thanks are extended to the police departments and social service providers who submitted elder abuse documents.

All materials prepared under this grant are meant to be tailored to the unique needs of police agencies across the country. The author has provided notes in italics indicating where local resources and information may be inserted to reflect the specific mandates and policies of a particular jurisdiction. Resource materials used to develop the grant materials can be found in the literature review monograph.

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Instructor's Notes

Introduction

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Domestic elder abuse,¹ the mistreatment of older citizens by caregivers within the home, is not a new phenomenon. Though victims of this tragic crime have spoken publicly about their abuse and neglect for decades, this form of mistreatment has failed to gain the sympathy, attention, and remedial action that other forms of domestic abuse have received. Only recently has domestic elder abuse been brought to the attention of police in this country. In addition, when law enforcement and other service providers have responded to suspected cases of domestic elder abuse, there has been a tendency to use traditional spouse abuse and child abuse remedies. The wholesale application of these other domestic abuse responses to older persons living in noninstitutional settings should no longer be considered effective or appropriate in light of older citizens' unique needs. Domestic elder abuse is a complex problem that requires a multidisciplinary response tailored to the particular needs of the elderly victim.

Law enforcement will play a critical role in developing a comprehensive strategy that will meet the needs of the growing number of elderly in this country. Older citizens in our communities deserve and require a tailored law enforcement response to provide them with effective services. Police must appropriately serve all members of the community — the elderly are no exception. In order to provide that service, police officers and sheriff's deputies need to understand the problems, characteristics, and needs of the burgeoning elderly population, and how to act in concert with others in the community to provide necessary services.

This manual is intended to increase students' understanding of police officers' legal mandates, the process of aging, and the aspects of domestic elder abuse that police are likely to encounter. The manual is designed to offer practical information that can be applied to daily encounters police have with elderly abuse victims (potential and actual), suspects, and witnesses. Police can assume a meaningful role in improving an elderly person's quality of life, while preventing, identifying, and properly responding to suspected cases of abuse, neglect, and exploitation. Police will not always have the resources to resolve problems that elderly citizens encounter, but they can take significant steps in reducing older persons' fears and in providing referrals that will give older citizens remedies that may preserve their dignity and independence. This manual is written specifically for police — to make their job easier, less stressful, and more enjoyable by providing realistic expectations and guidelines for handling suspected domestic elder abuse cases.

1 For the purposes of this manual, the term "elder abuse" includes physical and psychological abuse, financial exploitation, and intentional, non-intentional, and self-neglect.

Why Law Enforcement Should Be Concerned with Elder Abuse

Most police officers are caring individuals who want to make a difference in their communities. Elder abuse prevention, detection, and intervention allow officers to improve the quality of many older adults' lives, while increasing job satisfaction and effectiveness.

There are many reasons beyond altruism why law enforcement needs to be concerned with formulating a timely, quality response to elder abuse.

- First, law enforcement must be concerned about its response to elder abuse because it is the law. It is that simple. All states have legislation that in some way affects elder abuse victims, whether it be mandatory reporting laws, Adult Protective Services laws, enhanced penalties for crimes against elder citizens, domestic violence laws, or specific elder abuse and neglect laws (Hunzeker, 1990; NARCEA, 1991). Police are expected to detect and report abuse, or enforce other state mandates.
- Second, a response developed *for* law enforcement by law enforcement ensures that any new policies, practices, procedures, and training will be practical and effective on the street. For example, elder abuse legislation is pending on both the national and state levels — police should be involved in helping to shape their role and to develop means for achieving it.
- Third, police across the nation are shifting toward a more community-oriented approach to policing (Goldstein, 1990). A quality response to the needs of the elderly is going to be an integral part of any community-oriented effort and will bring the department closer to the citizens it serves.
- Fourth, the demographics on aging demand law enforcement attention to elder abuse.

“Between 1989 and 2030, the 65-plus population is expected to double... By the year 2030, there will be proportionately more elderly than young people in the population: 22 percent of the population will be 65-plus and 21 percent will be under 18... The population age 85-plus is expected to triple in size between 1980 and 2030” (U.S. Senate Special Committee on Aging, et al., 1991).

“By the year 2040 the elderly will outnumber the young with more than 1 in 4 Americans age 65 or older,” according to the Census report, *Sixty-Five Plus in America* (Urdansky, 1992). (See also AARP, 1991.) Between 1990 and 2010 there will be a 26 percent increase in the population over 65 in the United States.

Minority populations will also increase substantially over the next 30 years. In 1985 approximately 14 percent of the population 65 and older were persons of color. By 2020, 21 percent of those 65 and older are projected to be persons of color (Spencer, 1988). Cultural/ethnic tensions that have plagued relations between some

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Instructor note: Trainers may want to summarize some of these points in opening remarks.

officers and civilians will further compound the problem of handling elder abuse in minority populations. These demographic changes will require a greater sensitivity on the part of police when responding to incidents of elder abuse in minority communities.

With an increase in the older population, police can anticipate more domestic elder abuse cases and must be prepared to respond. "The majority (67%) of older noninstitutionalized persons lived in a family setting in 1990," according to U.S. Bureau of Census data (AARP, 1991). And with the high cost of institutional care, the desire of older persons to remain with their families, the dependency of elderly persons on their caregivers, the longer life span of people today, and myriad other factors, there will likely be greater opportunities for domestic elder abuse.

- Fifth, police are already responding to calls involving elder abuse. In some communities law enforcement is the only 24-hour-a-day, 7-day-a-week service provider. A study conducted of older adults indicated that most respondents would first seek help from police if they were physically abused (AARP, 1981). But are police prepared to handle these calls? Do they understand what role they are to play to older persons in the service provision network? If they are to continue to be on the front line, they must be trained (Anderson and Theiss, 1987; Wolf, 1984).
- Sixth, police realize that elder abuse and other criminal victimization can have a devastating effect upon an elderly person, even if he or she receives only minor injuries (Stein, 1983). As violent crime victims, elderly persons are more likely to sustain serious injury than younger victims (Bachman, 1992). "Their inability to rebound from the physical and financial effects often associated with victimization makes the psychological impact of crime more profound for them than for younger victims" (Zevitz and Rettammel, 1989:2). It is not surprising that elderly persons, more than any other age group within society, fear being victimized by criminals (U.S. Department of Justice, 1987). Elderly persons' fears of victimization may be regarded as a type of secondary victimization. They alter their lifestyles to minimize their exposure to potential victimization. Many elderly persons have effectively withdrawn from society by staying at home and not participating in activities after dark (Jones, 1980). Unfortunately, this isolation may make older persons more vulnerable to other forms of elder abuse.

The complexity of the elder abuse problem calls for a comprehensive strategy with components ranging from prevention and early detection to strict enforcement, and involving such community workers as social service providers, Adult Protective Services staff, health care professionals, prosecutors, and law enforcement personnel. An effective strategy for dealing with the elder abuse problem must involve law enforcement and must ensure that they are trained to act in concert with other service providers in their communities. This manual is designed to assist police in reaching those goals.

Selecting a Trainer

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This curriculum draws on materials from the fields of gerontology, domestic violence, and elder abuse. It is suggested that a team approach be used in presenting the training. That is, law enforcement trainers from police agencies and academies are encouraged to work with Adult Protective Services or other local area agencies on aging to conduct the training. The specialists on aging issues may be invaluable in answering questions about mandatory reporting, legal and ethical issues concerning the police response to elderly citizens, local aging demographics and statistics, joint investigations, the aging process, and myriad other concerns that are critical to a successful training effort.

Law enforcement trainers should have an intimate knowledge of police agency policies, procedures, and protocols for handling cases of domestic elder abuse. They should also be familiar with current training on other forms of domestic violence so that proper distinctions and comparisons can be made. Some investigative experience would also be beneficial. Police trainers should also be aware of state laws that may be applicable in elder abuse cases. Trainers from Adult Protective Services or other social service agencies should have a thorough knowledge of resources in the community, applicable statutes, aging issues, investigative responsibilities, and problems that may concern the police response. Each trainer should have an understanding of the role and responsibility of the other professions, including differences in philosophies and terminology.

Additional qualifications might include the following:

- familiarity with training methods used in this manual
- demonstrated experience as a trainer
- experience with organizing, presenting, and discussing complex issues
- ability to lead discussions and to encourage students to disclose preconceptions
- sensitivity to the demands of officers in the training setting
- recognized credibility with officers
- commitment to being thoroughly prepared for all training sessions

It is important that the trainers express a genuine belief in using a coordinated approach to addressing domestic elder abuse so that the police role may be presented to students in a coherent and straightforward manner. Revising and updating the curriculum on a regular basis are strongly advised and should be done in a cooperative effort between the police trainer and local experts on domestic elder abuse.

Use of the Manual

Instructor's Notes

This guide may be used to train police trainers, recruits, and veteran (in-service) officers. The curriculum has been designed to be flexible, so that trainers can accommodate classes of differing sizes and experience levels. The training uses a modular approach, so that the training course can be tailored to the special needs of a particular audience. The instructional units are of varying time. The duration of each session may easily be altered if the trainer wants to expand or reduce a particular section.

Because this curriculum was designed to be used in jurisdictions across the country, it is necessary for the trainers to “customize” the curriculum where indicated. For example, there are sections that require that local laws, local statistics on the elderly population and their victimization, and regional resources be included. The trainers should make every effort to tailor this manual to any unique needs of the jurisdiction in which training is conducted. It is strongly recommended that trainers read the literature review and other model products developed by the Police Executive Research Forum before commencing training. All citations and resources for the grant products may be found in the bibliography to the literature review and at the end of each training module.

Since most training sessions will be mandated as part of a recruit or in-service training program, it is important to stress the direct personal and professional benefits to officers receiving the training, such as increases in job satisfaction, ability to access aging resource services in the community, professional respect and self-confidence, and long-term effectiveness.

Format

The training is divided into five modules. Module I provides students with an overview of the scope and nature of the domestic elder abuse problem. Among the many objectives of this session, students learn to identify various types of abuse, understand definitions used by police and social service workers, and identify indicators of abusive situations and relationships.

Module II provides students with a basic understanding of issues related to the aging process. The information in this module is meant to help students better understand how the increasing number of elderly in this country will affect their jobs, and it will help them to better interact with elderly victims, suspects, and witnesses.

Module III focuses on the police response and intervention in actual and potential elder abuse situations. Students will be taken through a detailed investigative protocol and be given the opportunity to test their knowledge of such issues as the law enforcement role in elder abuse cases, criminal and noncriminal options for responding to domestic elder abuse, legislative mandates, and referral opportunities.

Module IV is designed to help police better understand the social service networks that operate in most communities, and how to access assistance when the police response alone would be inadequate to meet an elderly citizen's needs.

Finally, Module V reviews the complex legal, ethical, and practice principles that often come into play in domestic elder abuse cases. Such concepts as self-determination, privacy, confidentiality, informed consent, autonomy, parens patriae, and police power are reviewed and explored by students. Any of these modules may be provided alone or in combination with other training programs to meet students' needs and experience levels. Optional activities are provided for trainers to use if emphasis on one particular topic is needed.

Environment

To promote learning, it is important that trainers pay particular attention to the environment. Every effort should be made to ensure the classroom has a comfortable temperature, has appropriate lighting, allows for the students to comfortably sit and write, is structured to encourage discussion, and will accommodate all training equipment. Comfortable chairs and writing desks should be available, and instructors should be attentive to students' needs to take frequent breaks.

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Module I

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Elder Abuse: An Overview

Goal: To help police better understand the scope and nature of the domestic elder abuse problem. This training module is also designed to help police recognize the indicators of abuse and identify high-risk situations.

Learning Objectives

1. Students will be able to identify the various types of abuse and understand the definitions used by police and social service workers in their states.
2. Students will learn that different types of abuse are often found together.
3. Students will be familiar with the national and local prevalence statistics on elder abuse.
4. Students will gain an understanding of the physical and psychological barriers that prevent many older people from reporting abuse.
5. Students will learn that the profile of abuser and victim may vary according to the type of abuse.
6. Students will be able to recognize the indicators of abuse.
7. Students will recognize social, economic, and cultural factors that may affect risk and influence whether victims seek help.

Session Schedule: Day 1*

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<i>Activities</i>	<i>Minutes</i>
1. Introduction and Discussion	20
2. Types of Elder Abuse and Prevalence	20
3. Profiles and Indicators of Abuse	50
BREAK	15
4. Exercise on Identifying Abuse and High-Risk Situations	45
5. Social, Economic, and Cultural Issues Affecting the Risk of Abuse	15
6. Questions and Discussion	20

* All activity times are subject to revision by the trainers. Instructors will have the option of expanding or abbreviating any activity or module to meet the level of expertise of the students in a particular training session.

Trainers' Notes

Instructor's Notes

It is recommended that this module be conducted by an APS trainer and a law enforcement trainer.

Prior to the session, complete the following:

- *Obtain copies of your state's elder abuse reporting law, criminal statutes pertaining to elder abuse, civil codes covering emergency protection orders, and mental health laws pertaining to involuntary detention for mental health evaluations. Familiarize yourself with the laws. Make copies for students.*
- *Prepare overhead transparency and handouts of your state's definitions of elder abuse (these will be included in the reporting law).*
- *Obtain information on the incidence of abuse in your state or community (if available). Prepare overhead transparency and handouts.*
- *Obtain slides of abuse indicators. Slides of physical indicators, which include signs of bilateral bruising, decubitus ulcers (bedsores), restraint, etc., can often be obtained from medical examiners. Slides of environmental indicators, such as unsafe and unclean living environments or physical restraints, can often be obtained with the assistance of Adult Protective Services workers in your community. If you are unable to obtain slides, several good videos on elder abuse are available (see section on additional resources). It is important to show that abuse and neglect can be of life-threatening severity.*

Equipment

You will need the following equipment:

- *Slide projector and screen (or VCR and television)*
- *Overhead projector*
- *Easel with butcher paper*

Participants' Materials:

- *Copies of:*
 - *State's elder abuse reporting law*
 - *Criminal statutes pertaining to elder abuse*
 - *Civil codes covering emergency protection orders*
 - *Mental health laws pertaining to involuntary detention for mental health evaluations*
- *Handout on state definitions of elder abuse*
- *Handout on state incidence of abuse*
- *[Optional: Police Executive Research Forum Literature Review as supplemental reading]*

Trainers' Materials

- *Overhead transparency of state definitions of elder abuse*
- *Overhead transparency of state prevalence rates*
- *Slides of abuse indicators. If slides are not available, use video **Lifeline Series, Segment 2**, produced by the California Attorney General's Office (see resource list at the end of module for ordering information).*

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Activity 1: Introduction to Elder Abuse and Neglect

Instructor's Notes

Introduction

This session focuses on defining elder abuse and gaining an understanding of the scope of the problem. It covers “domestic” abuse, or abuse that is perpetrated by family members or other individuals who are known to the older person. Street crime, confidence crimes, or other types of conduct by strangers will not be discussed. While many of the issues discussed in the session may be applied to abuse committed in nursing homes and other long-term care facilities, the focus of this training is on abuse, neglect, and exploitation that occurs within the home.

Abuse spans the spectrum from conduct that may have relatively minor impact on an elderly victim to actions that threaten the older person’s life or financial security. Financial abuse, for example, ranges from petty theft to misappropriating homes or life savings. Physical abuse ranges from slapping the older person to seriously assaulting and/or battering, or even murdering, the older person. Neglect covers the gamut from overlooking an older person’s needs, such as the need to adjust ill-fitting dentures, to willfully depriving the older person of food, water, or shelter.

While some types of abuse may seem relatively minor, it is important to note that even seemingly small acts of abuse may have a much more serious impact on an elderly victim than they would on a younger person. For example, the loss of a television set may be traumatic to a homebound older person who relies on it for comfort and news.

Some domestic abuse situations clearly constitute crimes and should be treated as such. However, as with most community problems, the police role is not limited to enforcement. Noncriminal abuse and neglect situations are also likely to come to the attention of law enforcement officers. In these situations, officers can play a critical role in stopping the abuse by referring victims to appropriate health or social service agencies.

Many cases of abuse go unreported because victims are unable to ask for help, are afraid of retaliation or institutionalization, or are dependent on their abusers for needed care. Some are isolated and have no one to tell. For these reasons, it is particularly important for law enforcement officers to learn to recognize the signs and symptoms of abuse and to understand the full range of potential responses by both law enforcement and social service workers. The astute officer may be the victim’s only link to the outside world.

Stopping abuse and ensuring victims’ safety often require close collaboration and coordination between law enforcement and other professionals. Police may be asked to assist other professionals in checking on the health or safety of older people when those professionals are denied access. In criminal cases, police may need to call upon social service workers to get information about elderly victims

This text appears on pp. I-3–I-4 of the student manual.

or to make arrangements for the victims' care. To effectively stop abuse, police must work in partnership with social service agencies.

This module will cover the full range of abuse situations that police are likely to encounter. Module III will concentrate on the specific roles of law enforcement in handling abuse cases.

Points to Emphasize:

- *Abuse is being called the "crime of the 90s." We are just starting to understand the scope of the problem.*
 - *The training covers "domestic" abuse that occurs in the home from someone the older person knows (abuse from strangers or in nursing homes is not covered).*
 - *Abuse runs from mild to severe.*
 - *Abuse may have a more serious impact on an older person than it would on a younger person.*
 - *Some abuse constitutes a crime while other types of abuse do not.*
 - *As with most community problems, the police role in elder abuse is not limited to enforcement.*
 - *Even when abuse is not criminal, law enforcement officers may play a critical role in ensuring victims' safety, health, and dignity.*
-

Ask:

Have you come across situations of domestic abuse where the victim was elderly? Have you come across situations where you suspected that an older person was being mistreated, but you were unsure? If so, what were some of the problems you had in handling the case?

Possible Responses:

The older person told me that he/she was being abused, but he/she seemed confused. I wasn't sure if I could believe him/her.

I'm sure there was abuse going on, but the older person denied that anything was wrong.

I couldn't understand the older person's story and there was nobody else to ask.

I've seen cases, but they didn't seem bad enough to be considered crimes.

I couldn't be sure if it was abuse, or if the person just lived that way.

(If there are no responses, you may want to ask what problems they foresee in these types of cases.)

Review goals and objectives of Module I and explain that the information in the module should help to better identify abuse. Later chapters will address the police response.

Instructor's Notes

Activity 2: Types of Elder Abuse and Prevalence

Types of Elder Abuse

For this activity, instructors will use the definitions of elder abuse that are used in the students' states. Abuse usually falls within the following categories.

- Physical:** Nonaccidental use of physical force that results in bodily injury, pain, or impairment. It includes assault, battery, and inappropriate restraint.
- Sexual:** Nonconsensual sexual contact of any kind with an older person.
- Psychological:** Willful infliction of mental or emotional anguish by threat, humiliation, or other verbal or nonverbal abusive conduct.
- Financial:** Illegal or improper use of an older person's funds, property, or resources.
- Active Neglect:** Willful failure of a "caregiver" to fulfill his or her caregiving responsibilities.
- Passive Neglect:** Nonwillful failure of a caregiver to fulfill his or her caregiving responsibilities.
- Self-Neglect:** Failure of an older person to provide for his or her own essential needs.

Pass out handouts on state definitions of elder abuse.

Show overhead of state definitions of elder abuse.

For each type of abuse, read the definition out loud and discuss the "Points to Emphasize" that follow.

Note:

Detailed descriptions of each type of abuse are included in the student manual. They are also included below.

Physical Abuse

Physical force may have a much more serious impact on an older person than it would on someone younger. For example, a slap, shove, or push that normally would not injure a younger individual might cause serious harm to an older person. Consequently, acts of violence against the elderly are often treated more seriously than similar acts against younger victims. In some jurisdictions, this fact is reflected in enhanced penalties.

Inappropriate restraint may involve tying an older person up or locking him or her in a room. Because some older people with dementia have a

Instructor's Notes

This section defines the various types of abuse. General definitions and explanations are provided in the student manual on pp. I-5–I-7.

Read: Definition of physical abuse

Nonaccidental use of physical force that results in bodily injury, pain, or impairment. It includes assault, battery, and inappropriate restraint.

tendency to wander, some types of physical restraint may be necessary. However, when the restraint causes undue suffering, is punitive, or jeopardizes the older person's health or safety, it is abusive. Even a properly applied restraint may not be appropriate if the older person is left for long periods of time and there is no physician oversight. Restraint may place the older person at risk of being confined to the house during a fire or other life-threatening emergency. When it is unclear whether restraint is appropriate, a professional who works with impaired adults may be contacted. Inappropriate restraint may also include overmedicating an older person.

Instructor's Notes

Points to Emphasize:

- *Physical force may have a much more serious impact on an older person than it would on someone younger.*
 - *Acts of violence against the elderly should be treated more seriously than similar acts against younger victims.*
 - *Some jurisdictions have enhanced penalties for crimes against the elderly. (Instructors: Leave this out if it does not apply.)*
 - *Physical abuse may include inappropriate restraint that involves tying the older person up or locking him or her in a room.*
 - *Because some older people with dementia have a tendency to wander, some type of physical restraint may be necessary.*
 - *Even appropriate restraints can be misused.*
 - *When in doubt, contact a professional who works with dementia victims.*
-

Sexual Abuse

Sexual abuse includes forced sexual contact or sexual contact with an individual who is incapable of exercising consent because of physical or mental impairments. Some people in the field of elder abuse believe that many cases of sexual abuse go unreported because professionals fail to recognize or identify sexual abuse. They attribute this oversight to the misperception that the elderly are not likely targets for sexual abuse and, consequently, fail to investigate situations in which sexual abuse is likely to have occurred. Additionally, if the older person is confused or nonverbal (conditions that actually increase their risk of abuse), he or she may be incapable of reporting. If the older person's mental capacity is unclear, his or her credibility and ability to exercise consent may be unclear as well.

Read: Definition of sexual abuse

Nonconsensual sexual contact of any kind with an older person.

Points to Emphasize:

- *Sexual abuse is forced or nonconsensual sexual contact.*
 - *Sexual contact of any kind with an individual who is incapable of refusing (because of a mental or physical disability) constitutes abuse.*
 - *Some people mistakenly believe that the elderly are not likely targets for this type of abuse.*
 - *For this reason, it is believed that many cases go undetected and unreported.*
-

Psychological Abuse

Psychological, or emotional, abuse may involve frightening, humiliating, intimidating, infantilizing, threatening, or isolating an older person. It often takes the form of threatening the older person with nursing home placement, or threatening harm if he or she fails to surrender money or property. It may involve treating older persons like children or accusing them of being responsible for their own disabilities.

Psychological abuse is perhaps the most difficult to evaluate because it is the most subjective. What may cause great emotional harm to one person may have little effect on another. This does not suggest that emotional abuse is less serious than other types of abuse. Constant threats, intimidation, or humiliation can have a devastating impact on an older person's health and his or her attitude toward life. Sustained psychological abuse can lead to a diminished sense of self-worth, depression, and fear. These are conditions which reduce the likelihood that the person will seek help. Psychological abuse often occurs in combination with other types of abuse, and often must be addressed before successful intervention can occur.

Points to Emphasize:

- *Psychological abuse is sometimes difficult to evaluate because statements or actions that can be damaging to one individual may not be to someone else.*
 - *For this reason, it is important to evaluate the effect that the conduct has on the older person. For example, is the older person surrendering money or property because he or she is afraid?*
 - *The effects of prolonged threats, intimidation, and humiliation can be devastating.*
-

Read: Definition of psychological abuse

Willful infliction of mental or emotional anguish by threat, humiliation, or other verbal or nonverbal abusive conduct.

Financial Abuse

Financial or material abuse includes theft, fraud, unfulfilled promises of lifetime care in exchange for assets, and limitations on the older person's access to his or her own assets.

Financial abuse often occurs when older persons become confused and sign documents that they do not understand. These may include powers of attorney, deeds, wills, or other legal documents. Such documents are not legal if the person who signed them did not understand what he or she was doing. Coercing, tricking, or exerting undue influence on an older person to sign away money or property is abusive.

Some older people give away money or property in exchange for needed care or a place to live. For example, an older person may transfer the deed to his or her home to another family member in exchange for lifelong care. If the promised care is not provided, then financial abuse has occurred.

Points to Emphasize:

- *Confused older persons are particularly vulnerable to financial abuse.*
 - *A confused older person may be tricked or coerced into signing documents that he or she does not understand.*
 - *A document signed by someone who was incapable of understanding it at the time of the signing is not legal.*
-

Active Neglect

A caregiver is defined as "a person who has the care, custody, or control of the older person." Active neglect is denying an older person food, health-related services, or other needed items such as eyeglasses, dentures, or walkers. It may include abandoning the older person.

Active neglect may occur when caregivers are providing care unwillingly (e.g., they have been pressured into doing so by other family members), or for financial gain.

Points to Emphasize:

- *Active neglect is intentional.*
 - *The caregiver may be providing care unwillingly or for financial gain.*
-

Instructor's Notes

Read: Definition of financial abuse

Illegal or improper use of an older person's funds, property, or resources.

Read: Definition of active neglect

Willful failure of a "caregiver" to fulfill his or her caregiving responsibilities.

Passive Neglect

Caregivers may fail to provide care because they do not understand the older person's needs or how to provide for them. They may be experiencing problems themselves that limit their ability to provide adequate care. Distinguishing between passive and active neglect is often difficult because the motives of the caregiver cannot usually be determined.

Points to Emphasize:

- *Passive neglect is unintentional.*
 - *The caregiver may be incapable of providing adequate care because he or she lacks knowledge or skills or has problems of his or her own.*
-

Self-Neglect

Self-neglect is the result of an older adult's inability or refusal to perform essential self-care tasks, including eating, bathing, or securing food, clothing, shelter, or medical care. The older person may also neglect his or her finances or physical security. Self-neglect may be associated with mental or physical impairments, illness, depression, alcoholism, or hopelessness.

While self-neglect is covered under many states' reporting laws, it is not a crime. However, police should be prepared to respond appropriately to reports of self-neglect. They may receive reports from neighbors or other third parties who are concerned about an older person's health and well-being. If the neglect reaches life-threatening levels, they may be called to perform an involuntary removal under mental health codes. They may also be called if the self-neglecting senior's home or apartment is creating a health or safety hazard.

Self-neglect can have a devastating effect on the elderly person, and police may be able to improve the person's standard of living by making appropriate referrals to social service agencies.

Points to Emphasize:

- *Self-neglect may or may not be considered a type of elder abuse.*
- *Police may become involved in self-neglect cases when they receive reports from third parties who are concerned about an older person's well-being. If the older person's home or apartment poses a health or safety threat, or if the self-neglect becomes life-threatening, police may also be summoned.*
- *Police can play an important role in improving the lives of self-neglecting individuals by making appropriate referrals.*

Instructor's Notes

Read: Definition of passive neglect

Nonwillful failure of a caregiver to fulfill his or her caregiving responsibilities.

Read: Definition of self-neglect

Failure of an older person to provide for his or her own essential needs.

Combinations of Abuse

Explain:

Different types of abuse often occur together. For example, financial abuse is often accompanied by intimidation, threats, or acts of violence against the older person. When one type of abuse is reported, it is important to explore the possibility that other types of abuse are also present.

Extent of the Problem

While reliable data on the incidence of elder abuse is scarce, most researchers agree that over 1.5 million seniors, or about 5 percent of the elderly population, are abused by their loved ones annually. While it is also estimated that only about one of every 14 domestic elder abuse incidents is reported, the number of cases that are reported each year is rising dramatically. Between 1986 and 1992, the number of reported cases of elder abuse rose 94 percent.

About two-thirds of elder abuse victims are female. It should be noted, however, that elderly women significantly outnumber elderly men. Consequently, while there are more actual cases of abuse to women, men are also likely to be victims.

Points to Emphasize:

- *About 5 percent of the elderly are abused each year.*
 - *Only about one in 14 cases is reported.*
 - *The number of reported cases is increasing dramatically each year.*
-

Describe the following scenario:

Imagine that you are 73 years old and cannot walk as a result of severe arthritis. You live with your grandson, who takes your pension and Social Security checks and uses the money to buy drugs. He buys and prepares food for both of you, but he leaves you for long periods of time during which you are unable to get food or water for yourself, make phone calls, or contact anyone. While you have sufficient income to purchase services such as those provided by an attendant or senior center, your grandson prevents you from arranging for these services.

Instructor's Notes

This text appears on p. I-7 of the student manual.

Summarize the text.

Points to emphasize follow.

Ask

What might prevent you from contacting others for help?

Possible Responses:

You cannot leave the house or use the telephone.

You are afraid that you will end up in a nursing home if people discover that you are not managing at home.

You are afraid that your grandson will retaliate if he finds out, or that he will stop providing the care that he currently provides.

* * *

Imagine that the victim described above is a friend of yours. You have not seen your friend since her grandson moved in six months ago. Whenever you try to call or visit, you get no answer or the grandson tells you that your friend is asleep. You are concerned about your friend's health and safety.

Ask:

What factors might prevent you from reporting the situation?

Possible Responses:

You do not know who to call. You are afraid of aggravating the situation.

You do not feel that you know the whole story.

Local Incidence Data

Ask:

Do you believe that elder abuse is a problem in your state or jurisdiction? If so, how big of a problem is it?

Allow time for discussion.

Pass out handout on state or local incidence statistics.

Ask:

Is your agency doing anything to encourage abuse reporting? (If the answer is no, ask what they could be doing.)

Activity 3: Profiles and Indicators of Abuse

Profiles of Victims, Abusers, and Circumstances Surrounding Abuse

The early research on elder abuse portrayed abuse as situations where very old women were mistreated by well-meaning but overstressed family members who were taking care of them. These early studies did not distinguish among the various types of abuse. More recent research, however, has revealed that when the different types of abuse are examined separately, they reveal very different profiles of the victims, abusers, and situations in which the abuse occurs. For this reason, it is necessary to look at each category of abuse separately to understand the dynamics of abusive relationships and the underlying causes.

Points to Emphasize:

- *Profiles of victims, abusers, and circumstances surrounding abuse vary depending on the type of abuse.*
-

Indicators of Abuse and Neglect

Indicators of abuse are actual signs or symptoms that suggest that abuse has occurred or is likely to occur. They may be physical or behavioral. Physical indicators include injuries or conditions, weapons, or signs of restraint. Behavioral indicators include the conduct of, or interactions between, the parties involved.

Victims often explain abuse-related injuries as having resulted from accidents. By carefully assessing the type of injury and the explanation for it, it is possible to discover inconsistencies. For example, a bruise explained to be the result of an accidental fall may be on a part of the body that is unlikely to sustain impact in a fall.

Because physical evidence alone cannot tell the whole story, it is important to look for behavioral indicators that suggest what is really going on. Behavioral indicators include actions or attitudes of the victims or abusers, interactions between victims and abusers, or inconsistencies in how they describe events or account for injuries. Some indicators of abuse and neglect can be observed, while others must be elicited through questioning.

Indicators alone are not proof of wrongdoing. Their presence is not conclusive and should serve only to direct the focus of further investigation.

Instructor's Notes

This text appears on pp. I-8–I-15 of the student manual.

Summarize the text.

Points to emphasize follow each section.

Points to Emphasize:

- *Indicators are signs or symptoms of abuse.*
 - *They may be physical or behavioral.*
 - *Indicators direct the focus of further investigation.*
-

Physical Abuse

Physical abuse usually occurs in situations where the victim and the abuser live together. Because the majority of elderly who live with family members live with spouses, much physical abuse is spouse abuse. Abuse is also perpetrated by offspring, however, and the likelihood that the elderly will live with their children increases with age.

Abuse by spouses may continue from earlier stages of life, or it may begin in old age. The question arises as to whether these early-onset cases, which are sometimes referred to as “spouse abuse grown old,” should be treated like any other cases of spouse abuse. While traditional approaches to domestic violence may be effective in these cases, changes that occur as the parties age may alter the circumstances and needs. Abuse may cause greater injury to the older victim. Older victims may be less able to protect themselves or they may lack access to protections that were once available to them. For example, most battered women’s shelters are poorly equipped to serve elderly victims, or they may not accept victims who are not self-sufficient.

With late-onset spouse abuse, the abuse may arise when changes occur in a couple’s relationship as a result of aging. As family members age, their previous patterns of relating to each other change, which may cause stress. Stress related to caregiving, retirement, or personality changes that may result from dementia or medication may also contribute to late-onset spouse abuse.

Physical abuse by offspring frequently involves abusers who have histories of mental illness and drug or alcohol abuse. The abuser may be living with a parent because the parent is unable to manage independently. In some situations, the adult child provides care to the older person, while the older person provides the child with money, emotional support, and a place to live, resulting in a “mutual web of dependency.” Sometimes a child is taking care of a parent with whom the child has never had a good relationship. The stress associated with caring for older persons with deteriorating physical or mental conditions may also be a contributing factor.

Victims of physical abuse are often relatively independent (they usually do not need assistance with their daily activities) compared to victims of other types of abuse. They are, however, more likely to suffer from emotional problems.

Points to Emphasize:

- *In situations of physical abuse, victims and abusers usually live together.*
 - *When abuse is by spouses, it may continue from earlier in life, or it may begin in old age.*
 - *In cases of abuse by offspring, the abuser is likely to have mental health or substance abuse problems.*
 - *Victims are often dependent on their abusers for care.*
 - *Abusive offspring are often dependent on victims for money or a place to live.*
 - *Victims of physical abuse are relatively independent but may have emotional problems.*
-

Indicators of Physical Abuse

In assessing indicators of physical abuse, it is important to note that older adults are more likely than younger persons to bruise or experience accidents that result in injuries. Injuries that result from organic causes or accidents may be indistinguishable from those that are inflicted. Consequently, physical indicators alone are not conclusive. Usually, in determining if abuse has occurred, physical injuries must be assessed along with behavioral indicators, such as how the victim and suspect explain them.

Bruises, in particular, may be misleading, since older people bruise more easily than younger people and are also at greater risk for a variety of injuries that lead to bruising. For this reason, it is often difficult to distinguish between bruises that were accidental and those that were inflicted. All injuries should be investigated.

The shape or location of injuries can be instructive. Sometimes pattern marks emerge that resemble the instrument that was used to cause the injury. Rope or strap marks, for example, may indicate inappropriate restraint. There are also certain types of bruises that are unlikely to occur accidentally. These include “bilateral” or “wrap around” bruises, as well as the following injuries.

- Bruises or welts
 - Bruises in the shape of articles such as belts, buckles, or electrical cords
 - Bilateral bruises (bruises which appear on opposite sides of the body) to the arms may indicate that the older person has been shaken, grabbed, or restrained. Bilateral bruises on the inner thighs may indicate rape or other types of sexual abuse

The following lists of abuse indicators appear on pp. I-9–I-11 of the student manual.

Read through the lists of indicators with the class.

Show appropriate slides or video.

Points to emphasize follow each set of indicators.

—“Wrap around” bruises (bruises which encircle the older person’s arms, legs, or torso) may indicate that the person has been physically restrained

- Burns from cigarettes, appliances, or hot water
- Abrasions on arms, legs, or torso that resemble rope or strap marks may indicate inappropriate constraint
- Fractures, sprains, lacerations, or abrasions
- Injuries caused by biting, cutting, poking, punching, whipping, or twisting limbs
- Disorientation, stupor, or other effects of overmedication
- Internal injuries may be evidenced by unexplained reported pain, difficulty with normal functioning of organs, or bleeding from body orifices
- History of similar injuries and/or numerous or suspicious hospitalizations

Behavioral Indicators of Physical Abuse

The Victim

- Is easily frightened or fearful
- Exhibits denial
- Is agitated or trembling
- Is hesitant to talk openly
- Offers implausible stories
- Makes contradictory statements

The Suspect

- Conceals the victim’s injuries (e.g., brings the victim to a different medical facility for treatment each time there is an injury)
- Offers inconsistent or implausible explanations for the victim’s injuries
- Threatens the older person with physical abuse, withdrawal of care, loss of relationships, desertion, or nursing home placement
- Is obstructive to investigation. He or she may speak for the elderly person, dominate the interview, refuse to allow the elderly person to be interviewed alone, try to divert the interviewer from the subject, or act defensively
- Handles the older person roughly or in a manner that is threatening, manipulative, sexually suggestive, or insulting
- Is unreasonably critical of and/or dissatisfied with social and health care providers and changes frequently

Points to Emphasize:

- *In investigating physical abuse, it is often difficult to distinguish between injuries that were inflicted and those that were the result of an accident, health condition, or medication.*
 - *For this reason, it is important to explore and evaluate explanations and interpretations of physical indicators.*
 - *The behaviors of victims and suspects, as well as the interactions between the two, can provide valuable clues in investigating physical abuse.*
-

Sexual Abuse

While very little is known about sexual abuse of the elderly, it is believed that older persons who suffer from dementia or who are nonverbal are particularly vulnerable. These individuals may be unable to exercise consent or to report what has happened to them. Definitive profiles of abusers are not available.

Points to Emphasize:

- *While little is known about sexual abuse of the elderly, it is believed that those who suffer from dementia or who are nonverbal are particularly vulnerable.*
 - *Definitive profiles of abusers are not available.*
-

Indicators of Sexual Abuse

Because most of the indicators listed below will not be readily apparent to the on-scene officer, the officer should make arrangements for a physical exam if he or she has reason to suspect sexual abuse. The exam should be performed by a medical practitioner who is experienced in sexual assault examinations. If such a professional is not available, or if the older person cannot get to one, another medical professional, such as a home health nurse or physician, may be asked to perform the exam. However, he or she may need to be instructed to look for indicators such as the following.

- Sexually transmitted disease
- Genital or anal infection, irritation, discharge, bleeding, itching, bruising, or pain
- Painful urination and/or defecation, or retention
- Difficulty walking or sitting
- Torn, stained, or bloody underclothing

Behavioral Indicators of Sexual Abuse

The Victim and Suspect

- Demonstrate inappropriate sex-role relationship
- Exhibit inappropriate, unusual, or aggressive sexual behavior
- Reveals extreme anxiety, including difficulty eating or sleeping, fearfulness, or compulsive behavior (victim)
- Appears to be overly protective or dominant (suspect)

Points to Emphasize:

- *Since physical symptoms of sexual abuse will not be readily apparent, it is essential to work with health professionals in investigating sexual abuse.*
 - *Private physicians, public health nurses, sexual assault center personnel, or health professionals who work in adult day care centers may be able to help.*
-

Psychological Abuse

Psychological abuse shares many features with physical abuse. Victims are relatively independent physically and may or may not suffer from emotional problems. Perpetrators are likely to have histories of substance abuse and/or mental illness and to depend on victims for financial resources. Victims and abusers are likely to be living together.

Points to Emphasize:

- *Victims of psychological abuse are relatively independent.*
 - *Perpetrators are likely to have histories of substance abuse and/or mental illness.*
 - *Abusers are often dependent on victims for money or a place to live.*
 - *Victims and abusers are likely to be living together.*
-

Indicators of Psychological Abuse

Indicators of psychological abuse resemble the symptoms of emotional disorders, dementia, and other conditions associated with aging. Consequently, in investigating psychological abuse, it is often helpful to talk with individuals who know the victim well to determine whether the patterns or conditions are recent or long-standing, and whether they may be attributed to other causes.

Behavioral Indicators of Psychological Abuse

The Victim

- Exhibits sleep, eating, or speech disorders
- Suffers depression
- Expresses helplessness or hopelessness
- Is isolated
- Demonstrates fearfulness
- Exhibits agitation or anger
- Feels confused
- Harbors low self-esteem
- Seeks attention and affection

The Suspect

- Threatens the victim
- Speaks poorly of the victim
- Ignores the victim and his or her needs

Points to Emphasize:

- *Indicators of psychological abuse resemble symptoms of other conditions.*
 - *Interviewing individuals who know the victim may be helpful in distinguishing these differences.*
-

Financial Abuse

Financial abuse may range from petty theft to much more complicated types of extortion. Family members, acquaintances, or strangers may trick or coerce older persons into giving away money or property. They may, for example, convince confused older persons who are legally incapable of transacting business to grant them authority over, or access to, their finances.

Unlike perpetrators of physical abuse and neglect, who often have a strong emotional bond with their victims, perpetrators of financial abuse are less likely to live with victims or to have strong relationships with them. Most financial abuse seems to be motivated by financial gain as opposed to malice toward or poor relationships with the victims.

Victims of financial abuse are often unmarried and isolated, with few social supports. Some are recently widowed and may be managing their financial affairs for the first time. Some are reluctant to ask for assistance, leaving them particularly vulnerable to individuals who offer them help and companionship. It has been observed, in fact, that some

abusers specifically seek out older people who live alone and have few social contacts. To them, lonely, isolated older persons are easy targets for abuse. Older people with memory loss or those who are confused are particularly vulnerable.

Points to Emphasize:

- *Perpetrators are less likely to live with victims or to have strong relationships with them.*
 - *Abuse seems to be motivated by financial gain rather than malice toward the victim.*
 - *Victims are often single and isolated, with few social supports.*
-

Indicators of Financial Abuse

As elderly persons experience decreased mobility (loss of driving ability and personal mobility), or mental impairments (such as confusion or forgetfulness), they may rely on others to assist with and sometimes take over their financial affairs. Although this increases the opportunity for abuse, caregivers may need to conduct legitimate financial business and handle funds. Indicators of possible abuse include the following:

- Older person living alone with few social supports or contacts
- Unusual volume or type of banking activity, or activity inconsistent with victim's ability (e.g., use of ATM by a bedridden victim)
- Non-payment of bills leading to eviction notices or threats to discontinue utilities
- Legal documents such as deeds or powers of attorney that the older person did not understand at the time he or she signed them
- Withdrawals from bank accounts or transfers between accounts that the older person cannot explain
- Bank statements and canceled checks no longer going to the older person's home
- Care of the older person is not commensurate with size of the estate
- Missing belongings or property
- Suspicious signatures on checks or other documents
- Absence of documentation about financial arrangements
- Caregiver has no means of support

Behavioral Indicators of Financial Abuse

The Victim

- Gives implausible explanations about his or her finances

- Is unaware of or does not understand financial arrangements that have been made for him or her

The Suspect

- Expresses excessive concern about cost of caring for the victim, or reluctance about spending money or paying bills
- Recent acquaintance expresses interest in the older person's finances, promises to provide assistance or care, or ingratiates him- or herself to the older person
- Gives implausible explanations about the elderly person's finances
- Isolates victim from friends and family

Neglect (Active and Passive)

Neglect occurs when those who have assumed responsibility for providing care to frail older people fail to do so. Consequently, neglect usually involves very old victims with cognitive and functional impairments and little social support, who rely on others for assistance. Unlike perpetrators of physical and psychological abuse, perpetrators of active and passive neglect seldom experience psychological impairments.

Caregiving responsibilities range from chores such as cooking or shopping to personal assistance with bathing, walking, eating, or dressing. Most assistance to frail older people is provided by family members, friends, or acquaintances, without any compensation. Some caregivers, however, receive payment for their services. Paid caregivers may be employed by agencies or they may be hired directly by older persons. Many low-income, impaired older people receive public assistance to purchase caregiving services. Some choose to hire family members to provide care when paid attendants are unavailable or unacceptable to them, or when the family members need the income.

The caregiving demands may be extremely stressful. Those conditions that caregivers report to be the most stress-producing include situations where the older person is incontinent, does not sleep at night, or engages in embarrassing behaviors in public. The resulting stress may trigger debilitating fatigue or depression, or it may cause the caregiver to lash out in anger or frustration by withholding care or engaging in psychologically or physically abusive behavior.

Neglect may be active or passive. Active neglect refers to neglect that is willful or intentional. It may result when the person providing care is doing so unwillingly or for financial gain.

Passive neglect refers to situations where the caregiver unintentionally fails to provide adequate care. It may occur when caregivers lack knowledge about how to provide care or when they are unable to cope with the stresses of caregiving. They may be experiencing poor health or fatigue. It should be noted that many people in their 60s or 70s provide care to family members in their 80s or 90s.

Points to Emphasize:

- *Neglect is the failure of caregivers to provide adequate care.*
 - *Neglect may be active (intentional) or passive (unintentional).*
 - *Victims of neglect tend to be very old, frail, and dependent on others for assistance.*
 - *Neglect may occur when caregivers are providing care unwillingly or for financial gain, or when they are unable to provide adequate care because they lack skills or have problems of their own.*
-

Indicators of Neglect

Neglect may be found at varying levels and may be recent or long-standing. In evaluating neglect situations, it is important not to make value judgments about how people live or about their lifestyle choices. Impoverished families may lack amenities and necessities. Standards of hygiene and cleanliness also vary. However, when needed care or items are withheld from an older person, when he or she is forced to endure undue hardships, or when his or her health and safety are in jeopardy, there is cause for concern. Some signs of neglect include the following:

- Neglected bedsores
- Skin disorders or rashes
- Untreated injuries or medical problems
- Poor hygiene
- Hunger, malnutrition, or dehydration
- Pallor, or sunken eyes or cheeks
- Absence of necessities in home, including food, water, or heat
- Absence of prescribed medication
- Lack of clean bedding or clothing
- Unsanitary or unsafe living conditions
- Absence of needed dentures, eyeglasses, hearing aids, walkers, wheelchairs, braces, or commodes

Behavioral Indicators of Neglect

The Victim

- Is unresponsive or helpless
- Appears detached
- Exhibits hopelessness

- Expresses unrealistic expectations about his or her care (e.g., claims that his or her care is adequate when it is not, or insists that the situation will improve)

The Suspect

- Isolates the elderly person from the outside world, friends, or relatives
- Lacks caregiving skills
- Isolates the elderly person emotionally by not speaking to, touching, or comforting him or her
- Refuses to apply for economic aid or services for the elderly person and resists outside help

Points to Emphasize:

- *Neglect may be found at varying levels.*
 - *Other factors such as poverty may contribute to the appearance of neglect.*
 - *It is important not to make value judgments about how people live.*
-

Self-Neglect

Research shows that while self-neglect is found among all segments of the population, the problem is greatest among the elderly. Most self-neglecting seniors are low-income women who live alone. Many self-neglecting seniors have been found to be depressed and/or confused. Many have a tendency to wander.

Points to Emphasize:

- *The incidence of self-neglect increases with age.*
 - *Most self-neglecting seniors are low-income women who live alone.*
 - *Many are depressed and/or confused, and have a tendency to wander.*
-

Indicators of Self-Neglect

The indicators of self-neglect resemble those of active and passive neglect by others.

Activity 4: Exercise on Identifying Abuse and High-Risk Situations

Ethel is 84 years old and lives with her 58-year-old son, Joseph. Several months ago, Ethel had a stroke that left her partially paralyzed and in need of a lot of help with her personal care, including eating, bathing, going to the bathroom, and walking. She has an attendant who comes in for a few hours several mornings a week, but spends much of her time alone or with Joseph.

Joseph has never been married and works sporadically as a construction worker. Business has been bad in the last few years and he has been unemployed for long periods. Joseph has a drinking problem that is worse when he is not working.

In recent months, Ethel and Joseph did not pay their electric bills. A representative from the electric company made several attempts to call the family but was unable to reach them. He went out to the home. Although no one answered the door, he heard a weak woman's voice respond to him when he called out. Concerned about her well-being, the representative called the police, and you have been asked to check up on her. You arrive just as Joseph is getting home, and he reluctantly allows you to come in to talk to his mother and him. He does not want you to talk to his mother alone "because of her frail condition."

When you ask Ethel how she is doing, she says that everything is fine. She does not understand the electric company's concern and is unaware that there are problems with the bills. She states that Joseph pays all of the bills and that she has sufficient income to cover them. When you ask about other family members, she tells you that she has no other relatives in town. She explains that while she has friends, she never sees them anymore because "Joseph likes our privacy." You notice that she has bruises on her arm and wrist, which she explains are the result of a fall.

Ask the class to identify factors that are cause for concern and specific evidence of abuse. List them on the easel.

Possible Responses:

- *Ethel's frailty*
- *Ethel's high care needs*
- *Joseph's dependency, alcohol problems, and financial needs*
- *Unpaid bills and shut-off notice from electric company*
- *Ethel's unawareness of her financial situation*
- *Appearance that Joseph is isolating his mother*

Instructor's Notes

Instruct students to read the following case example, which appears in their manuals on p. I-16.

- *Possible inadequate care from caregiver*
- *Bruises*
- *Joseph's reluctance to allow Ethel to be interviewed alone*

Generate discussion with the following additional questions:

- *Do you believe that Joseph is abusing his mother?*
- *What types of abuse would you look for?*
- *What other factors may explain the situation?*
- *What additional information would you want?*

Instructor's Notes

Activity 5: Social, Economic, and Cultural Issues Affecting the Risk of Abuse

Limited research data makes it difficult to get a clear picture of the incidence of elder abuse in minority communities. However, it is clear that social and cultural factors have a strong influence on family life. They shape attitudes and create expectations about family relationships and responsibilities. They affect whether or not family members live together and provide care to one another. They shape the roles and relationships among family members and define responsibilities among them. Cultural factors also influence whether or not families will turn to “outsiders” (e.g., social service or law enforcement agencies) for help, and under what circumstances.

Because these factors play such a prominent role in family life, they may also be expected to have an influence on domestic elder abuse and neglect. Some culturally derived attitudes and practices may increase the stresses that are believed to give rise to abuse, while others may reduce those stresses. Consequently, in evaluating situations, officers must recognize the potential impact of social and cultural factors on risk. This will help police more accurately assess risk and understand attitudes toward seeking help.

Ask:

What cultural or social factors may affect the risk of elder abuse and the likelihood that victims (or others) will seek help? Explain your answers.

There are many possible answers to this question. Instructors may use the following information to reinforce, qualify, or augment students' answers.

- Attitudes toward the elderly differ among different ethnic groups. For example, it has frequently been noted that old age and experience are more highly valued by some cultures. This may reduce the risk of abuse by creating strong sanctions against neglecting the elderly, as well as cultural reinforcements for treating the elderly with respect. It may, however, discourage some victims from seeking needed help out of shame or embarrassment.*
- Research indicates that extended family relationships are stronger among minority groups than among non-minority groups. Multigenerational support reduces isolation and suggests that there are more caregivers available to share caregiving responsibilities. Social support is believed to reduce risk.*
- The likelihood that adult children will live with their parents is greater among some minority groups. While this living arrangement may be considered “high risk” for the general population, it may signal that a problem is less likely to occur in communities where this arrangement is more socially acceptable and common.*

Instructor's Notes

This text appears on p. I-17 of the student manual.

Summarize the text.

Points to emphasize follow.

— Older people in a minority community are less likely to be institutionalized than those in a non-minority community. This suggests that more frail individuals are living in the minority community. While frailty increases the risk of neglect, this risk may be mitigated by other cultural factors such as extended family support.

Points to Emphasize:

- Little research data exists on the incidence of abuse among minorities.
 - Because social and cultural factors affect family roles, relationships, and expectations, it may be assumed that these factors may also affect the risk of abuse and the likelihood of individuals seeking help from outside sources.
 - These factors should be considered in assessing risk and guiding intervention decisions.
-

Note:

There is little scientific research on abuse in the minority community. Consequently, the assumptions about risk noted above have not been substantiated. The exercise is intended to increase officers' sensitivity to significant cultural factors that need to be considered in assessing abuse situations.

Activity 6: Questions and Discussion

Instructor's Notes

Respond to questions about the material that was covered in Module I. The following questions can be used to generate discussion.

- *Do you think that abuse of the elderly has actually increased in recent years or that more cases are being reported? Give reasons for your answer.*
- *Do you think elder abuse will be more common or less common when you are 60? Give reasons for your answer.*
- *Has anything presented to you in this module led you to suspect that an older person who you know or have encountered in your work was being abused or neglected?*
- *Elder abuse falls along a continuum in terms of severity. How severe do you think it has to be for law enforcement to intervene? Give examples.*

References

Instructor's Notes

General definitions of abuse and neglect used in the module were developed by the Police Executive Research Forum in its publication *Model Policy, Procedures and Investigative Protocol*. Sources for those definitions may be found in the literature review that accompanies this manual.

National incidence data on elder abuse was drawn from:

Pillemer, Karl and David Finkelhor. "The Prevalence of Elder Abuse: a Random Sample Survey." *Gerontologist*, 28:51–57, 1988.

Tatara, Toshio. *Summaries of the Statistical Data on Elder Abuse in Domestic Settings for FY90 and FY91*. Washington, DC: National Aging Resource Center on Elder Abuse, 1993.

Profiles of victims, abusers, and circumstances surrounding abuse were drawn from the following sources:

Anetzberger, Georgia J. *The Etiology of Elder Abuse by Adult Offspring*. Springfield, IL: Charles Thomas, 1987.

Douglass, Richard L. *Domestic Mistreatment of the Elderly — Toward Prevention*. Washington, DC: American Association of Retired Persons, 1988.

Mixson, Paula M. "Self-Neglect: A Practitioner's Perspective." *Journal of Elder Abuse and Neglect*, Vol. 3(1): 35–42, 1991.

Steinmetz, Suzanne K. *Duty Bound: Elder Abuse and Family Care*. Newbury Park, CA: Sage, 1988.

Wolf, Rosalie and Karl Pillemer. *Helping Elderly Victims: The Reality of Elder Abuse*. New York: Columbia University Press, 1989.

Abuse indicators were adapted from:

Quinn, Mary Joy and Susan K. Tomita. *Elder Abuse: Causes, Diagnosis and Treatment*. New York: Springer, 1986.

The section on cultural factors affecting risk was drawn from:

American Society on Aging. *Serving Elders of Color: Challenges to Providers and the Aging Network*. 1992.

Krause, Neal and Linda A. Wray. "Psychosocial Correlates of Health and Illness Among Minority Elders." *Generations*, 15(4), 25–30, 1991.

Lockery, Shirley A. "Family and Social Supports: Caregiving Among Racial and Ethnic Minority Elders." *Generations*, 15(4), 58–62, 1991.

Other suggested sources include:

Maldonado, David, Jr. *A Framework for Understanding the Minority Elderly*. Distributed by the National Association of State Units on Aging. Washington, DC.

National Association of State Units on Aging. "Information and Assistance on Minority Aging Populations." *Resources and Minority Aging*. Washington, DC. 1991.

Yip, Beverly, Stanford, Percil, and Susan A. Schoenrock. *Enhancing Services to Minority Elderly*. Distributed by the National Resource Center on Minority Aging Populations.

Instructor's Notes

Optional Activities

Instructors may consider using the following videotapes for advanced training or to supplement the materials presented in this module. All ordering information appears in the resources section of this manual:

Breaking the Silence (9:32 minutes)

Mandated Reporter Lifeline Series (27 minutes)
(Segment 2: Types of Abuse)

An Informative Video for Health Care Professionals (25 minutes)

The Hidden Sorrow (24 minutes)

The Golden Years (60 minutes)

Trainers will want to discuss with students how the laws and practices portrayed in the videos differ from those in the students' jurisdictions.

Instructor's Notes

Instructor's Notes

Module II

Instructor's Notes

Aging: An Overview

Goal: To provide students with easy-to-understand information about the elderly population and aging process that will enable them to interact more effectively with elderly victims, suspects, and witnesses.

Learning Objectives

1. Students will learn what the future trends are regarding the aging population and what impact those trends will have on the demand for police services.
2. Students will learn the physical and psychological effects of normal aging.
3. Students will learn about physical and psychological impairments and illnesses associated with aging.
4. Students will be familiarized with the concept of functional capacity and how it is used in assessing the physical and mental needs of the elderly.
5. Students will learn how to more effectively communicate with older persons.
6. Students will learn about the cultural differences within the minority aging population.

Session Schedule: Day 1*

Instructor's Notes

<i>Activities</i>	<i>Minutes</i>
1. Introduction	15
2. Aging Quiz	20
3. Physiological Changes Related to Aging	20
4. Functional Ability	5
BREAK	15
5. Communicating with Older Persons with Disabilities	20
6. Role Play: Communicating with a Hearing-Impaired Older Person	30
7. Minority Elderly in the United States	10
8. Conclusion	20

*All activity times are subject to revision by the trainers. Instructors will have the option of expanding or abbreviating any activity or module to meet the level of expertise of the students in a particular training session.

Trainers' Notes

It is recommended that this module be conducted by an APS trainer.

Prior to the session, complete the following:

- *Make copies of the aging quiz and the instructions for the role-playing exercise.*
- *Prepare handout on local statistics on aging. These can be obtained by contacting local area agencies on aging.*
- *Instructors may want to prepare background information on ethnic minority populations in their communities that are not covered in this section.*

Equipment

You will need the following equipment:

- *Overhead projector*
- *Easel with butcher paper*

Participants' Materials

- *Aging quiz*
- *Handout on local statistics on aging*
- *Instructions for role-playing exercise*

Trainers' Materials

- *Overhead: Number of persons 65-plus, 1900 to 2030*
- *Overhead: Percent of elderly by race*
- *Overhead: Communicating with hearing-impaired adults*
- *Answers to aging quiz*

Instructor's Notes

Activity 1: Introduction: The “Graying of America”

It has frequently been observed that “America is getting older.” This refers to the fact that we are witnessing an unprecedented demographic shift toward an older population.

Between 1989 and 2030, the 65-plus population is expected to double. By 2030, there will be proportionately more elderly than young people in the population: 22 percent of the population will be 65-plus and 21 percent will be under 18. The population age 85-plus is expected to triple during that time. Elderly minority populations will also increase substantially in the next few decades. In 1985, approximately 14 percent of the population 65-plus were persons of color. By 2020, this figure will have reached 21 percent.

This rapid growth has been accompanied by greater attention to the elderly. A new body of information about aging has emerged that dispels previous misconceptions and myths and more accurately defines the elderly’s needs. This new information and technology are enabling older people to live with greater independence and autonomy. Innovations in the fields of health and medicine are enabling older people to live longer, healthier lives. Many are starting second careers, going back to school, traveling, and contributing to their communities. As a group, the elderly constitute a formidable political force.

Along with this unprecedented growth and the improvements in the quality of life for many older people, a variety of problems may also be anticipated. Because of the high cost of institutional care and the desire of older persons to remain with their families, the majority of the elderly will live in the family setting (67% of older, noninstitutionalized persons lived with their families in 1990, according to the U.S. Census Bureau). This trend will undoubtedly create greater opportunities for the elderly to become involved in domestic disputes and increase their vulnerability to abuse.

What do these trends mean for law enforcement? They mean that police will interact with older people more frequently than ever before, and in a variety of settings. This increased interaction requires that police become more sensitive to the specific needs of the elderly, particularly in responding to incidents of domestic elder abuse.

To effectively communicate and offer assistance, police need to have a basic understanding about how aging affects older persons’ functional ability (their ability to carry out routine tasks). This information is also important to understand because certain disabilities associated with old age leave some older people vulnerable to abuse and impede their ability to protect themselves.

Instructor’s Notes

This text appears on p. II-3 of the student manual.

Points to Emphasize:

- *America is experiencing an unprecedented demographic shift toward an older population.*
 - *By 2030, there will be proportionately more elderly than children.*
 - *Minority populations are also expected to increase substantially.*
 - *With an increase in the older population, police can anticipate more elder abuse cases.*
 - *Police need a basic understanding of the effects of the aging process and the special needs of the elderly so that they can effectively communicate and offer assistance.*
-

Review goals and objectives of Module II.

Activity 2: Aging Quiz

Distribute aging quiz. A copy appears in the student manual on page II-4, as well.

Allow students 15 minutes to complete. Instruct them not to consult their manuals for answers during this time.

Read each question out loud and ask students for their answers.

Before presenting the correct answer, encourage students to justify their answers, drawing from their own experiences.

Question 1: America is “growing old” as a result of technological advances. True or false?

Answer: True

More people are reaching advanced old age than ever before. In 1900, the over-65 age group accounted for just 4 percent of the United States population. By 1980, the proportion of people over 65 had increased to 11 percent. By 2030, 22 percent of the population will be over 65.

The fastest rate of growth among the elderly has been in the over-85 age group. The population age 85-plus is expected to more than triple in size between 1980 and 2030 and to be almost seven times larger in 2050 than in 1980. Between 1989 and 2050, the population age 85-plus is expected to increase from 1 to 5 percent of the total population.

A baby born in 1900 could expect to live an average of only 47.3 years. In 1987, the average life expectancy in the United States was 75 years. While the greatest gains in life expectancy occurred during the first half of the century, due to dramatic decreases in deaths of infants and children, most of the increase in life expectancy since 1970 has been due to declines in mortality among the middle-aged and elderly populations.

This trend reflects technical advances in medicine and public health, as well as high birth rates in the years between 1890 and 1915. While the birth rate declined after that period, the post-World War II “baby boom” ensured that the trend will continue.

Points to Emphasize:

- *In 1900, only 4 percent of the population were over 65. In 1980, 11 percent were over 65. This figure is expected to reach 22 percent by the year 2030.*
 - *In 1900, the average life expectancy was 47.3 years. In 1987, it was 75.*
 - *This increase in life span is attributed, in great part, to technical advances and improved health.*
 - *The post-World War II “baby boom” ensured that the trend will continue.*
-

Instructor’s Notes

The answers to the questions are listed below and also appear on pp. II-5–II-10 of the student manual.

Summarize each answer.

Points to emphasize follow each question.

Show overhead: Number of Persons 65-Plus: 1900 to 2030. A copy may be found at the end of the module.

Question 2: The minority elderly population is expected to start growing faster than the Caucasian elderly population. True or false?

Answer: True

While the proportions of elderly in minority populations are smaller than in the Caucasian population, they are expected to start increasing at a faster rate. In 1989, 13 percent of Caucasians were over 65, while only 8 percent of blacks, 7 percent of other races (Native Americans and Asian/Pacific Islanders), and 5 percent of Hispanics were over 65.

While these proportions are expected to remain stable through the end of the century, they will rise sharply in the early part of the 21st century, exceeding the growth rate in the Caucasian population. Between 1990 and 2030, the older Caucasian population will grow by 92 percent, compared with 247 percent for the older African-American population and 395 percent for older Hispanics. In 1985, persons of color accounted for just 14 percent of the 65-plus population, but this figure is expected to reach 33 percent by 2050.

Increases in the minority elderly population are attributed to two factors: increased birth rates and expectations that minority infants will live longer than their parents or grandparents did.

Points to Emphasize:

- *The proportion of elderly persons of color is less than the proportion of elderly Caucasians.*
 - *The proportion of elderly persons of color, however, is expected to increase more rapidly in the next few decades.*
 - *This increase is attributed to increased birth rates and longer life expectancies among persons of color.*
-

Question 3: The average woman is likely to outlive her husband. True or false?

Answer: True

Women have longer life expectancies than men. In 1987, the average life expectancy for men was 71.5 years, while for women it was 78.4 years. For this reason, elderly women outnumber elderly men at a rate of three to two.

Women's longer life expectancy and tendency to marry older men account for the fact that 40 percent of the elderly women in America are widows. This compares with the 16 percent of elderly men who are widowers.

Instructor's Notes

Show overhead: Percent of Elderly by Race.

[Optional: Write on overhead the growth factors for each group as described below.]

Points to Emphasize:

- *The average life expectancy for women is 78.4 years, compared to 71.5 years for men.*
 - *Because they live longer and tend to marry older men, women are likely to outlive their husbands.*
-

Question 4: Most older people who suffer from illness or impairments live in nursing homes. True or false?

Answer: False

Only about 5 percent of people age 65-plus are in nursing homes at any given time. The overwhelming majority of older adults, even those with severe disabilities, want to live at home in familiar surroundings and near loved ones. Nursing homes carry a negative stigma for most older people. In fact, it is the fear of being placed in nursing homes that prevents many seniors from letting outsiders know when they are having problems or need assistance.

Nursing home services are also prohibitively expensive. The average cost is approximately \$2,000 to \$3,000 a month. While Medicaid will cover nursing home costs for low-income seniors, the program requires that they deplete almost all of their assets before they are eligible. Because many older people want to hold on to their savings for their own use or to pass on to their children, nursing homes are not the option of choice for most older adults.

Because of the costs and attitudes associated with nursing homes, most older people who have health problems or disabilities receive the care they need from family members, neighbors, or friends. Those who provide care to impaired persons are referred to as “caregivers.” A variety of health and social services has been developed to assist the elderly who are living in the community and their families. These services include home-delivered meals, medical care, emotional support, financial management, and assistance with daily activities such as bathing or shopping. “Long-term care” refers to assistance that is provided to chronically impaired people, both in institutions and in their homes.

Points to Emphasize:

- *Only 5 percent of the elderly live in nursing homes.*
 - *Most older people prefer to live at home.*
 - *Those who need assistance usually receive it from family members and/or from health and social service agencies. Assistance may include home-delivered meals, financial management, help with chores, and health care.*
 - *“Long-term care” refers to assistance that is provided to chronically impaired people, both in institutions and in their homes.*
-

Question 5: Most older people are lonesome and isolated. True or false?

Answer: False

Despite the fact that we live in a seemingly transient society, most older people live with, or close to, family members and have frequent contact with them. Of the elderly over 65 who have children, 80 percent live less than an hour away from at least one child, 50 percent have at least one child within 10 minutes of their home, and 84 percent see an adult child at least once a week. The likelihood that the elderly will live with their children increases with age. The death of a spouse, divorce, or separation increases the likelihood that the older person will live with his or her children.

Most older Americans live with their spouses (54%). Fifteen percent live with others, and almost one-third live alone. The likelihood that the elderly will live alone also increases with age. While one-third of all seniors over 65 live alone, the proportion increases to 47 percent for those over 85.

Points to Emphasize:

- *Most older people live with, or close to, family.*
 - *Fifty-four percent live with spouses, 15 percent live with others, and almost one-third live alone.*
 - *The likelihood that the elderly will live alone increases with age.*
-

Question 6: Most older people have no interest in, or capacity for, sexual relations. True or false?

Answer: False

The majority of people over 65 continue to have both interest in, and capacity for, sexual relations. Studies have shown that the capacity for

satisfying sexual relations continues into the 70s and 80s for healthy couples. Sex continues to play an important role in the lives of most men and women through the seventh decade of life.

Points to Emphasize:

- *Most people over 65 continue to have interest in, and capacity for, sexual relations.*
 - *Healthy couples enjoy satisfying sexual relations into their 70s and 80s.*
-

Question 7: As a result of programs like Social Security and Medicare, the majority of seniors are financially well off. True or false?

Answer: False

While it is true that many seniors benefit from these programs, a significant number of seniors, particularly women and minorities, live below or close to the poverty level.

More than one-fourth of the elderly have incomes and other economic resources below or just barely above the poverty level. The poverty level for the elderly in 1990 was \$6,280 for individuals and \$8,420 for couples. Women, minorities, and seniors over 85 have the lowest incomes.

Many older Americans receive assistance through federal or state programs. Some, like Social Security, are insurance programs that the older person contributed to while he or she was employed. Others are available to low-income or disabled seniors.

Social Security — An insurance program that provides a minimum income for previously employed older persons and their families when the older person retires, becomes disabled, or dies. The amount that the older person receives is based on what he or she contributed.

Medicare — A medical insurance program for seniors who were previously employed. It covers most hospital and physicians' fees, although there are premiums and co-payments for some services (the "out-of-pocket" costs). Some older people purchase "Medi-Gap" or supplemental Medicare insurance policies that cover the out-of-pocket costs and services that are not covered under Medicare.

Medicaid — A program that covers medical expenses for older people who have very low incomes. Those who receive Medicare may also receive Medicaid if they cannot afford the out-of-pocket costs. Low-income older people who are not eligible for Medicare may receive Medicaid.

Supplemental Security Income (SSI) — A program that provides a minimum income to older people, people who are visually impaired, and people with other disabilities who either are not covered by Social Security because they did not work or were not married to someone who

worked, or do not have sufficient income from Social Security and other sources to meet their basic needs.

Instructor's Notes

Points to Emphasize:

- *More than one-fourth of the elderly have incomes below or just above the poverty level.*
 - *Women, minorities, and those over 85 have the lowest incomes.*
 - *Social Security and Medicare are insurance programs for older people who have worked. Social Security provides an income, while Medicare provides for medical care.*
 - *Supplemental Security Income (SSI) and Medicaid are programs for low-income seniors. SSI provides an income and Medicaid provides for medical care.*
-

Question 8: We can all expect to become “demented” if we live long enough. True or false?

Answer: False

Dementia, which is the accepted term for intellectual deterioration (the frequently used term “senile” has a negative stigma), is not part of the normal aging process. The likelihood of contracting dementia, however, does increase with age.

Dementia is a condition characterized by intellectual deterioration, memory impairment, disturbed abstract thinking, defective judgment, poor impulse control, personality changes, and inappropriate emotional responses. It is estimated that less than 10 percent of those over 65 are subject to dementia.

Several medical conditions can contribute to dementia. These include Huntington’s chorea, epilepsy, syphilis, alcoholism, stroke, or vitamin deficiency.

Another cause of dementia that has received widespread attention in recent years is Alzheimer’s disease. Alzheimer’s patients experience progressive declines in mental function over a prolonged period of time, eventually leading to a vegetative state and death. It affects 5 to 7 percent of the population and is irreversible. Since Alzheimer’s disease, at present, can only be conclusively diagnosed through an autopsy, those who are thought to have the disease are sometimes said to exhibit Alzheimer’s-like symptoms.

Dementia progresses in stages, beginning with mild forgetfulness and difficulty working. As it progresses, problems with concentration and cognition arise, followed by confusion, diminished memory and orientation, personality changes, loss of verbal abilities, and incontinence.

Most dementia states are reversible with immediate and appropriate medical care. Some that are reversible, however, may become irreversible if left untreated. For this reason, distinguishing between

those conditions that can be remedied and those that cannot is extremely important and may be done through complete and thorough assessments.

Managing irreversible dementias involves slowing the rate of deterioration and preventing institutionalization. Some individuals may benefit from memory training. Modifying a person's environment may also reduce health and safety risks.

Several conditions resemble dementia and are often confused with it. These include delirium and depression. Delirium is an acute confusional state that is caused by illness, malnutrition, dehydration, and other physical problems. With appropriate medical attention, it is reversible and will disappear completely.

Points to Emphasize:

- *Dementia is the accepted word for mental deterioration (the term "senility" carries a negative stigma).*
 - *It includes intellectual memory impairment, disturbed abstract thinking, defective judgment, poor impulse control, personality changes, and inappropriate emotional responses.*
 - *Dementia is not a normal part of the aging process.*
 - *The risk of contracting dementia, however, does increase with age.*
 - *Dementia is caused by a variety of factors, including malnutrition.*
 - *Many dementias are reversible.*
 - *A variety of conditions, including depression, may be mistaken for dementia.*
-

Question 9: Older people are less likely to commit suicide than younger people. True or false?

Answer: False

The suicide rate among the elderly is significantly higher than it is for the total population. While the national suicide rate in 1980 was 11.9 per 100,000, it was 17.7 per 100,000 among the elderly. The overwhelming majority of elderly suicides are committed by white males (46 deaths per 100,000). This was over two-and-one-half times the rate for older black men (18), over six times the rate for older white women (7), and almost 21 times the rate for older black women. Factors that place elderly men at risk for suicide are serious physical illness with severe pain, sudden death of a loved one, major loss of independence, and financial inadequacy. Signs that may signal suicidal intentions include the sudden decision to give away important possessions and a general loss of interest in one's social and physical environment. The most common method of suicide among older men is shooting themselves.

Points to Emphasize:

- *The suicide rate among the elderly is significantly higher than for the general population.*
 - *The highest rates are among white males.*
 - *Factors that place elderly men at risk for suicide are serious physical illness with severe pain, sudden death of a loved one, major loss of independence, and financial inadequacy.*
-

Question 10: Some older people get paranoid. True or false?

Answer: True

While the incidence of paranoid disorders increases with age, it is still uncommon. Paranoid disorder is an irrational suspiciousness that takes a variety of forms. It may be due to social isolation, sense of powerlessness, or progressive sensory decline. Hearing impairments may be a contributing factor in paranoid disorders. Self-neglect may occur as a result of paranoid tendencies.

At times, law enforcement officers may be called upon to respond to abuse reports that come from people suffering from paranoid disorders. Consequently, it is extremely important to distinguish between actual threats and unfounded suspicions, as in any case of reported abuse.

Because the incidence of paranoid disorders increases with age, it is also important for law enforcement officers to understand how factors like sensory deficits can contribute to suspiciousness, so that they may be sensitive to actions that may provoke fear. However, it is also important to recognize that paranoid disorders are uncommon, and officers should not discount victims' claims by assuming that they are the result of irrational fears.

Points to Emphasize:

- *Paranoid disorder is an irrational suspiciousness.*
 - *While paranoid disorders are uncommon, the risk increases with age.*
 - *Social isolation and sensory loss may be contributing factors.*
 - *Officers should not discount victims' claims by assuming that they are irrational.*
-

Question 11: Overall, elderly members of the largest ethnic minority groups have poorer health than non-minority elders. True or false?

Answer: True

In general, the health status of older blacks, older Hispanics, and older American Indians is poorer than the health status of older whites. Elderly minorities have twice as many sick days in bed as elderly whites do, for instance. They are also more likely to retire because of health problems — one study showed that 46 percent of older African-Americans, 40 percent of older Mexican-Americans, and 25 percent of older whites retired because of poor health. Additionally, the life expectancy for most older minority adults is several years shorter than it is for whites. Many older persons of color experience chronic conditions that are associated with aging at a younger age. On the other hand, those African-American seniors who pass the age of 75 actually are healthier and live longer than their white contemporaries.

Points to Emphasize:

- *Health status among elderly African-Americans, Hispanics, and American Indians is lower than it is among elderly whites.*
 - *The life expectancy for these groups is lower, and many experience the negative effects of aging at a younger age.*
-

Question 12: Older people do not trust the police and are unlikely to call them if they need help. True or false?

Answer: False

Older persons, in general, have positive attitudes toward law enforcement. They are more satisfied with the performance of their local police agencies than are younger age groups. Studies have shown that

- 88.7 percent of the older persons surveyed feel that the police have one of the most difficult jobs in our society;
 - 74.2 percent feel that they can always turn to the police for help, regardless of the type of problem they are facing;
 - 73.4 percent believe that the police are doing the best job they possibly can; and
 - the majority of the elderly surveyed indicated that they would first seek help from police if they were physically abused.
-

Points to Emphasize:

- *In general, older people have positive attitudes toward law enforcement.*
 - *Most feel that they can count on law enforcement for help if they need it.*
 - *Most would turn to the police first if they were physically abused.*
-

Question 13: Older people cannot learn new things. True or false?

Answer: False

While there is research to suggest that older people take longer to learn new information and skills, older people can learn new things about as well as younger people, if given enough time and repetition of the new material.

Points to Emphasize:

- *Older people take longer to learn new information and skills.*
 - *They can learn new information and skills about as well as younger people, if given enough time and repetition.*
-

Question 14: Older people grow more similar to each other as they age. True or false?

Answer: False

There is evidence to suggest that as people age they tend to become less alike and more heterogeneous on many dimensions. People's personalities are shaped in large part by their experiences. Thus, the larger a person's store of experiences becomes (i.e., the older he or she becomes), the more unique his or her personality becomes.

Points to Emphasize:

- *Evidence suggests that people become more heterogeneous as they age.*
 - *Personalities are shaped by experience.*
 - *The larger their store of experience, the more unique people become.*
 - *The elderly are no more alike than members of other age groups. Succumbing to these stereotypes can severely decrease the effectiveness of the police response.*
-

Activity 3: Physiological Changes Related to Aging

Instructor's Notes

Normal Changes in Aging

Old age is not synonymous with disease and disability. Most older people are active and healthy throughout their lives. There are, however, a number of physiological changes that almost everybody who lives to a certain age experiences. These are regarded as normal changes related to age. They include changes in sense perception and musculo-skeletal systems. In addition to these normal changes, the chances of acquiring certain diseases increase with age. Police must be aware of these changes, but be careful not to assume that all older persons have these impairments or the same levels of impairment.

This text appears on pp. II-11–II-14 of the student manual.

Suggest that students read the material at their leisure.

Points to Emphasize:

- *Most older people are active and healthy throughout their lives.*
 - *There are normal changes in sense perception and musculo-skeletal systems that most people experience.*
-

Sensory Changes

Visual loss. Visual loss usually begins when an individual is in his or her 40s. As the lenses of their eyes begin clouding, the size of their pupils decreases and light is prevented from entering. Depth and distance perception also deteriorate with age, as the eyes lose their ability to converge images. Failing vision may also be the result of several illnesses or conditions, including glaucoma, diabetes, hypertension, or lack of oxygen.

Visual loss can be extremely traumatic for those experiencing it. It can limit mobility, increase the likelihood of accidents, impede recreational activities, and lead to fear and isolation. Because vision has been shown to compensate for other sensory losses, the effects of its loss are far-reaching. Adjusting to visual loss requires learning new self-care skills, which many elderly fail to accomplish. Most, for example, do not learn how to read Braille.

Points to Emphasize:

- *The effects of normal aging on vision include clouding of the lenses and deterioration of depth and distance perception.*
 - *Failing vision can limit mobility, increase the likelihood of accidents, and lead to fear and isolation.*
-

Hearing. Some hearing loss is common to everyone and usually begins during the individual's 20s. Changes in hearing that the elderly experience include the following:

- Loss of the ability to hear high frequencies. For this reason, it is often easier for an older person to understand a male than a female, as the pitch of men's voices is usually lower than that of women.
- Ringing in the ears.
- Hypersensitivity to very loud speech that would be acceptable to a younger person.
- Loss of the ability to localize where sound is coming from. This makes it difficult for many older people to discriminate among the sounds heard in a noisy environment.

Many people who have hearing loss compensate for it by relying more heavily on visual clues such as facial expressions.

Points to Emphasize:

- *Effects of normal aging include inability to hear high frequencies, ringing in the ears, hypersensitivity to loud speech, and loss of ability to localize where sound is coming from.*
 - *Older people compensate for hearing loss by relying more heavily on visual clues.*
-

Touch and pain. The elderly have reduced tactile sense. As a result, they experience less pain and may be less likely to notice injuries or conditions such as heart attacks. Declines in the sensation of touch may result in a loss of balance and may increase the risk of falls.

Older people are also especially susceptible to the adverse effects of weather, including hypothermia (a sometimes fatal drop in internal temperature), heat stroke, and heat exhaustion. Conditions that may make older people even more susceptible to temperature extremes are chronic illness, inability to afford enough heat or cooling, inactivity, obesity, alcoholism, and use of certain medications. Symptoms of hypothermia include slow, sometimes irregular, heartbeat; slurred speech; shallow, very slow breathing; sluggishness; and confusion. Signs of heat stroke or exhaustion include faintness, dizziness, headache, nausea, loss of consciousness, rapid pulse, flushed skin, weakness, heavy sweating, and giddiness.

Points to Emphasize:

- *Reduced tactile sense may result in injuries and may also impede older persons' ability to notice injuries.*
 - *Older people are more likely to experience the adverse effects of hot and cold weather.*
-

Musculo-Skeletal Changes

Up to the age of 30, people's bone content increases. It remains constant until about the age of 45, after which it falls progressively. While this is true for both men and women, bone content falls more rapidly for women after menopause.

Osteoporosis refers to a reduction of the total amount of bone in the skeleton. It is characterized by loss of height and downward inclination of the head. While it is a natural effect of aging, it becomes "clinical" osteoporosis when the total bone is reduced below a critical level at which fractures are more likely to occur and bones become painful when stressed. Musculo-skeletal changes such as osteoporosis make it difficult for older people to perform some daily tasks such as reaching up or getting up from a chair or bed. They also make falls more dangerous, frequently resulting in broken hips.

Points to Emphasize:

- *After the age of 45, people's bone content decreases.*
 - *This reduction in bone content is called osteoporosis and may reach "clinical" levels.*
 - *Certain musculo-skeletal changes make it difficult for older people to perform daily tasks and make falling more dangerous.*
-

Cognition

Cognition is a composite term that refers to intelligence, ability to learn, and memory. While it has been observed that some changes in cognition are a normal function of the aging process, the effects of these changes do not significantly impair social functioning. Significant declines are usually the result of disease. There is evidence to suggest, however, that the speed of cognitive processing declines with age. This means that it may take older people longer to recall or process information.

Points to Emphasize:

- *Some changes in cognition are normal results of the aging process.*
 - *These changes do not significantly impair social functioning.*
 - *Because the speed of cognitive processing may decline with age, it may take the elderly longer to recall or process information.*
-

Diseases and Chronic Conditions of the Elderly

The elderly are more susceptible to certain acute and chronic illnesses than other segments of the population. Chronic conditions are long-term (more than three months), are often permanent, and leave a residual disability that may require long-term management or care. Some are acquired earlier in life and are never cured, while others are more likely to be acquired in advanced age.

The most common chronic conditions that cause limited activity in individuals over 65 are arthritis, which affects 50 percent of the elderly; hypertension, which affects 39 percent; hearing impairment, which affects 30 percent; and heart disease, which affects 26 percent. More than 80 percent of the over-65 population have at least one chronic condition, and many have multiple conditions. Common conditions of the elderly include

Arthritis: A variety of types of inflammations and degenerative changes of bones and joints, resulting in limited functioning.

Hypertension (high blood pressure): While blood pressure often increases somewhat with age, significant elevations pose a serious health problem. They can damage the heart, lungs, and kidneys and contribute to the development of heart disease.

Stroke (cerebrovascular accident): A blockage of blood from the brain. The severity depends on the particular areas and amount of brain tissue involved.

Congestive heart failure: A set of symptoms related to the impaired pumping performance of the heart. The result is that one or more chambers of the heart do not empty adequately during the heart's contractions.

Parkinson's disease: A neurological disease that results in tremors, rigidity, lack of expression, and difficulty walking.

Diabetes mellitus (sugar diabetes): A disease associated with deficient insulin secretion, leading to excess sugar in the blood and urine. This type of diabetes begins in adulthood and develops slowly. It occurs most frequently in obese elderly. The retinas of the eyes are often affected.

Points to Emphasize:

- *The elderly are more susceptible to certain illnesses than younger people.*
 - *Illnesses may be acute or chronic.*
 - *Some illnesses are acquired earlier in life, while others are more likely to be acquired in advanced age.*
 - *Common conditions that affect the elderly are arthritis, hypertension, stroke, Parkinson's disease, and diabetes mellitus.*
-

Other Physical and Emotional Problems Associated with Aging

The elderly are also more prone to a number of conditions that are non-disease-related, including

Fractures and Falls: Unlike younger individuals, the elderly often sustain fractures without direct trauma. The majority of fractures are caused by falls occurring in the home. While fractures may result from the direct impact of hitting the ground in a fall, they may also result from the forces of muscles exerted against bone. Falls may occur as a result of older peoples' diminished "righting reflexes." This is the body's ability to instinctively adapt to changes in the environment, such as inclines, by bending, turning, shifting weight, etc. With diminished righting reflexes, the elderly may trip or stumble easily and recover clumsily. The contracting of muscles to recover balance plays a role in fractures. The elderly may fall as a result of tripping or stumbling on floor material inside the home or on irregular pavement outside the home. Poor illumination, poor vision, confusion, and distraction all contribute to the risk of falling.

Incontinency: Inability to control the flow of urine (urinary incontinency) or fecal matter (fecal incontinency). Incontinency is extremely disabling and a major source of stress for the elderly and their caregivers. It also increases the chances that an older person will be placed in an institution. Fecal incontinency is almost entirely preventable with proper diagnosis and treatment.

Decubiti (also called bed sores, pressure sores, or pressure ulcers): Skin breakdowns that result from immobility. While they can be contracted by persons of any age, they are more common among the elderly.

Dehydration: Loss of pure water or loss of salt and water together. The elderly are at risk of dehydration as a result of diminished thirst sensation, immobility, or mechanical difficulties in swallowing. It can be recognized by lack of skin elasticity, dry skin, and confusion.

Depression: Depression is the most frequently diagnosed form of psychopathology among the elderly. While women are more likely to report depression in middle age and early old age, men are more likely

to suffer from clinically diagnosable depression at the age of 80 or above. Depression may be manifested in response to stressful life events.

Alcoholism and Drug Abuse: While it is difficult to obtain accurate statistics on the prevalence of alcoholism in the elderly population because of the stigma associated with it, the problem is believed to be widespread. While most elderly alcoholics contract the condition earlier in their lives, approximately one-third increase their drinking in advanced age in response to age-related issues. The misuse of prescription drugs is also a problem among the elderly. This includes sharing drugs or not adhering to recommended doses.

Points to Emphasize:

- *Fractures may result from the impact of hitting the ground in a fall or from the forces of muscles exerted against bone.*
 - *Falls may result from diminished "righting reflexes."*
 - *Incontinency (inability to control urine or fecal matter) is extremely disabling and a major source of stress for the elderly and their caregivers.*
 - *Decubiti (also called bedsores, pressure sores, or pressure ulcers) are skin breakdowns that result from immobility.*
 - *Dehydration may result from diminished thirst sensation, immobility, or difficulties in swallowing.*
 - *Depression, alcoholism, and drug abuse are common mental health problems among the elderly.*
-

Ask:

What are some of the changes that most people experience as they age?

As students give examples, ask additional questions to generate discussion about how these changes may affect the older person's vulnerability to abuse and how these changes may affect the police response.

Examples:

1. *Response: Visual loss.*

Instructor, ask: How does this affect vulnerability?

Possible Response: The older person may need assistance with paying bills and may give others access to his or her checking account.

2. *Response: Reduced bone content (osteoporosis) increases the risk of falls.*

Instructor, ask: How does this affect police work?

Possible Response: It makes it more difficult to distinguish accidental from inflicted injuries. Abusers may claim that bruises or other injuries were the result of a fall.

Instructor's Notes

Activity 4: Functional Ability

Because many older people have some type of impairment, it is important for those who work with them to understand the concept of functional ability. Functional ability, or capacity, refers to a person's ability to carry out daily activities. These range from getting out of bed in the morning to signing legal documents.

Those who work with the elderly are trained in carefully assessing the impact of biological, medical, and psychological changes on the older person's ability to manage in the community. Having a clear understanding of the older person's abilities and impairments enables them to determine when the older person needs assistance, and what type and level of assistance are needed. The goal of service providers is to help the older person achieve his or her highest level of performance and independence. For this reason, the concept of functional ability is extremely important in the field of aging.

Professionals who work with the elderly use a variety of assessment tools to determine a person's functional capacity (his or her ability to perform certain tasks). These include mental status exams that measure cognitive status and scales that measure the ability to carry out daily tasks (called "activities of daily living [ADL]" scales).

There are numerous methods for determining mental capacity, ranging from the simple to the complex. Many social service providers use "mini mental status exams." These usually include about 8 to 10 questions such as "Who was the last president?" or simple mathematical problems that test memory, abstract reasoning, and other mental skills. While the short tests are not conclusive, they have been found to be quite reliable in getting a general impression of mental status. Some assessments are very complex and are performed by physicians, psychologists, or teams of mental health workers.

In the past, older people who were having trouble managing independently were branded as "incompetent" and relieved of responsibilities. Some were unfairly deprived of civil liberties, while many suffered from a loss of self-esteem and dignity. In recent years, a more enlightened attitude toward disability and impairment has prevailed.

Today the word "incompetent" is rarely used because it implies a global deficit (to call someone "incompetent" suggests that he or she has lost all of his or her abilities). Instead, those who work with older people may specify that a person is "incapable" of performing specific tasks (e.g., "he is incapable of balancing a checkbook"). The use of the term "incapable" forces the user to precisely describe the task that the person is unable to perform.

In working with the elderly, police may need to determine their capacity to perform certain tasks or to make certain decisions. For example, police may need to determine if an older person has the mental capacity to sign a power of attorney (this would depend on whether the person understood to what he or she was agreeing). Under these circumstances, police may need to contact other social service providers for assistance.

Instructor's Notes

This text appears on p. II-15 of the student manual.

Summarize the text.

Points to emphasize follow.

Points to Emphasize:

- *Functional ability, or capacity, refers to a person's ability to carry out daily activities.*
 - *A variety of assessment tools exists to determine a person's functional capacity, including mental status exams and scales to measure the ability to perform daily tasks.*
 - *These measurements are important in determining the type and level of assistance that an impaired older person needs.*
 - *Older people should not be relieved of any responsibilities or chores that they are capable of performing.*
 - *Police may need to contact health and social service providers for assistance in determining capacity.*
-

Activity 5: Communicating with Older Persons with Disabilities

Because many older people have communication impairments, it is essential for law enforcement officers to develop skills that will optimize their effectiveness in interviewing victims, witnesses, and suspects.

Hearing-Impaired Persons

Many older people have a partial hearing loss. This means that they can hear some sounds but not others. Most of the elderly with hearing loss do not learn sign language. Rather, they depend on lip reading and hearing aids or other electronic devices to assist them.

If police suspect that an older person has a hearing loss, they should ask him or her if he or she is having difficulty understanding. Officers should not assume that he or she is having difficulty. Police should ask the person if he or she has a hearing aid (some older people who have hearing aids choose not to wear them all of the time). If the person is having difficulty hearing with the device, police should make sure that it is in proper working order and that the batteries have not run down.

There are numerous methods and devices for assisting individuals who have hearing disabilities with communication. Some communities have agencies or associations (e.g., hearing societies or independent living resource centers) that can lend out special equipment or provide assistance with interviews.

Most people with hearing impairments compensate for the loss by paying more attention to visual cues. For that reason, it is important that they can clearly see the speaker's lips, facial expressions, and hands.

Effective Communication with Hearing-Impaired Adults

- Ask the person if he or she would prefer to use written communication or an interpreter.
- Arrange the room where communication will take place so that no speaker and listener are more than six feet apart, and all are completely visible.
- Concentrate light (but be sure it is not glaring) on the speaker's face for greater visibility of lip movements, facial expressions, and gestures.
- Position yourself directly in front of the person to whom you are speaking.
- Do not stand in front of a light source such as a window.
- Speak to the hearing-impaired person from a distance of no more than six feet, but no less than three feet.

Instructor's Notes

This text appears on pp. II-16–II-18 of the student manual.

Summarize the text.

Points to emphasize follow each section.

Show overhead: Effective Communication with Hearing-Impaired Adults. A copy is provided at the end of the module.

Read through the list with the class.

Points to emphasize follow.

Instructor's Notes

- To get the person's attention, use a light touch on the arm or shoulder.
- Establish eye contact before you begin to speak.
- Speak slightly louder than you normally would.
- Speak clearly at your normal rate, but not too quickly.
- Use short, simple sentences. Keep language concrete.
- Eliminate as much background noise as possible.
- Never speak directly into the person's ear.
- If the person does not appear to understand what is being said, rephrase the statement, rather than just repeating the same words.
- Do not over-articulate. Over-articulation distorts both the sound of speech and the face, making visual clues more difficult to understand.
- Include the person in all discussions about him or her.
- Avoid smoking, chewing gum, or covering your mouth while you speak.
- Repeat key words and phrases. Ask the listener to repeat what you have said.
- If you cannot understand the person's answer to your question, ask him or her to repeat or rephrase the response.
- Use open-ended questions, not questions requiring a "yes" or "no" answer.
- Use visual aids whenever possible — drawings, diagrams, etc.
- Watch for signs of fatigue in your listener.
- When using written communication, remember the following:
 - Keep your message short and simple.
 - Use short words and phrases.
 - Face the person after you have written your message.
 - Use visual aids.
- Always treat the elderly person with dignity and respect.
- Avoid a condescending tone.

Points to Emphasize:

- *While many older adults have hearing loss, do not assume that this is the case. Ask them if they need assistance!*
 - *Because people with hearing loss often compensate by paying more attention to visual cues, make sure that they are able to see the speaker's mouth and facial expressions at all times.*
 - *Contact local agencies for help as needed.*
 - *Keep it simple!*
-

Communicating with a Person with Dementia/Alzheimer's Disease

Communicating with a person who is confused, disoriented, or forgetful may be difficult. It is important, however, not to assume that someone with dementia cannot provide credible information.

Before interviewing the older person, it may be helpful to get guidance from a service provider or family member who knows the person. The service provider or family member may be able to provide information that can help the police determine whether the dementia is recent or long-term and whether it is permanent or reversible. The police may also be able to determine whether there are times of day when the older person is more alert and oriented (some older people with dementia have fluctuations in their ability to understand — they may be clearer, for example, in the morning or after a meal).

Police should conduct the interview in a location that is quiet and free of distractions. Officers should speak slowly and wait for a response. Close attention should be paid to the older person's reactions. Emotional responses may reveal what the person cannot express in words. If the older person becomes agitated or frightened when asked about a certain person, it may be cause for concern. In an abuse investigation, these reactions should be documented.

If the person is having difficulty remembering when events occurred, police should use memory cues. For example, if Mrs. T does not remember the time at which her son arrived, she may be able to relate his arrival to other events that she does remember or that can be tracked in other ways. Questions such as "Were you watching television when he came?", "Do you remember what show you were watching?", or "Was your attendant here when he came?" may yield the desired information.

This text appears on p. II-18 of the student manual.

Summarize the text.

Points to emphasize follow.

Instructor's Notes

Points to Emphasize:

- *Do not assume that a mentally impaired person cannot provide useful information.*
 - *Before interviewing an impaired person, it may be helpful to contact others who know him or her for assistance.*
 - *Conduct the interview in a location that is quiet and free of distractions.*
 - *Speak slowly and wait for responses.*
 - *Pay close attention to the older person's reactions.*
 - *Use memory cues.*
-

Activity 6: Role Play: Communicating with a Hearing-Impaired Older Person

Divide the class into groups of six to eight students.

Pass out handout, "Instructions for Role Play: Communicating with a Hearing-Impaired Older Person."

Allow 30 minutes for the exercise.

Reassemble the group.

Ask actors 1 to describe ways in which they modified their normal interviewing techniques to meet the impaired seniors' needs. Examples include

- *asking the older persons whether they needed assistant devices;*
- *making sure that the older persons could see their faces as they spoke; and*
- *rephrasing questions, rather than repeating them, when the older persons did not understand something.*

Ask for feedback from actors 1 and 2 about how they felt during the interviews (e.g., ask the interviewers whether they felt comfortable with the techniques).

Summarize the activity by reminding students that not all seniors have disabilities. The exercise was designed to raise awareness and emphasize the need for sensitivity and respect in working with elderly victims.

Note:

You may want to modify this activity in the following ways:

- *Invite older persons to participate in the role playing. Contact the local chapter of the American Association of Retired Persons (AARP), a senior center, or a social service agency for assistance in identifying volunteers.*
 - *Simulate hearing loss with earplugs or cotton balls.*
-

Activity 7: Minority Elderly in the United States

As mentioned earlier, the number of older Americans of color (including persons of African, Latino/Hispanic, American Indian, and Pacific/Asian ancestry) is growing dramatically. By the year 2050, persons of color will account for approximately 33 percent of the over-65 population.

Many of the problems faced by the elderly are more acute for members of minority groups. According to research, minority seniors generally have lower socio-economic status and poorer health than non-minority seniors. For recent immigrants, relocation and adaptation to American culture may create additional stresses as a result of language barriers, discrimination, and increased dependency on younger family members. The trauma of relocating, the loss of support systems, and the decline in stature within the family experienced by many immigrant elderly who come to the United States are extremely damaging psychologically. While some groups have established strong networks or communities in this country, others are dissipated, resulting in isolation and loneliness.

Cultural attitudes and expectations also influence whether or not older people or their families use social services. In comparison with Caucasians, for example, fewer minorities are institutionalized. Among groups that place a strong value on familial responsibility, caring for an elderly family member is expected. Failure to do so may cause great shame to the elder and the person charged with his or her care. In addition to these cultural factors, other obstacles that prevent some minorities from utilizing services include language barriers, lack of familiarity with bureaucratic processes, distrust of service providers, and lack of sensitivity to the special needs of elderly members of minority communities.

Brief profiles of the three largest minority groups in the United States are given below. These profiles may vary across the country.

1. Older African-Americans

According to available information on minority elderly, African-Americans represent the largest group of minority elderly in the United States. Older African-Americans are geographically distributed in a pattern similar to that of the total African-American population, with the largest concentrations found in the southern states. Most live in central city areas, with about one-fourth living in rural areas.

On average, elderly African-Americans have considerably lower income and health status than elderly Caucasians. Blacks are much more likely than whites to be at or below the poverty level. In 1990, 34 percent of all African-Americans over 65 were poor, compared with only 10 percent of white elders. Because many African-Americans were employed in occupations that were not covered by Social Security, they are also less likely to receive Social Security and more likely to be on public assistance than whites. African-American elderly are more likely to suffer from chronic illnesses and are less likely to seek professional medical

Instructor's Notes

This text appears on pp. II-20–II-22 of the student manual.

Summarize the text.

Points to emphasize follow.

care than are older whites. Their life expectancy is significantly shorter.

One major difference between the composition of elderly African-American families and that of elderly white families is the greater likelihood that the African-American family will have dependent children living with them. The majority of these children are grandchildren or children of other relatives. Consequently, child-rearing responsibilities are still widely prevalent among older black adults.

2. Older Hispanic/Latin Americans

Hispanic/Latin Americans come from Mexico, Puerto Rico, Cuba, Central and South America, and other Spanish-speaking countries. Most Hispanic/Latin Americans live in Arizona, California, Colorado, New Mexico, Texas, New York, and Florida. Hispanic/Latin families generally live in metropolitan areas. Like the aged population in general, most older Hispanic/Latin Americans are urban dwellers.

In 1989, there were about 1.1 million elderly Hispanics/Latinos, representing approximately 5 percent of the Hispanic/Latin community. Hispanic/Latin seniors, who currently represent 3.5 percent of the total elderly in the United States, are the fastest-growing segment of the elderly population. The population of Hispanic/Latin seniors 65 or over is projected to almost double by 2010.

According to the limited research on the subject, Hispanic/Latin seniors are much more likely to live in poverty than whites, and less likely to receive benefits. They are more than twice as likely as white elderly to be poor. Nearly one in four receives no Social Security, and they are less likely than non-Hispanics/Latinos to receive pensions or other retirement benefits. For this reason, they are more likely to depend on public assistance to survive. Many older Hispanics/Latinos have a limited command of the English language.

3. Older Asian Americans

The Asian population in the United States primarily includes Japanese, Chinese, Filipinos, Koreans, Laotians, Hmong, Tonganese, and Samoans. There is also a significant population of Vietnamese and Cambodians in some urban areas. During much of this century, immigration quotas on persons from outside Europe or the Western Hemisphere greatly restricted the entry of Asian individuals into this country. However, since the end of World War II, changes in the immigration laws have allowed a gradually increasing number of people from Asia to enter, and their population in the United States has grown markedly. The Japanese are the largest subgroup, the Chinese are the second largest, and the Filipinos are the third largest. Older Asian Americans live primarily in California and Hawaii. Asian Americans are concentrated in urban areas. Statistics on most groups of Asian Americans are generally believed to be inaccurate because it is suspected that a

large number of people are not reported due to their illegal immigrant status.

A pervasive myth about Asian Americans is that they do not desire or need aid to care for their elderly family members. In reality, this is not the case. Some Asian American elderly have problems that are more intense and complex than the problems of the general aged population. Their suicide rate is three times higher than the national average for seniors. Because many elderly Asian adults were employed in occupations that were not covered by Social Security or private pensions, many have no source of income. Because of language barriers, many are unaware of benefits to which they are entitled.

Discussion:

Use the following questions to generate discussion on this section.

- *What other minority group(s) are there in your communities?*
 - *When did this group/these groups come to the United States (if they are immigrants), and under what circumstances?*
 - *How are older people perceived in these cultures?*
 - *What problems or special needs do elderly members of this group/these groups have?*
-

Include demographic projections for minorities in your community, if available.

Instructor's Notes

Activity 8: Conclusion

In the years to come, we are going to witness a major demographic shift toward an older society. The elderly will be healthier, more active, and more diverse than ever before.

To prepare for this “graying of America,” we must begin sensitizing ourselves to older Americans’ special needs. Every aspect of society will be affected by this demographic shift. Consequently, we will need to scrutinize every aspect of our daily lives, from the way we construct homes to the size of print in our publications, and adapt them to an older society. In this way, we will ensure that older Americans can participate fully and vigorously in society. All segments of society will gain from this enhanced participation. The young will benefit from the elderly’s experience, guidance, and resources. And the elderly themselves (ourselves) will benefit from the opportunity to contribute and participate fully in society throughout life.

Law enforcement will assume a primary role in achieving this goal. By sensitizing themselves to the elderly’s special needs, law enforcement personnel will be better able to ensure that older Americans have the full protection of the law. This will enable the elderly to live with greater security, dignity, and independence.

Instructor’s Notes

This text appears on p. II-23 of the student manual.

Summarize the text.

Optional Activities

Instructor's Notes

The following activities may be used to supplement the activities in this module. They provide opportunities to practice skills and enhance students' understanding of elderly persons' needs and characteristics.

- *For many younger people, the prospect of old age is frightening and depressing. Some have misconceptions about the aging process, and many believe that old age is solely a time of loss. This exercise is designed to illustrate the point that old age is both a time of losses and a time of gains.*

Instruct students to think of an older person (a family member, friend, or role model) who they have loved and/or admired.

Ask students to make lists of five qualities, characteristics, or skills that these individuals possessed.

Ask students to think about each quality and reflect on whether these attributes increased or decreased as the person grew older.

Ask students to describe their lists, pointing out which attributes diminished with age and which were heightened.

Ask participants to consider what positive qualities or benefits they hope to acquire in old age. Record responses on a flip chart and allow time for discussion on the positive aspects of aging.

Some examples of the benefits of aging may be

- *More insight into, and comfort with, oneself*
- *Increased leisure time and fewer obligations — the opportunity to travel, study, or take up new interests (or indulge in long-term interests)*
- *Increased independence*
- *Assured (and possibly increased) income*
- *Chance to share in their children's (or other loved ones') milestones*

- *Simulation exercises: These are exercises that have been devised to help students empathize with persons who have physical limitations by using props to simulate disability. For example, eyeglasses may be covered with plastic wrap or petroleum jelly to simulate visual loss, plastic gloves may be used to simulate tactile deficits, and cotton balls may be used to limit hearing. Students should be equipped with the props and then asked to perform tasks such as reading a newspaper, playing cards, or participating in an interview. After the exercise, they should be asked to describe their experiences.*
- *Visits to senior center: To provide students with an opportunity to interact with seniors, you may want to arrange a visit to a senior center or meal site.*

- *Independent study: Students in advanced training classes may be given the opportunity to conduct research on aging issues and how the growth in the older population may impact police services. For an example of such an effort, see Phelps, Patrick. **The Development of an Elderly Victimization Management Strategy for Law Enforcement**, Commission on Police Officer Standards and Training, February 1992. To order, mail a request to the Center for Leadership Development, 1601 Alhambra Blvd., Sacramento, CA 95816, or fax a request to (916) 227-3895, and ask for 13-0256.*

Instructor's Notes

References

Instructor's Notes

Demographic data in this chapter was drawn from the following sources:

American Association of Retired Persons, Administration on Aging, U.S. Department of Health and Human Services. *A Profile of Older Americans: 1991*. Program Resources Department and Administration on Aging, U.S. Department of Health and Human Services. Washington, DC: AARP, 1991.

Spencer, G. *Projections of the Hispanic Population 1983–2080*. U.S. Bureau of the Census, Current Population Reports, Series P, No. 1018, 1988.

U.S. Senate Special Committee on Aging, AARP, Federal Council on the Aging, and U.S. Administration on Aging. *Aging America: Trends and Projections*, 1991 edition. Washington, DC: U.S. Department of Health and Human Services.

Usdansky, Margaret L. "Nation of Youth Growing Long in the Tooth." *USA Today*, November 10, 1992, p.10a.

Information on the physical and psychological changes from aging was drawn from:

Hooyman, Nancy R. and H. Asumlan Kiya. *Social Gerontology: A Multidisciplinary Perspective*. Boston: Allyn and Bacon, Inc. 1988.

Answers to other questions in the aging quiz were drawn from the following sources:

Palmore, Erdman. "Facts on Aging: A Short Quiz." *Gerontologist*. 17(4), 315–320, 1977.

Plotkin, Martha R. *A Time for Dignity: Police and Domestic Abuse of the Elderly*. Washington, DC: AARP, 1988.

Shack, Stephen and Robert S. Frank, *Police Service Delivery to the Elderly*, Washington, DC: University City Science Center, 1978.

Suggestions for effective communication with hearing-impaired adults and confused elderly persons were adapted from:

Wright-Benedetti, Bonnie. *Colorado Guidelines for Cooperation Between Law Enforcement and Adult Protection Services: A Training Manual*. Colorado Department of Social Services. 1992.

Information on minority elderly was drawn from the following sources:

American Association of Retired Persons. *A Portrait of Older Minorities*.

American Society on Aging. *Serving Elders of Color: Challenges to Providers and the Aging Network*. Washington, DC: Department of Health and Human Services, 1992.

U.S. Senate Special Committee on Aging, AARP, Federal Council on the Aging, and U.S. Administration on Aging. *Aging America: Trends and Projections*, 1991 edition. Washington, DC: U.S. Department of Health and Human Services.

Additional Resources:

National Association of State Units on Aging. "Information and Assistance on Minority Aging Populations." *Resources and Minority Aging*. Washington, DC. 1991.

Instructor's Notes

Handouts/Overheads

Instructor's Notes

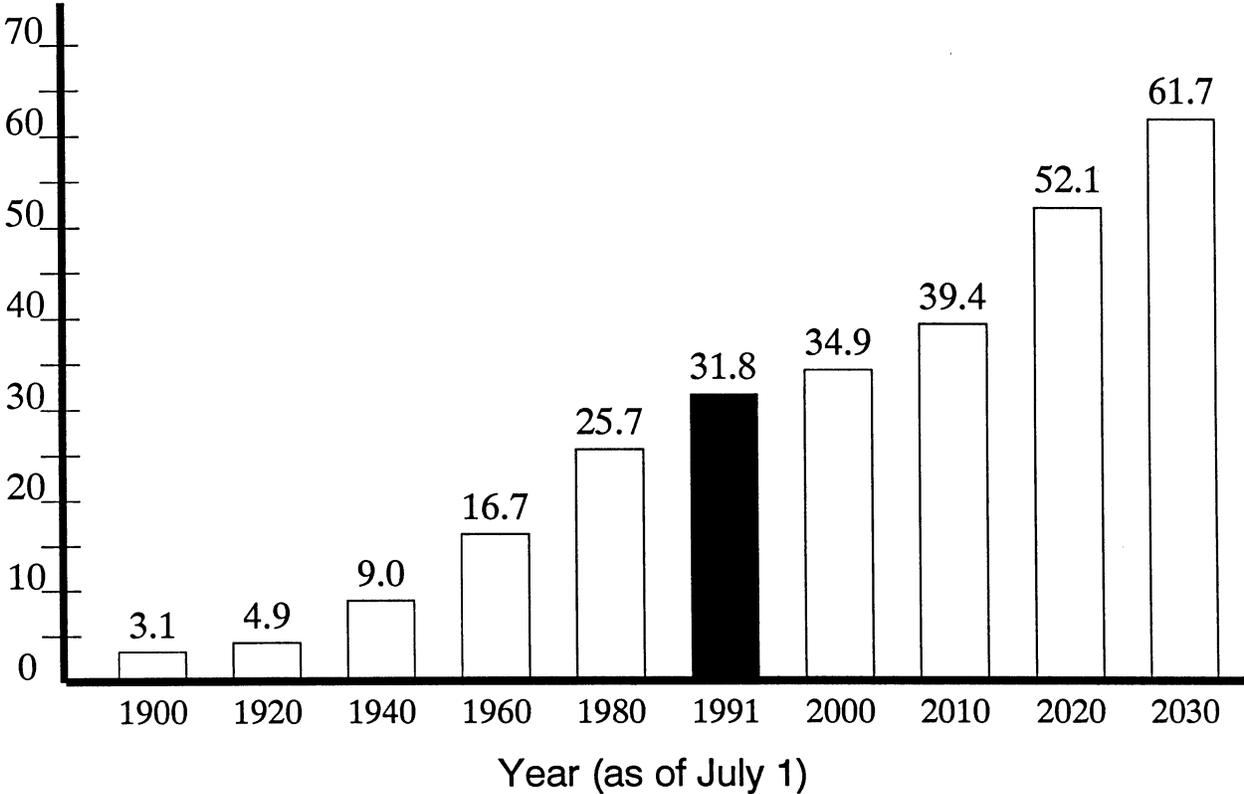
Aging Quiz

	<i>True</i>	<i>False</i>
1. America is "growing old" as a result of technological advances.	_____	_____
2. The minority elderly population is expected to start growing faster than the Caucasian elderly population.	_____	_____
3. The average woman is likely to outlive her husband.	_____	_____
4. Most older people who suffer from illness or impairments live in nursing homes.	_____	_____
5. Most older people are lonesome and isolated.	_____	_____
6. Most older people have no interest in, or capacity for, sexual relations.	_____	_____
7. As a result of programs like Social Security and Medicare, the majority of seniors are financially well off.	_____	_____
8. We can all expect to become "demented" if we live long enough.	_____	_____
9. Older people are less likely to commit suicide than younger people.	_____	_____
10. Some older people get paranoid.	_____	_____
11. Overall, elderly members of the largest ethnic minorities have poorer health than non-minority elders.	_____	_____
12. Older people do not trust the police and are unlikely to call them if they need help.	_____	_____
13. Older people cannot learn new things.	_____	_____
14. Older people grow more similar to each other as they age.	_____	_____

Instructor's Notes

Number of Persons 65+ 1900 to 2030

(in millions)



Note: Increments in years on horizontal scale are uneven

Based on data from U.S. Bureau of the Census

AARP Profile of Elder Abuse

Instructor's Notes

Percent of Elderly by Race (1989)

<u>Race</u>	<u>Percent of Population over Age 65</u>
Caucasian	13
African American	8
Native American and Asian/Pacific Islander	7
Hispanic	5

Aging America, 1991

Instructor's Notes

Effective Communication with Hearing-Impaired Adults

- Ask the person if he or she would prefer to use written communication or an interpreter.
- Arrange the room where communication will take place so that no speaker and listener are more than six feet apart, and all are completely visible.
- Concentrate light (but be sure it is not glaring) on the speaker's face for greater visibility of lip movements, facial expressions, and gestures.
- Position yourself directly in front of the person to whom you are speaking.
- Do not stand in front of a light source such as a window.
- Speak to the hearing-impaired person from a distance of no more than six feet, but no less than three feet.
- To get the person's attention, use a light touch on the arm or shoulder.
- Establish eye contact before you begin to speak.
- Speak slightly louder than you normally would.
- Speak clearly at your normal rate, but not too quickly.
- Use short, simple sentences. Keep language concrete.
- Eliminate as much background noise as possible.
- Never speak directly into the person's ear.

Instructor's Notes

Effective Communication with Hearing-Impaired Adults, Continued

- If the person does not appear to understand what is being said, rephrase the statement, rather than just repeating the same words.
- Do not over-articulate. Over-articulation distorts both the sound of speech and the face, making visual clues more difficult to understand.
- Include the person in all discussions about him or her.
- Avoid smoking, chewing gum, or covering your mouth while you speak.
- Repeat key words and phrases. Ask the listener to repeat what you have said.
- If you cannot understand the person's answer to your question, ask him or her to repeat or rephrase the response.
- Use open-ended questions, not questions requiring a "yes" or "no" answer.
- Use visual aids whenever possible — drawings, diagrams, etc.
- Watch for signs of fatigue in your listener.
- When using written communication, remember the following:
 - Keep your message short and simple.
 - Use short words and phrases.
 - Face the person after you have written your message.
 - Use visual aids.
- Always treat the elderly person with dignity and respect.
- Avoid a condescending tone.

Instructor's Notes

Instructions for Role Play: Communicating with a Hearing-Impaired Older Person

1. Select actors 1 and 2.

Actor 1: a senior with a hearing loss

Actor 2: an officer conducting an interview

2. Spend a few minutes coaching Actor 1 about how persons with hearing disabilities may act. Draw from your own experiences. Then have actors 1 and 2 role play for a few minutes.

Note to Actor 1: It is up to you to decide how to play your role. For example, you may tell the officer that you have a hearing disability, or you may try to conceal your disability.

Note to Actor 2: It is up to you to determine the purpose of your interview. For example, you may be asking the older person if he or she knows anything about a robbery that occurred next door, or you may be responding to the older person's report of a stolen wallet or purse. It is not necessary to simulate an elder abuse investigation.

3. Describe specific techniques that Actor 2 employed to ensure that Actor 1 understood what was being said.
4. Point out additional techniques that could have been employed.
5. Select another pair of actors.
6. Repeat exercise.

Instructor's Notes

Module III

Instructor's Notes

Response and Prevention

Goal: To provide police with practical means for effectively responding to victims of domestic elder abuse, neglect, and exploitation.

Learning Objectives

1. Students will gain an understanding of law enforcement's roles and responsibilities in responding to abuse cases.
2. Students will be familiarized with their states' elder abuse reporting duties, where applicable.
3. Students will be familiarized with the charges associated with physical abuse, financial exploitation, and neglect.
4. Students will be familiarized with their states' civil protection codes that can be employed in elder abuse cases.
5. Students will be familiarized with their states' mental health codes and how they can be employed in elder abuse cases.
6. Students will be instructed about the special needs and considerations involved in handling elder abuse cases, from initial telephone contacts through closings of cases.
7. Students will develop skills in interviewing elderly victims, suspects, and witnesses.
8. Students will be able to identify diverse sources of information from which they can draw during abuse investigations.

Session Schedule: Day 2*

Instructor's Notes

<i>Activities</i>	<i>Minutes</i>
1. Introduction to Module	
Review Goals and Objectives	15
2. Areas of Law Covering Police Response to Elder Abuse	15
Elder Abuse Reporting Laws	
Crimes Associated with Elder Abuse	
Civil Protection Codes	
Mental Health Codes	
3. Investigating Abuse	90
BREAK AS NEEDED	
Initial Response to Elder Abuse	
Interviewing Victims, Suspects, and Witnesses	
Collecting and Preserving Evidence	
Special Considerations in Financial Abuse Cases	
Securing the Estate and Recovering Losses	
Where to Get Information	
4. Investigation Activity	60
BREAK	15

*All activity times are subject to revision by the trainers. Instructors will have the option of expanding or abbreviating any activity or module to meet the level of expertise of the students in a particular training session.

Trainers' Notes

This module should be presented by a law enforcement trainer, with the assistance of an Adult Protective Services (APS) trainer.

In most states, law enforcement shares responsibility for responding to abuse reports with other agencies. APS is the agency designated to respond to reports of abuse occurring in the community (abuse occurring in institutions is responded to by long-term care ombudsman programs). A complete description of these programs is given in Module V.

APS is an excellent resource for law enforcement personnel. APS workers may assist with investigations, provide follow-up services to victims, and assess clients' needs. APS may also serve as a conduit to other community resources. Some states require APS and law enforcement to conduct joint investigations or to cross-report.

In addition to state mandates, the role that APS plays vis a vis law enforcement in abuse cases is dictated by state and local resources. Some APS units are well staffed by individuals who are highly trained in responding to abuse situations. Other programs have extremely limited resources.

Consequently, trainers should familiarize themselves with state laws and resources before conducting training sessions. An excellent way to ensure that state mandates, resources, and procedures are accurately reflected in the training is to have an APS trainer assist with this module.

Before the session, complete the following:

- *Familiarize yourself with the Police Executive Research Forum's (PERF's) model policy, procedures, and investigative protocol. Consider how they may be tailored to meet the unique needs of the state/jurisdiction in which you are training. You may want to distribute these products to the students. Additional grant materials that you may want to share with the students include PERF's assessment report and roll-call training bulletin.*
- *Obtain, duplicate, and familiarize yourself with your state's abuse reporting requirements. Prepare handouts summarizing the law. Include the following information:*
 1. *Who must report?*
 2. *Who may report?*
 3. *To whom should reports be made?*
 4. *May reports be made anonymously?*
 5. *Must reports be written, or are oral reports acceptable?*
 6. *What does the state's law say about reporters' liability?*
 7. *What are your state's definitions of abuse, neglect, and exploitation?*

Instructor's Notes

8. *Who is covered under the law (e.g., elderly, disabled)?*
9. *What agency (agencies) have been designated as the lead(s) to receive abuse reports?*
10. *What is the role of APS in investigating abuse cases?*
11. *What is the role of law enforcement in investigating abuse?*
12. *What is the role of the long-term care ombudsman in investigating abuse?*
13. *Does your state's law require collaboration or cross-reporting between law enforcement and other agencies?*
14. *What are the provisions for confidentiality?*

Prepare a handout on your state's criminal codes pertaining to elder abuse (a sample is included at the end of this module). Elder abuse usually falls under the following categories:

- *Physical Abuse and Neglect: Murder, voluntary manslaughter, involuntary manslaughter, assault, battery, false imprisonment, domestic violence, unlawful sexual acts, threats, and stalking*
- *Financial Exploitation: Larceny; larceny by false pretenses; misuse of credit cards; embezzlement; theft by fraud, trick, and device; forgery; burglary; making a false financial statement; filing a false document; receiving stolen property; and extortion*
- *Elder Abuse: Some states have elder-abuse-specific laws that address particular types of elder abuse and neglect, such as financial exploitation or criminal neglect. They may establish enhanced penalties for the abuse or neglect of incapacitated persons or define penalties for caregivers who fail to perform caregiving functions*

Familiarize yourself with provisions for mandatory arrest (if they exist in your state).

Obtain copies of your state's civil protection codes as they provide for emergency protective orders and restraining orders. Prepare a handout of relevant code sections (a sample is included at the end of the module).

Obtain copies of your state's mental health codes that pertain to mental health evaluations. Prepare a handout of relevant code sections.

Duplicate handout: What to Look for in Financial Exploitation Cases (included at the end of the module).

Equipment:

You will need the following equipment

- *Overhead projector*
- *One easel and pad of butcher paper for every 10 to 12 students in the class*
- *[Optional: VCR and television]*

Participants' Materials

- *Police Executive Research Forum's model policy, procedures, and investigative protocol [Optional: assessment report and roll-call training bulletin]. Copies can be found in the resources section of the manual.*
- *Copies of abuse reporting laws*
- *List of criminal penalties associated with abuse*
- *Handout on civil protection orders*
- *Handout on mental health evaluations*
- *Handout: What to Look for in Financial Abuse Cases*

Trainer's Materials

- *Overhead: Interviewing Victims*
- *Overhead: Interviewing Suspects*
- *Overhead: Interviewing Witnesses*
- *[Optional: Videos for additional training, as indicated]*

Instructor's Notes

Activity 1: Introduction

The Role of Law Enforcement in Elder Abuse Cases

The role of law enforcement in elder abuse cases varies depending on the type of abuse and the local mandates under which the police operate. In general terms, law enforcement's role is to protect victims, prevent and stop abuse and exploitation, enforce the law, arrest offenders, and provide referrals to other agencies/resources that can address non-police-related needs that must be met. Law enforcement officers often work in concert with social service providers to perform these functions as effectively as possible. This module will discuss law enforcement's legal responsibilities in criminal abuse cases, as well as in situations where noncriminal abuse has occurred.

Points to Emphasize:

- *Law enforcement's role is to protect victims, prevent and stop abuse and exploitation, enforce the law, arrest offenders, and provide referrals to other agencies/resources.*
 - *Stopping abuse and protecting victims often involve close collaboration among law enforcement, APS, and other health and social service providers.*
-

Review goals and objectives.

Instructor's Notes

This text appears on p. III-3 of the student manual.

Summarize the text.

Points to emphasize follow.

Activity 2: Areas of Law Governing the Police Response to Elder Abuse

Police response to elder abuse cases is governed by four areas of law:

Elder Abuse Reporting Laws, which require or permit professionals and others to report abuse.

Criminal Codes, which fall under the categories of bodily harm, theft or fraud, and domestic violence.

Civil Protection Codes, which restrain the conduct of family members or others who have committed acts of violence or who have threatened to do so.

Mental Health Codes, which allow for the involuntary detainment (for evaluation purposes) of individuals who are considered to be dangerous to themselves or others as a result of mental illness. Victims and perpetrators of elder abuse may be detained for evaluation. Perpetrators are often detained in physical abuse situations when they appear to pose a danger to others as a result of mental illness. Victims are sometimes detained when they appear to be gravely disabled as a result of abuse or neglect and are unable to protect themselves as a result of mental illness.

In addition to their legal responsibilities, police may also prevent abuse or stop its recurrence by providing referrals to social service agencies. Police often become aware of abusive situations that cannot be remedied by any of the responses listed above. However, they may be able to improve an older person's quality of life and reduce the need for future police involvement by referring the person to a social service agency. Referrals to community agencies are discussed in Module IV.

Elder Abuse Reporting Laws

Review copies of your state's abuse reporting laws.

Explain the following:

1. *Who must report?*
2. *Who may report?*
3. *To whom should reports be made?*
4. *May reports be made anonymously?*
5. *Must reports be written, or are oral reports acceptable?*
6. *What does the state's law say about reporters' liability?*
7. *What are your state's definitions of abuse, neglect, and exploitation?*
8. *Who is covered under the law (e.g., elderly, disabled)?*

Instructor's Notes

This text appears on p. III-4 of the student manual.

Summarize the text.

Pass out copies of your state's abuse reporting laws.

9. *What agency (agencies) have been designated as the lead(s) to receive reports of abuse?*
10. *What is the role of APS in investigating abuse cases?*
11. *What is the role of law enforcement in investigating abuse?*
12. *What is the role of the long-term care ombudsman in investigating abuse?*
13. *Does your state's law require collaboration or cross-reporting between law enforcement and other agencies?*
14. *What are the provisions for confidentiality?*

Crimes Associated With Elder Abuse

Review copies of your state's penal code sections that pertain to elder abuse.

Describe the following:

- *Penalties for abuse/neglect of the elderly*
- *Penalties for caregivers (if they exist)*
- *Provisions for mandatory arrest (if they exist)*

Civil Protection Codes

Review copies of your state's civil protection codes.

Describe the following:

- *Provisions for obtaining civil protection orders and restraining orders*
- *Who can secure orders*
- *Process for securing protective orders*

Mental Health Codes

Review copies of your state's mental health codes pertaining to involuntary detention.

Describe the following:

- *Criteria for involuntary placements*
- *Role of law enforcement in involuntary placements*

Instructor's Notes

Pass out a list of your state's penal code sections that pertain to elder abuse. (Sample handouts from Colorado and Massachusetts are included at the end of this module.)

Pass out copies of your state's civil protection codes.

Pass out copies of your state's mental health codes pertaining to involuntary detention.

Activity 3: Investigating Abuse

This section describes the abuse investigation process from the initial contact through case closure. Protocols for handling abuse and roles of various law enforcement personnel and units will vary within departments and jurisdictions. For that reason, this training will present general principles and techniques that may be adapted in any department.

The primary goals of the investigation are

- To protect the victim,
- To provide a basis for successful prosecution of all conduct punishable as a crime, and
- To make appropriate referrals to agencies that serve the elderly when the police response alone would be inadequate.

Walk class through the investigation process, emphasizing how elder abuse cases differ from others. Use questions to generate discussion.

Example: *What situations may be considered emergencies with the elderly, but may not be considered emergencies with younger individuals?*

Possible Response: *Being left alone, if the person is unable to take care of him- or herself.*

Initial Response to Elder Abuse

Initial abuse reports may be received by telecommunications units or other units within a department. The caller may be confused or in a debilitated state as a result of the abuse or neglect. The caller may be a neighbor or other person not directly involved and may have little information or interest in being involved. If the call is going to be transferred to another unit, basic information about the caller and how he or she can be recontacted should be obtained. Information that should be collected includes

- Caller's name
- Caller's telephone number
- Nature of the abuse
- Location of the abuse
- Victim's name
- Victim's current location
- Alleged perpetrator's name
- Alleged perpetrator's current location

Instructor's Notes

This text appears on pp. III-5–III-19 of the student manual.

Summarize each section.

Points to emphasize are highlighted. Be sure to make any changes or modifications that are needed to ensure that the material conforms to state law or local policy.

Hand out PERF protocol.

Determining Whether an Emergency Response Is Needed

The person who receives the initial call or the person to whom the call has been transferred should determine whether the conditions constitute a police emergency, a medical emergency, or both. In making this determination, the following information should be obtained:

- Is the abuse in progress?
- What kind of abuse is occurring?
- What is the victim's name and age?
- What is the victim's current location?
- Is the victim injured or suffering from a medical emergency?
 - If so, what is the nature and extent of the injury or medical emergency?
 - If it is not a medical emergency, what facts warrant an immediate non-medical response? What is at risk?
- What is the victim's physical and mental condition (e.g., disabled, confused)?
- Will the victim await the police's arrival?
 - If not, where will officers be able to locate the victim?
- Is the caller the victim, a witness, a neighbor, or another relation?
- What is the caller's name, telephone number, address, and current location?
- Is there a suspect currently on the scene?
 - If not, is the suspect's current location known?
- What is the suspect's name and description?

What Are Emergency Situations?

In addition to situations that would ordinarily trigger an emergency police or medical response, the following situations should be considered urgent:

- When an older person who cannot meet his or her own needs is left alone.
- When an Adult Protective Services (APS) worker or other human service provider has received a report of serious abuse and cannot gain access to investigate because an alleged abuser is preventing him or her from doing so.
- When an APS or other human service provider has received an abuse report and has reason to believe that investigating the complaint will place him or her in danger.
- When an abuser is on the premises in violation of a restraining order.
- When the older person is at risk of losing money or property if immediate action is not taken (e.g., he or she is being taken to the bank by an alleged abuser to withdraw savings).

When an emergency response is initiated, the caller should be informed about the type of response to expect (police, ambulance, fire equipment, etc.) and instructed on how he or she can help (unlock door, turn on outside lights, etc.).

Contacting Other Agencies

At this point, call-takers will need to assess whether police response alone is adequate or whether other agencies should be contacted. In making this decision, call-takers should consider the following:

- Are police required to report to APS or other agencies (or to conduct joint investigations) under state reporting laws?
- Are there local policies or procedures for joint investigation or cross-reporting?
- Are other professionals needed to effectively assess the situation (e.g., to perform mental health or physical examinations)?
- Does it appear likely that the victim will need follow-up services that law enforcement cannot provide (e.g., emergency housing or caregiving services)?

Nonemergency situations should still be responded to without delay. Only in cases where police response is known to be unwarranted should the police refer the caller to other agencies, as discussed in Module IV.

Points to Emphasize:

- *Do not lose the caller! Callers may be debilitated or frightened. If the call must be transferred, be sure to collect information needed for callbacks.*
 - *Special considerations must be made in determining what is an emergency when an older person is involved (e.g., a victim's need for care or supervision must be taken into account in determining the urgency of a situation).*
 - *Contact other agencies as needed for assistance in conducting investigations and providing follow-up, as well as fulfilling reporting requirements.*
-

Initial On-Site Response

The responding patrol officer's role is to defuse, assess, and stabilize the immediate situation and preserve the crime scene. This may include effecting forced entry, providing emergency care, removing the victim or offender, checking on the older person's well-being, taking preliminary statements, preserving evidence, and arresting the offender. The officer may be called to conduct a co-investigation with an APS worker. Officers should not assume that they are relieved of their responsibilities to collect and preserve evidence or conduct an investigation just because an APS or other service provider is on the

scene. Their assistance may also be needed to help other professionals perform their jobs (e.g., assisting an APS worker in gaining access to interview a victim when the alleged abuser is preventing him or her from doing so).

Depending on the circumstances, the responding officer may need to perform the following:

Forced Entry

Forced entry may be necessary in some situations. In effecting a forced entry, the same care should be exercised as in any domestic violence case.

Forced entry should be made if

- There is reason to believe that a crime is in progress
- There is reason to believe that evidence is being destroyed (e.g., the suspect is removing or destroying financial records)
- There is a medical emergency
- An older person who is in need of care or supervision has been left alone
- There is a court order

Assessment of the Situation

In making an initial assessment, the police should separate the parties if it does not cause undue stress to the victim. Care should be taken to ensure that they cannot see or hear each other. In conducting the initial assessment, officers should

- Define the problem
- Identify indicators of abuse, neglect, and exploitation, remembering that several types of abuse often occur together (see Module I for a complete list of abuse indicators)
- Identify victims, suspects, and witnesses
- Identify the roles and relationships of other persons on the scene
- Obtain preliminary statements from the victim and witnesses

Arrest and Emergency Removal of Suspects

In some situations it will be necessary to remove suspects. Suspects may be arrested or placed under involuntary holds for mental health assessments.

The existence of a family relationship between the victim and the offender does not change the officer's duty to enforce the law and arrest abusers. Some states have a mandatory arrest policy in domestic violence cases. In such cases, it usually is not necessary for the victim to press charges.

Police may also need to effect an involuntary mental health placement if the abuser meets the criterion of being a danger to him- or herself or others as a result of mental illness.

Certain considerations must be taken into account before removing suspects. If the suspect provides care to the victim, follow-up by social service providers may be needed to ensure that the victim receives needed services. Officers must also exercise professional judgment in determining whether removing the suspect is in the best interest of the victim. For example, the removal of a suspect from the victim's home could potentially result in the institutionalization of the victim. Consequently, the seriousness of the offense, the potential impact of the action, and the victim's wishes should be considered in making decisions about removals.

Emergency Removal of the Victim

In some situations, victims may need to be removed from their homes. Examples of such cases include

- When the victim is in need of hospitalization as a result of serious illness, neglect, or injury
- When the condition of the home poses a serious health or safety risk
- When the victim is in danger of retaliation or further criminal acts from an offender who is at large
- When the victim is too debilitated to care for him- or herself and there is nobody available to provide care in the home (efforts should be made to find in-home emergency care before removing a victim)

Special considerations should also be taken into account before removing victims from their homes. Removing a victim from his or her home environment can be physically and emotionally traumatic. Additionally, it is often difficult to find facilities that are able to accommodate impaired elderly victims. Battered women's shelters, for example, are usually unable to meet the needs of severely impaired older women.

Most elderly victims prefer to remain in their homes. Victims who are mentally capable of exercising choice have the right to refuse assistance or removal. If the victim's mental capacity is unclear, APS or mental health workers may be able to assist in assessing capacity.

For all of these reasons, other options should be explored before removing an older person from his or her home. The following factors should be considered:

- The level of threat to the elderly victim's health or safety if he or she remains in the environment
- The effect of removal from familiar surroundings
- The victim's wishes and his or her right to exercise self-determination
- The extent of the victim's disabilities, mental impairments, and assistance needs

When emergency removal is needed, it should be carried out in collaboration with other service providers who can address any needs of

the victim that may result from the removal. This may include arranging for transportation, finding appropriate placements, and securing the victim's home. In most communities, APS serves as a conduit to other community resources and should be contacted first for assistance. Other community services are discussed in Module IV. The victim's family or physician or another responsible, interested person should be notified. Court action may be required to effect an involuntary removal.

Arrangement for In-Depth Investigation

The patrol officer is responsible for the preliminary investigation and report. The first responder may need to involve other patrol officers, the patrol supervisor, other investigative personnel, crime laboratory staff, and other evidence collection personnel, as well as outside agency workers such as those of Adult Protective Services. Investigations may also be conducted in collaboration with APS or other social service providers.

Investigating elder abuse cases poses a variety of challenges. The victim may be unwilling or unable to provide testimony. His or her credibility or capacity may be in question as a result of cognitive impairment. He or she may be under the influence of the abuser or may depend on the abuser to provide him or her with needed care. The victim may be ambivalent about taking action to stop the abuse, especially when the abuser is a family member. Victims may also fear that police will automatically remove them to institutions or arrest their only caregiver.

Officers should treat all incidents as if they will result in criminal proceedings and establish the standards of proof required by criminal courts. Officers should rely on a variety of other agencies to assist with protecting victims and meeting their needs.

Points to Emphasize:

- *During the initial on-site response, the officer must defuse, assess, and stabilize the immediate situation, preserve the crime scene, and arrange for in-depth investigation.*
 - *The officer may need to effect forced entry, provide emergency care, remove the victim or offender, check on the older person's well-being, take preliminary statements, preserve evidence, and arrest the offender.*
 - *Do not make the situation worse! Consider the negative as well as the positive impact of actions such as removing victims or suspects from their homes.*
 - *If removals of victims and suspects are needed, they should be coordinated with health and social service providers to ensure that all of the victims' needs are met.*
-

Interviewing Victims, Suspects, and Witnesses

This section presents general guidelines and techniques for interviewing victims, suspects, and witnesses. They may be utilized by officers in conducting preliminary investigations or by investigators in implementing extensive investigations. Special techniques for interviewing victims, suspects, and witnesses who have physical or mental disabilities are provided in Module II.

General Guidelines for Interviews/Interrogations

- Coordinate investigations with Adult Protective Services or the ombudsman when possible, to avoid stressful and embarrassing multiple interviews.
- Conduct joint interviews with personnel from health and social service agencies when appropriate. Public health nurses, for example, may assist in evaluating and treating medical conditions, while mental health professionals may assist in evaluating the victim's mental status.
- Attempt to establish rapport with the persons being interviewed. These include victims, suspects, and witnesses.
- Consult with the prosecuting attorney to determine what type of evidence is needed or available.
- Whenever possible, use audio-video technology.
- Respect the confidentiality of all parties whenever possible.
- Conduct victim and suspect interviews separately. Begin with the victim and make sure that the suspect cannot hear what the victim reports.
- Keep suspects and witnesses separated before interviews to avoid collusion.
- Avoid disclosure of case information to any parties involved in the alleged offense to prevent contamination or collusion.
- Ask non-leading, general questions.
- Ask all witnesses to identify others who have relevant information and tell how they may be contacted. Identify the victim's doctor, conservator, stockbroker, accountant, chore worker, attorney, etc. Asking an elderly victim "Do you have a social worker?" or "Does anybody from an agency come to visit you?" may help to identify which agencies or service providers are involved.
- Establish the existence of evidence.

Points to Emphasize:

- *Interviews should be coordinated with APS or other service providers whenever possible.*
 - *Victims, suspects, and witnesses may attempt to collude — eliminate opportunities to do so.*
 - *Use audio-video technology whenever possible.*
 - *Continually explore new sources of information.*
 - *Maintain confidentiality.*
-

Interviewing the Victim

Interviewing elder abuse victims can pose challenges for investigators. The older victim may be traumatized by the abuse or ambivalent about testifying, or he or she may have difficulty communicating what has happened. It is often necessary to make special efforts to procure statements and to gain trust and cooperation.

Unrealistic fears or expectations may prevent the older person from cooperating in an investigation. The victim may hesitate to provide information, for example, if he or she believes that doing so will result in his or her removal (or the abuser's removal) from the home. Officers may need to address victims' fears about being placed in nursing homes or losing their caregivers. It is extremely important that victims understand that the purpose of the investigation is to find a solution to the problem, and not to make the situation worse.

In some situations, victims may have difficulty communicating or they may be confused about what has happened to them. The fact that a person is unresponsive does not mean that he or she cannot understand what is being said around him or her. The officer should not assume that a victim who appears to be confused cannot provide accurate testimony. Confusion may be the result of the abuse or trauma (e.g., dehydration may cause confusion) and may not be permanent. The officer should assume that the victim is capable of making a statement and should not dismiss his or her statement under these circumstances.

Elderly victims should always be treated with respect and should not be treated in a condescending manner. Efforts should be made to protect their dignity and instill a sense of control during the interview. This may be accomplished through simple actions such as asking for permission to enter the home or to sit down, or asking the older person what he or she would like to be called.

Techniques for Interviewing Victims

- Make the victim as comfortable as possible.
- Tell the victim what to expect during the investigation.
- Minimize the number of interviews.
- Minimize the number of people present.
- Allow the victim to describe the incident in his or her own words.
- Be patient and reassuring. Some older people, particularly those in crisis, may need time to collect their thoughts and may need to take frequent breaks. Avoid unnecessary pressure.
- Acknowledge the victim's anxiety and try to discern its cause. For example, you may say, "You seem anxious. Are you concerned that your son will find out that you have talked to me?"
- Keep it simple. Phrase questions in a clear, concise fashion.
- Keep questions short.
- Ask open-ended questions that encourage further discussion.
- Accept and use the victim's terminology and language for acts, body parts, etc.
- Avoid influencing the victim's account of the alleged offense.
- If you feel that the older person is having difficulty understanding or communicating, ask him or her if he or she has assistant devices or someone who can help.
- Ask the victim if he or she would like assistance. If so, ask how he or she would like to be assisted. Do not guess.
- Even if the victim appears to be somewhat confused, do not discount the information. Make every effort to obtain the fullest possible response before relying on information from others.
- If you need to have another person assist in communicating or providing information for the victim, conduct the conversation in the victim's presence and look for signs of corroboration from the victim (e.g., nodding in agreement). Do not discuss the victim as if he or she is not in the room.
- Do not discount a complaint because the victim is unwilling to cooperate.
- Do not argue with the victim.
- Assess the likelihood of retaliation. If a threat is present, arrange for protection. APS may be of assistance.
- Determine whom the victim first told about the abuse.
- Show the victim records or other documents that suggest abuse. Record his or her response to each one that is in dispute.
- Conclude the interview in such a fashion that the victim feels free to contact the investigator again. Ensure that the victim is capable and has the means for contact. If not, take measures to facilitate follow-up with the victim.

Instructor's Notes

Show overhead: Interviewing Victims. Read list out loud.

Points to emphasize follow.

Points to Emphasize:

- *Victims may have unrealistic fears about what is going to happen to them.*
 - *Be sensitive to the victim's fear, stress, or anxiety.*
 - *Do not discount testimony because the victim appears to be somewhat confused or reluctant to offer information.*
 - *Treat victims with dignity and respect.*
-

Interviewing the Suspect

As discussed in Module I, physical indicators or evidence alone are not usually sufficient to substantiate abuse. Often, the most compelling evidence in abuse cases is inconsistencies between witnesses' and suspects' accounts of events, implausible explanations for injuries, and other behavioral clues. For this reason, interviews with suspects must be planned and conducted carefully.

Suspects may present a variety of explanations or defenses for their actions that are difficult to discount. This is particularly troublesome when victims are unwilling or unable to provide information. For example, the suspect may claim that an injury was accidental. Because older people are at risk for accidents, this claim would be difficult to discount. However, the skilled investigator will be able to identify sources of information that can reveal when these explanations are untrue. For example, if a suspect claims that an injury was accidental, the investigator may want to have a medical expert who has experience working with the elderly offer an opinion about how the injury was (or was not) sustained.

Techniques for Interviewing Suspects

- Advise the suspect of his or her rights, if appropriate.
- Encourage the suspect to relate the incident in his or her own words.
- Note the suspect's attitude or demeanor during the interview.
- Determine the relationship between the suspect, victim, and witnesses.
- Look for behavioral indicators of abuse.
- If the suspect provides care to the victim
 - Get complete information about his or her duties, training, pay, and length of service.
 - Find out how involved the suspect is with the victim's care and what he or she expects of the victim — determine if this is reasonable.

Show overhead: Interviewing Suspects. Read list out loud.

Points to emphasize follow.

- Find out whether the suspect is the only one caring for the victim.
- Determine how well the suspect is coping with the caregiving responsibilities.
- Note statements that are inconsistent with other findings and evidence.
- If handwriting is an issue, collect handwriting samples.
- Do not communicate hostility or disbelief.
- Show disputed documents to the suspect *one at a time* and record his or her response to each one.
- If the suspect admits to abuse, ask him or her to specify precisely what he or she did and record it.

Points to Emphasize:

- *In interviewing a suspect, look for behavioral indicators such as inconsistencies with the victim's testimony and implausible explanations.*
 - *Look for ways to disprove or confirm explanations.*
 - *If the suspect is a caregiver, ascertain the precise nature of his or her responsibilities, compensation, and attitudes about the care, and determine whether other individuals assist with caregiving.*
-

Ask:

What types of explanations would you anticipate from suspects?

Possible Responses:

Common explanations in physical abuse cases:

- *"The injury was an accident."*
- *"The victim fell."*
- *"There was no abuse — s/he bruises easily."*

Common explanations in financial abuse cases:

- *"It was a gift."*
- *"S/he owed me the money."*
- *"S/he gave me permission to have/use/borrow it."*
- *"I was going to give it back."*

Common explanations in neglect cases:

- *"S/he refuses to eat anything."*
- *"S/he refuses services."*

Ask:

What could you do to investigate these explanations?

Possible Responses:

- *Get an expert opinion about whether it is likely that an injury or condition was accidental.*
- *Talk to individuals who know the victim to determine whether he or she has a history of giving gifts.*
- *Contact people who know the victim or agencies that have provided services to him or her and see whether the victim has a history of refusing care or services.*

Interviewing Witnesses**Techniques for Interviewing Witnesses**

- Determine the witnesses' relationships to the victim and suspect.
- Ask where and how they received their information.
- Try to determine their motivation for offering information.
- Determine whether the witnesses are likely to be intimidated, made to feel guilty, or threatened with reprisal for providing testimony.
- Find out where they can be reached if follow-up is necessary.

Using Translators

If it is necessary to use a translator, try to find an impartial person who will maintain confidentiality. It is preferable to use an individual who is not related to the parties involved. Make sure the translator translates questions and answers verbatim, rather than paraphrasing or interpreting what he or she believes the speaker means to say.

Collecting and Preserving Evidence

A major problem in prosecuting abuse cases has been the failure to present convincing evidence. Victims may be unwilling or unable to testify in court, or they may make poor witnesses. Some cases are not reported to law enforcement until well after the abuse has occurred, leaving a cold trail for investigators. The circumstances surrounding the abuse may be difficult to substantiate. Despite these difficulties, cases can be proven, even when victims are unable to testify. These cases require careful investigation and the marshalling of all circumstantial evidence.

As with other types of cases, the officer should preserve evidence when it is present. Evidence includes physical objects or conditions that establish the facts of the case. In abuse cases, evidence may include injuries, instruments used to inflict the abuse, or conditions of victims' homes. In financial exploitation cases, evidence may include bank statements, powers of attorney, deeds, and indicators of the victim's mental capacity (such as reports from doctors). The relationship between

Instructor's Notes

Show overhead: Interviewing Witnesses. Read list out loud.

the evidence and the abuse incident must be clear. Evidence should be gathered as quickly as possible to avoid the possibility of the suspect's concealment or destruction of it. Do not fail to note indicators of what is missing, such as empty refrigerators or cabinets, or bare walls that reveal outlines of missing art objects. Evidence should be collected in a fashion consistent with department policy. Evidence collection teams may be employed.

The best approach to documenting many abuse cases is photographing or videotaping the environment and/or injuries. In neglect cases, for example, the rooms that the victim inhabited may be photographed or videotaped from all four corners, and the photos or videos would reveal conditions that suggest neglect, such as locks on the kitchen or refrigerator door, health hazards, inadequate supplies of food, or body wastes. Detailed notes should accompany photographs or videotapes. In the case of injuries, descriptions from medical professionals may contribute to the usefulness of photographs and videotapes.

Medical records, incident reports, and other agencies' case notes should also be collected. These types of information are usually confidential and cannot be obtained without the victim's consent, search warrants, or subpoenas. Whenever possible, the victim's written consent (or that of his or her legal representative) should be obtained. Joint investigations permit more than one agency to secure the same information.

Legal documents should be collected, including relevant court records, restraining orders, applications, civil pleadings, answers and depositions, and probate court information.

Where to Get Information

Knowing where to get information is crucial in elder abuse cases. It is not unusual for police and prosecutors to spend countless hours investigating "from scratch," only to find out later that other community agencies have been following the case for months or years and can provide invaluable evidence.

Many older adults receive support from health or social service agencies. Social workers, doctors, home health aides, lawyers, and other health and social service providers are likely to have information about what has happened in the past and about the client's needs and mental capacity. They may also be able to provide expert testimony. Agencies and services used by the elderly are described in detail in Module IV. What follows is a brief listing of agencies or service providers that are likely to have pertinent information. Health and social service agencies have different requirements for releasing information. Some will need the victim's consent, a search warrant, or a subpoena.

Case Managers or Social Workers: Because the elderly often have a variety of health and social service needs that change over time, many social service agencies provide "case management." Case managers are assigned to continually reassess and monitor the older client's needs and arrange for services as needed. They often have extensive files on clients' histories and formal and informal support systems. They can provide

- Social histories of the victim and his or her family

- Information about the victim's functional capacity and care needs
- Expertise in arranging for health and social services

Medical Professionals: Private physicians, public or private home health nurses, medical staff, social service program personnel, or attending staff at hospitals or clinics can provide

- Histories of injuries or hospitalizations
- Health histories, including changes in health status, loss of weight, or noncompliance with medical regimes, which can establish patterns of neglect
- Examinations, evaluations, and interpretations of injuries that can corroborate or negate the plausibility of explanations
- Information about the victim's health or mental status that may be needed to determine his or her ability to provide testimony

Mental Health Professionals: They may include community mental health workers, mental health staff at seniors' programs that the victim attends, or private practitioners. Some communities offer extensive mental health assessments. The victim's case manager or APS worker is likely to know whether the victim has received mental health services or is eligible for them. Mental health workers can provide

- Mental health assessments to substantiate whether a victim is mentally capable of giving testimony, consenting to help, or refusing assistance
- Mental health histories to determine whether the victim was capable of giving consent or transacting business at a certain point in time. This is extremely important in financial abuse cases where it may be critical to know whether the victim understood the nature of a document he or she signed at the time it was signed. It is also extremely important in sexual abuse cases in determining whether the older person was capable of consenting to sexual contact

Guardians, Conservators, or Lawyers: Some older people with mental impairments have been placed under guardianship or conservatorship (the terms vary from state to state). This involves a court process in which a judge appoints another individual or agency to assume responsibility for the older person's finances or personal care. The conservator or guardian may be a friend or relative, or he or she may be a banker, lawyer, or professional conservator. The conservator or guardian may be the public guardian if the older person does not have reliable family members willing to serve or if he or she lacks the funds to hire a private conservator or guardian. The conservator or guardian (assuming he or she is not the alleged abuser) may be able to

- Freeze bank accounts to secure the victim's assets
- Provide access to the victim's financial records and transactions

If the conservator or guardian is the alleged abuser, the probate court should be informed immediately. The court will usually conduct its own investigation and may be able to provide evidence.

Attorneys in Fact: These are individuals whom the elderly or impaired person has named as his or her agents to transact business on his or her behalf, under a power of attorney. The attorney in fact may have records of financial transactions or may be able to secure this information.

Special Considerations in Collecting Evidence

In collecting evidence, the officer should consider the following:

- Is the evidence privileged? If so, police may need to obtain a search warrant, subpoena, or other court order to get it.
- If the evidence is privileged, is there anyone else who has it or who can gain access to it (e.g., if the victim is under conservatorship, information may be obtained from or by the probate court or the conservator)?
- May the evidence be obtained with consent? If so, is the party capable of giving consent?
- Who else has information?

Points to Emphasize:

- *Evidence should be gathered as quickly as possible to avoid the possibility that the suspect may conceal or destroy it.*
 - *Photographing or videotaping the victim's injuries and/or environment is the best approach to documenting many abuse cases.*
 - *In financial exploitation cases, evidence may include bank statements, powers of attorney, deeds, and indicators of the victim's mental capacity.*
 - *Sources of information include social workers, medical professionals, mental health professionals, conservators or guardians, and others.*
 - *Some information is privileged and may only be obtained with the victim's consent, a search warrant, or a subpoena.*
-

Special Considerations in Investigating Financial Exploitation

Financial abuse poses special problems for a variety of reasons. Proving cases often involves demonstrating that a victim did not understand what was happening at an earlier point in time. For example, a severely incapacitated person may have signed a bank power of attorney granting someone authority to withdraw funds. If the older person did not understand what he or she was signing, the document is invalid.

However, the suspect may claim that the victim understood what he or she signed at the time of the signing.

Another obstacle to proving financial abuse is that suspects often have possession of the evidence or documents needed to prove the abuse, such as canceled checks or wills, or suspects have destroyed the evidence. Victims often are unable to testify to elements of the crime or cannot recall complicated or lengthy series of events or transactions.

Despite these difficulties, many financial exploitation cases are successfully prosecuted. To increase the likelihood of successful prosecution, the following information and evidence should be obtained:

- Determine the relationship between the victim and suspect. Is the suspect a family member? Is he or she in a position of trust? Does he or she live with the victim?
- Determine the extent of an estate. It may include real properties, bank accounts, certificates of deposit, stocks, home furnishings, personal belongings, and vehicles.
- Find out who owns the victim's home, whose name is on the deed, who pays the rent, and who pays the taxes.
- Determine whether the victim is literate.
- Find out whose names are on bank accounts, investment accounts, and stocks.
- Find out who is the representative payee.
- Find out who pays the bills.
- Find out how the older person's pension, social security, or other income checks are received and deposited in the bank.
- Determine what documents signed by the victim have placed the estate in the suspect's control. These may include powers of attorney, bank signature cards, or vehicle pink slips.
- Get copies of whatever documents were signed.
- Collect evidence from other agencies, including reports from APS.
- Check for previous criminal charges against the suspect.
- Determine whether the suspect has a power of attorney or is the victim's conservator.
- Determine the victim's mental condition. Is the victim mentally capable of testifying? This information may be obtained from the victim's physician, a mental health worker, or an APS worker.
- If the person is incapable or if his or her capacity is questionable, contact family members, friends, or service providers to obtain mental health evaluations and histories. These should include information about the length of time that the victim has had diminished capacity, in order to determine if he or she was able to give consent at the time it was given.
- If questionable purchases have been made, find out the value of the purchases, by and for whom they were made, the value of the purchases in relation to the suspect's salary, and whether there has been a history of gift-giving.

- Determine whether the older person's estate is still at risk of theft, misappropriation, or embezzlement. If so, secure the estate as soon as possible.

Points to Emphasize:

- *Financial abuse cases are difficult to prove because they often involve substantiating a victim's mental capacity at an earlier point in time.*
 - *Suspects often have possession of, or destroy, evidence.*
 - *Victims may be incapable of recalling complicated or lengthy events or transactions.*
 - *Despite these difficulties, financial exploitation can be substantiated.*
-

Securing the Estate and Recovering Losses

During an investigation, the victim's estate may be extremely vulnerable. If the suspect is aware that an abuse investigation is in progress, he or she may quickly attempt to withdraw funds or transfer property before it is too late. If the victim is incapable of acting on his or her own behalf, officers should initiate action to secure the estate or notify others who can do so. They may contact banks or other financial institutions to inform them that a criminal investigation is in progress. Financial institutions are often willing to put administrative holds on victims' accounts for brief periods pending the outcomes of investigations.

Legal interventions such as restraining orders and conservatorships may also be used to protect assets. Some states' probate codes have provisions for "freezing" an impaired person's assets, even if a conservator or guardian has not yet been appointed. In situations where a victim's assets are at risk, officers should seek assistance from APS, the victim's family or attorney, or others to initiate these actions.

Efforts should also be made to recover misappropriated estates as quickly as possible, before they are dissipated or transferred. Attorneys or public guardians may be able to assist in obtaining civil judgments to recover money or property.

Points to Emphasize:

- *During an investigation, a victim's assets may be vulnerable.*
 - *Officers should initiate action to secure a victim's estate if the victim is unable to do so, or they should apprise others of the need to initiate action.*
 - *Officers may contact the victim's banks or financial institutions to let them know that a criminal investigation is in progress, or they may contact family members, lawyers, public guardians, APS personnel, or other social service agency workers who can initiate legal action to prevent further exploitation.*
-

Closing the Case

Following the investigation, police should identify criminal offenses, needs for protection orders, and needs for immediate arrest. They should also decide what to do if no crime has been committed but the elderly person is still at risk of abuse and in need of other services.

Investigators should prepare a formal case report of the investigation, including evidence, witness statements, and corroborating information. These will be used to determine whether there is sufficient cause to prosecute a case or to obtain a search warrant to secure additional information. Additional corroboration or follow-up investigation may be needed.

Victims and witnesses should be kept abreast of the status of the case and upcoming trials. Changes in the status of arrests, charge dismissals, trial dates, witness accounts, etc., should be transmitted to victims as soon as possible. Police should provide victims with their case numbers and the names and telephone numbers of contact persons to call for case status or in the event of threats. Some police agencies have victim advocates who provide follow-up.

Every allegation of elder abuse, neglect, and exploitation should be documented. Even when criminal action is not taken, police reports can be used as evidence in other legal proceedings. Written reports should include

- Name, address, telephone number, and relationship to victim of person making report
- Victim's name, address, telephone number, and age
- Victim's current location
- Names, addresses, and telephone numbers of people providing care to victim
- Types of abuse and other alleged crimes
- Victim's condition/nature and extent of injuries, neglect, or loss
- Victim's mental capacity

- Date(s), time(s), and location(s) of alleged abuse(s)
- Witnesses' names, addresses, and telephone numbers
- Details of allegations
- Corroborating information or observations in support of allegations
- Names of agencies and personnel requested and on the scene
- Referrals made
- Any on-scene or future actions taken or agreed to

Referrals

Victims' needs for services and protection often continue beyond the criminal investigation. Before closing cases, law enforcement officers should be sure to send their reports to all agencies with which there is a cross-reporting mandate or agreement. They should also make sure that other health or social service providers involved with the victim are aware that the case is being closed, so that they may provide any needed follow-up services. Referrals should also be made when no criminal activity is detected, but the elderly person is at risk of abuse or in need of social services. Services that may prevent further abuse are described in detail in Module IV.

Points to Emphasize:

- *After completing the investigation, officers should review the facts of the case to define charges and determine whether arrest is warranted.*
-

Activity 4: Investigation Activity

Instructor's Notes

Explain: *This activity was designed to provide practical experience in planning an investigation. The cases that will be used are based on actual abuse situations.*

Instructors may develop their own case examples to emphasize state laws or available services. Two sample cases are provided. They may be used as is, adapted to highlight issues or laws that instructors want to cover, or substituted altogether.

Students' responses may vary. They should, however, be consistent with the material presented in the module. They should also demonstrate an understanding of state laws and available resources.

- *Divide class into groups of 10 to 12 students.*
- *Provide each group with butcher paper to record responses.*
- *Instruct each group to assign a recorder.*
- *Distribute case samples.*
- *Allow groups 20 minutes to discuss cases.*
- *Reassemble class.*
- *Ask one representative from each group to summarize the case and the group's answers.*
- *Repeat with other groups.*

Case 1, Mrs. Meyers

Instructor's Notes

You receive a report from the social services department of General Hospital. Mrs. Meyers was taken to the emergency room in the middle of the night and was admitted. She was covered with bruises and was comatose. The emergency room physician noted in the medical record that the bruises may have been inflicted by another person and instructed the social services department to follow up.

When you get to the hospital, Mrs. Meyers has regained consciousness but cannot speak. She has identification with her and efforts have been made to call her home, but there has been no response.

Questions and Suggested Answers

1. *How would you begin the investigation?*

Begin by establishing who took Mrs. Meyers to the emergency room. Was she taken by ambulance? From where was she taken?

What is her living situation? Where does she live? With whom does she live? What was the condition of the home?

Were the bruises inflicted or could they have been accidental? Has there been a history of injuries or hospitalizations? If the bruises were inflicted, who was the perpetrator?

Go to the house. Talk to anyone there. Get consent to view the premises. If denied, attempt to obtain a search warrant.

2. *What sources of information are available?*

Attempt to interview Mrs. Meyers. If she cannot respond verbally to questions, find out (from her or others who know her) whether she understands and can respond to nonverbal questioning.

Talk to a medical examiner about the injuries. Ask for and record his or her impressions or opinions about whether the injuries could have been accidental.

Check medical records and get medical history.

3. *What types of evidence would you collect?*

— Photograph or videotape injuries.

— Photograph or videotape the house.

4. *What are the possible criminal charges?*

Insert copies of relevant criminal penalties (e.g., those for battery, assault, attempted murder, elder abuse).

5. *Are you required to report or cross-report the situation to other agencies?*

This will depend on local reporting requirements. Respond as appropriate.

Instructor's Notes

Case 2, Mrs. Jones

You are assigned to check on Mrs. Jones's well-being after a concerned neighbor calls the police department. The neighbor reports that Mrs. Jones's nephew came to live with her several months ago. The neighbor has not seen Mrs. Jones in several weeks, and when she asks the nephew about her, he claims that his aunt is not well and does not want to see anyone. The neighbor has heard screaming at night and believes that Mrs. Jones's nephew is physically abusing her.

When you knock on the door, nobody answers. However, when you shout out, you hear a muffled cry that seems to be coming from the basement. You force entry and find Mrs. Jones confined to a room in the basement. She has bruises on her face and arms. She is very weak and slightly confused. She manages to convey to you that she is very frightened of her nephew and believes that he has withdrawn money from her bank accounts.

Questions and Suggested Answers

1. *How would you begin the investigation?*

While students' responses may vary, make sure they are consistent with the protocols presented in the module (i.e., the sequence of interviews, etc.), as well as state laws.

Also make sure that students address Mrs. Jones's immediate safety needs. A good start would be to contact APS for assistance in assessing Mrs. Jones's mental status and arranging for protective services. They should consider protection orders, if available, to prevent the nephew from returning.

Police may also assist in protecting Mrs. Jones's finances. They may advise her to contact her bank to freeze her accounts (if she is capable of doing so), or they may contact the bank directly to inform the staff that a criminal investigation is in progress. In some communities, public guardians may also be of assistance in safeguarding assets.

2. *What types of evidence would you collect?*

- *Mrs. Jones, her nephew, and witnesses should be interviewed.*
- *Photograph or videotape injuries and the room in which she was confined.*
- *Obtain medical records to determine whether there have been injuries in the past.*
- *Collect any documents that Mrs. Jones has signed.*

3. *What are the possible criminal charges?*

Instructor's Notes

Responses should reflect relevant criminal penalties (including special elder abuse statutes, if they exist).

4. *Are you required to report or cross-report the situation to other agencies?*

Responses should reflect state reporting law.

Instructor's Notes

Definitions

Certain terms that are used by law enforcement and Adult Protective Services staff are very similar in meaning. What follows is a side-by-side comparison of these terms.

Social Services Social Services Code

ABUSE:
(26-3.1-101 [4][A] CRS)
Where there is infliction of physical pain or injury by, but not limited to, substantial or multiple skin bruising, bleeding, malnutrition, dehydration, burns, bone fractures, poisoning, subdural hematoma, soft tissue swelling, or suffocation;

Where unreasonable confinement or restraint is imposed; or

Where there is subjection to nonconsensual sexual conduct or contact.

Law Enforcement Criminal Code

ASSAULT IN THE FIRST DEGREE:
(18-3-202 CRS)
(1) He intends to cause serious bodily injury to someone and he causes serious bodily injury to any other person by means of a deadly weapon; or
(2) He intends to cause serious bodily injury to someone and he causes serious bodily injury to any other person; or
(3) Under circumstances manifesting extreme indifference to the value of human life, he knowingly engages in conduct which creates a grave risk of death to another person and he causes serious bodily injury to another person; or
(4) Either by himself or with others, he commits or attempts murder, robbery, arson, burglary, first degree kidnapping, first or second degree sexual assault, and in furtherance of, during, or escaping from the crime, the serious bodily injury of someone other than a participant in the crime is caused by anyone.

(18-6.6-103 [3][A] CRS)
Any person who commits a crime of assault in the first degree commits a Class 2 felony.

Instructor's Notes

This is a sample of how a handout may be developed for students that addresses criminal code and social services' definitions of abuse.

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(Colorado Guidelines for Cooperation between Law Enforcement and Adult Protective Services, 1992.)

ASSAULT IN THE SECOND DEGREE:

(18-3-203 CRS)

- (1) He intends to cause serious bodily injury to someone and he does cause serious bodily injury to any other person; or
- (2) He intends to cause bodily injury to someone and he attempts or causes bodily injury to any other person by means of a deadly weapon; or
- (3) He recklessly causes serious bodily injury to someone by means of a deadly weapon; or
- (4) For a purpose other than lawful medical or therapeutic treatment, he intentionally causes unconsciousness, stupor, or other physical or mental impairment or injury to another person by administering to him, without his consent, a drug, substance, or preparation capable of producing the intended harm; or
- (5) He intends to cause bodily injury to any person and he causes serious bodily injury to that person or another.

(18-6.5-103 [3][B] CRS)

Any person who commits a crime of assault in the second degree, and the victim is an at-risk adult, commits a Class 3 felony.

ASSAULT IN THE THIRD DEGREE:

(18-3-204 CRS)

He knowingly or recklessly causes bodily injury to another person; or with criminal negligence, he causes bodily injury to another person by means of a deadly weapon.

(18-6.5-103 [3][C] CRS)
Any person who commits a crime of assault in the third degree, and the victim is an at-risk adult, commits a Class 5 felony.

BODILY INJURY:
(18-1-901 CRS)
Physical pain, illness, or any impairment or physical or mental condition.

SERIOUS BODILY INJURY:
(18-1-901 CRS)
Bodily injury that involves a substantial risk of death, a substantial risk of serious permanent disfigurement, or a substantial risk of protracted loss or impairment of the function of any part or organ of the body.

INTENTIONALLY:
(18-1-501 CRS)
A person acts intentionally when his conscious objective is to cause the specific result proscribed by the statute defining the offense. It is immaterial whether the result actually occurred.

KNOWINGLY:
(18-1-501 CRS)
(1) A person acts knowingly with respect to conduct or to a circumstance described by a statute defining an offense when he is aware that his conduct is of such nature or that such circumstance exists.
(2) A person acts knowingly with respect to a result of his conduct when he is aware that his conduct is practically certain to cause the result.

RECKLESSLY:
(18-1-501 CRS)

When someone consciously disregards a substantial and unjustifiable risk that a result will occur or that a circumstance exists.

DEADLY WEAPON:
(18-1-901 CRS)

Any of the following which in the manner it is used or intended to be used is capable of producing death or serious bodily injury:

Firearm, loaded or unloaded

Knife

Bludgeon

Any other weapon, device, instrument, material, or substance, whether animate or inanimate.

EXPLOITATION:
(26-3.1-101 [4][C] CRS)

The illegal or improper use of an at-risk adult or the at-risk adult's resources for another person's profit or advantage.

ROBBERY:
(18-4-301 [1] CRS)

A person who knowingly takes anything of value from the person or presence of another by the use of force, threats, or intimidation commits robbery.

(18-6.5.103 [4] CRS)

Any person who commits robbery, and the victim is an at-risk adult, commits a Class 3 felony.

THEFT:
(18-4-401 [1] CRS)

A person commits theft when he knowingly obtains or exercises control over anything of value of another without authorization, or by threat or deception.

(18-6.5-103 [5] CRS)

Any person who commits theft, and commits any element or portion of the offense in the presence of the victim, and the victim is an at-risk adult, commits a Class 5 felony if the value of the thing involved is less than three hundred dollars or a Class 3 felony if the value of the thing involved is three hundred dollars or more. Theft from the person of an at-risk adult by means other than the use of force, threat, or intimidation is a Class 4 felony without regard to the value of the thing taken.

CARETAKER NEGLECT:

(26-3.1-101 [4][B] CRS)

Caretaker neglect that occurs when adequate food, clothing, shelter, psychological care, physical care, medical care, or supervision is not secured for the at-risk adult or is not provided by a caretaker in a timely manner and with the degree of care that a reasonable person in the same situation would exercise; except that the withholding of artificial nourishment in accordance with the "Colorado Medical Treatment Decision Act" shall not be considered as abuse.

CRIMES AGAINST ADULTS:

(18-6.5-103 [6] CRS)

Any person who knowingly neglects an at-risk adult or knowingly acts in a manner likely to be injurious to the physical or mental welfare of an at-risk adult commits a Class 1 misdemeanor.

SELF-NEGLECT:

(26-3.1-101 [7] CRS)

An act or failure to act whereby an at-risk adult substantially endangers the adult's health, safety, welfare, or life by not seeking or obtaining services necessary to meet the adult's essential human needs. Choice of lifestyle or living arrangements shall not, by itself, be evidence of self-neglect.

There are no criminal penalties for self-neglect.

AT-RISK ADULT:

(26-3.1-101 [1] CRS)

An individual eighteen years of age or older who is susceptible to mistreatment because the individual is unable to perform or obtain services necessary for the individual's health, safety, or welfare, or lacks sufficient understanding or capacity to make or communicate responsible decisions concerning the individual's person or affairs.

AT-RISK ADULT:

(18-6.5-102 [1] CRS)

Any person who is sixty years of age or older or any person who is eighteen years of age or older and is a person with a disability. A person with a disability means any person who is handicapped because of the loss of or permanent loss of use of a hand or foot or because of blindness or the permanent impairment of vision of both eyes to such a degree as to constitute virtual blindness; or is unable to walk, see, hear, or speak; or is unable to breathe without mechanical assistance; or is developmentally disabled; or is mentally ill; or is mentally impaired; or is blind; or is receiving care and treatment for a developmental disability.

Protection Orders

A. A protection order is any injunction issued by the court for the purpose of preventing acts or threatened acts of violence. The term refers to both temporary and final orders issued by civil and criminal courts, whether obtained by filing an independent action or as a part of another proceeding. Other frequently used terms to connote protection orders are:

1. Emergency Protection Order
2. Temporary Restraining Order
3. Permanent Restraining Order
4. No Contact Order

Protection orders may be issued by the district or county courts and may appear on a variety of forms. In short, any order restraining a person from committing or threatening to commit certain acts of violence and signed or issued by the court is a protection order.

B. Non-Exclusive Relief.

1. The relief provided through protection orders is in addition to and not in lieu of any other available civil or criminal relief. Petitioners are not barred from obtaining relief through protection orders because of other pending proceedings or existing judgments.
2. Relief through protection orders is available to petitioners without regard to whether the petitioner has initiated divorce or custody proceedings or sought other legal remedies. Also available under Colorado law is a protection order specific to victims of domestic violence. This petition may be brought to protect an adult, minor child, or emancipated minor against domestic abuse from an adult or emancipated minor with whom the actor is a current or former relation, or with whom the actor is living or has lived in the same domicile, or with whom the actor is involved or has been involved in an intimate relationship.
3. As to domestic relations proceedings, if custody and visitation have already been adjudicated, the terms of a previous court order may be incorporated into a restraining order brought under the Domestic Abuse Act, C.R.S. 14-4-101 et seq.

Instructor's Notes

This is an example of a handout addressing a state's code related to protection orders.

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(Colorado Guidelines for Cooperation between Law Enforcement and Adult Protective Services, 1992.)

4. Relief through a protection order is available to the petitioner without regard to whether there is a criminal prosecution brought for the same incident.
- C. Any protection order issued pursuant to Colorado statutes shall be effective throughout the state in all districts and counties. Any protection order issued by a court of another state shall be accorded full faith and credit and shall be enforced once it has been made an order of a Colorado court. A protection order issued by a court of another state cannot be enforced until a Colorado court has reviewed the protection order and issued a protection order under Colorado law.
- D. Filing a Petition.
1. An action for a protection order may be commenced by filing a verified petition (at a specific time) with the clerk of the court in the county where the defendant resides or is employed if the defendant can be served there. "Do-it-yourself" packets to obtain protection orders are available from several agencies.
 2. Generally any person may seek an order for their own protection. Parties to a criminal action or a domestic relations action may seek protection orders as a part of the criminal or domestic relations action.
 3. A petitioner shall not be denied a protection order because the petitioner used reasonable force in self-defense against violence by the respondent.
 4. Only in a rare case should protection orders be granted to each party against the other. The court should grant relief to the party who was more seriously injured or has been battered more frequently.
- E. The Hearing.
1. In civil proceedings, the respondent is entitled to notice and hearing prior to issuance of a protection order unless the petitioner demonstrates the existence of an emergency by
 - a. A showing that the petitioner or other victim was recently the victim of an act or act of domestic violence committed by the respondent that resulted in physical or emotional injury or damage to property; or
 - b. Alleging that the petitioner or others are likely to suffer harm if the respondent is given notice.

- c. This section recognizes that if the victim of abuse tells the abuser that the victim might seek help, the abuser may respond by threatening more serious violence. These threats may prevent the victim from leaving the situation or from seeking protection. By punishing the victim for filing a protection order petition, the abuser may persuade the victim to withdraw the petition or simply to fail to appear on the court date.
2. Typically, the court will first issue a temporary restraining order (TRO) ex parte based on the verified petition of the petitioner. On this order, the court will also issue a citation to the respondent to appear on a certain date and time to show cause why the temporary restraining order should not be made permanent. The temporary restraining order and citation must be personally served upon the respondent before the return date. Restraining orders in domestic relations cases do not generally require a second hearing, therefore there is no mention of a return date in the temporary restraining order.
3. On the return date, the court determines whether the TRO should be made permanent. If made permanent, no further notice, other than service of the TRO, is required to be given to the respondent.
4. Upon filing of any criminal action involving domestic violence, the prosecuting attorney may request that a protection order be issued as a condition of pretrial release or diversion to protect the complainant or others affected by the action and to prevent the defendant from attempting to interfere with the proceedings by intimidating witnesses.
 - a. The court shall issue a written no contact order . Upon report of a violation of a no contact order, the prosecuting attorney shall immediately file a petition to revoke the defendant's bond or sentence.
 - b. A protection order issued as a condition of pretrial release is effective only until the disposition of the criminal complaint under which it was filed. If the defendant is convicted of or pleads guilty to the offense charge, a protection order may be issued as a condition of probation or parole or included in any other disposition.

F. Duration of Orders.

1. Generally, restraining orders other than TROs are in effect indefinitely unless there is a fixed expiration date noted in the order. The exceptions are restraining orders issued in domestic relations cases, which are effective only during the pendency of the case unless otherwise extended by the court upon a showing of good cause. A no contact order is in effect only during the pendency of the criminal action unless continued by the court as a condition of sentence, and then it is only in effect for the duration of the sentence.
2. The petitioner is required to show proof of service of the TRO only to effect enforcement.
3. Only the court can modify an order issued, and reconciliation of parties shall *not* affect the validity of a protection order.

G. The court may order the following relief:

1. No further abuse.
2. Order to vacate the home (specifically provided for in C.R.S. 14-4-102).
3. Stay away and no contact.
4. No communication.
5. Temporary care and control (not custody) of children and visitation can be ordered for 120 days in protection orders brought under the Domestic Abuse Act, C.R.S. 14-4-101 et seq.
 - a. In domestic violence situations where the parties have children together, regardless of whether the children were present at the time of the violence, the court should award temporary care and control of the children to the victim.
 - b. The court can grant any other requested relief necessary or appropriate to prevent or reduce the likelihood of subsequent domestic violence, in a protection order brought under C.R.S. 14-4-101 et seq.

H. Enforcement.

1. To facilitate enforcement of protection orders, copies of all orders should be provided to the petitioner, the respondent, and the law enforcement agency most likely to respond to a call regarding a violation of the order. Because the protection order contains information about the respondent's previous assaults, police officers who have copies of such orders may be better prepared to encounter the respondent if called upon for enforcement. Providing police with a copy of each protection order also permits the officer to enforce the order even if the victim's copy of the order has been lost or destroyed.
2. Police have statutory authority to arrest for a violation of a domestic abuse restraining order and arrest is the preferred response in domestic violence cases. Courts should include in their protection orders an order to law enforcement to arrest upon a violation.
3. A respondent who has received notice of a protection order issued against the respondent and who violates the order is in contempt of court. Notice means either personal service or actual notice. In order to enforce the order by removal or arrest, the police officer must see an affidavit of service (for a TRO) and/or a certified copy of the protection order. C.R.S. 14-4-102(9) provides that domestic abuse restraining orders shall be delivered to any law enforcement agency having jurisdiction to enforce the order and the protected party and that such protected party shall show the order to any officer called to enforce it.
4. If the order has not been personally served, the officer responding to the call shall serve a copy on the respondent.
5. The police officer will inform the party protected by the protection order that they have the right to initiate contempt proceedings against the alleged violator in the court that issued the original order.
6. Whether or not the respondent is arrested, it is the duty of the petitioner to initiate a contempt action before any further action will be taken by the court.

The petitioner must file a verified complaint for the issuance of a contempt citation citing how the order has been violated. With this complaint, the petitioner can request an arrest warrant be issued, which is discretionary with the court. The complaint requests that the court order the clerk of the court to issue a citation to the respondent to appear at a certain date and time to show cause why they should not be punished for contempt, to vindicate the authority and dignity of the court.

Once the judge signs the order authorizing the issuance of a citation, the clerk will issue the citation. The respondent must be personally served with the complaint, order, and citation. Once served, if the respondent does not appear, a warrant will be issued for the respondent's arrest for failure to appear. If the respondent does appear, an advisement of rights and an opportunity to seek counsel will be provided the respondent. Indigent respondents will be advised of the availability of appointed counsel.

The case is then set for a future date for an evidentiary hearing. At this hearing, the burden is on the petitioner to prove to the court beyond a reasonable doubt that the respondent violated the order. If witnesses other than the petitioner are necessary to prove the violation, it is the responsibility of the petitioner to get them to court, i.e., requesting subpoenas from the court, getting them served, etc. If the violation is proven, the court can sentence the respondent to six months in jail or a fine or both.

7. Prosecution of a respondent for violation of a protection order shall not preclude prosecution for other crimes arising out of the incident in which the protection order is alleged to have been violated.

(Sample handout)

**Crimes Associated with Financial Abuse
(Massachusetts)**

Larceny: Taking away or stealing the personal property of another with the intent of permanently depriving the owner of it.

Larceny by Check: Intent to defraud by making or presenting any check, draft, or money order for payment, knowing that there are not sufficient funds or credit to cover the check, draft, or money order, and thereby obtaining money, property, or services.

Larceny by False Pretenses: Knowingly making false representations of fact with the intent that another person will rely on those false representations and, as a result, will part with his/her personal property.

Embezzlement: While in a position of trust or confidence, depriving someone of personal property by faking, concealing, or converting said property to his/her own use without the consent of the owner and with the intent of permanently depriving the owner of it.

Forgery: Falsifying, altering, or counterfeiting a document with intent to injure or defraud. Includes 1) signing someone else's name on a check or bill of sale without the person's consent; 2) changing the amount on a check; and 3) counterfeiting or producing what appears to be a genuine legal document but what is in fact a phony document.

Trick and Device: Obtaining the property of another through false promises, fraud, trickery, artifice, or device, with the specific intent to permanently deprive the owner of it.

Burglary: Entry into an occupied dwelling in the nighttime to commit theft or any other felony.

Making a False Financial Statement: Knowingly making a false statement in writing concerning one's financial condition, with intent the statement be relied upon.

(Prepared by Jane Tewksbury, Massachusetts Attorney General's Office)

Instructor's Notes

References

- Heisler, Candace J. and Jane E. Tewksbury. "Fiduciary Abuse of the Elderly: A Prosecutor's Perspective." *Journal of Elder Abuse and Neglect*, Vol. 3(4): 23-40, 1991.
- Quinn, Mary Joy and Susan K. Tomita. *Elder Abuse and Neglect: Causes, Diagnosis and Intervention Strategies*. New York: Springer, 1986.
- Trapp, Lois. "Financial Abuse." *Serving the Victim of Elder Abuse*. San Francisco Consortium for Elder Abuse Prevention. San Francisco, 1986.

Additional Resources

- Police Executive Research Forum. *Managing Persons with Mental Disabilities: A Curriculum Guide for Law Enforcement*. 1989.
- Wright-Benedetti, Bonnie. *Colorado Guidelines for Cooperation Between Law Enforcement and Adult Protection Services: A Training Manual*. Colorado Department of Social Services. 1992. (An excellent example of a state-specific training program.)

To order, contact:

Joanne B. Marlatt
Colorado Department of Social Services
1575 Sherman Street
Denver, Colorado 80203
(303) 866-5910

Optional Activities for Module III:

Elder and Dependent Adult Abuse (31 minutes for all three segments)

- Part 1 "Reporting"
- Part 2 "Indicators, Types of Abuse, and Investigation"
- Part 3 "Self-Neglect and Response"

To order, contact:

Los Angeles County Sheriff's Department

Elder Abuse: Hidden From View (10 minutes)

To order, contact:

Victim Services
2 Lafayette Street, Third Floor
New York, New York 10007
(212) 577-7700

Other Optional Activities:

- *Discuss with students how elder abuse investigations differ from child abuse investigations.*
- *Discuss with students how spouse abuse cases involving younger victims may differ from those involving the elderly (consider mandatory arrest policies).*

Instructor's Notes

Handouts/Overheads

Instructor's Notes

Techniques for Interviewing Victims

- Make the victim as comfortable as possible.
- Tell the victim what to expect during the investigation.
- Minimize the number of interviews.
- Minimize the number of people present.
- Allow the victim to describe the incident in his or her own words.
- Be patient and reassuring. Some older people, particularly those in crisis, may need time to collect their thoughts and may need to take frequent breaks. Avoid unnecessary pressure.
- Acknowledge the victim's anxiety and try to discern its cause. For example, you may say, "You seem anxious. Are you concerned that your son will find out that you have talked to me?"
- Keep it simple. Phrase questions in a clear, concise fashion.
- Keep questions short.
- Ask open-ended questions that encourage further discussion.
- Accept and use the victim's terminology and language for acts, body parts, etc.
- Avoid influencing the victim's account of the alleged offense.
- If you feel that the older person is having difficulty understanding or communicating, ask him or her if he or she has assistant devices or someone who can help.
- Ask the victim if he or she would like assistance. If so, ask how he or she would like to be assisted. Do not guess.
- Even if the victim appears to be somewhat confused, do not discount the information. Make every effort to obtain the fullest possible response before relying on information from others.

Instructor's Notes

Techniques for Interviewing Victims, Continued

- If you need to have another person assist in communicating or providing information for the victim, conduct the conversation in the victim's presence and look for signs of corroboration from the victim (e.g., nodding in agreement). Do not discuss the victim as if he or she is not in the room.
- Do not discount a complaint because the victim is unwilling to cooperate.
- Do not argue with the victim.
- Assess the likelihood of retaliation. If a threat is present, arrange for protection. APS may be of assistance.
- Determine whom the victim first told about the abuse.
- Show the victim records or other documents that suggest abuse. Record his or her response to each one that is in dispute.
- Conclude the interview in such a fashion that the victim feels free to contact the investigator again. Ensure that the victim is capable and has the means for contact. If not, take measures to facilitate follow-up with the victim.

Instructor's Notes

Techniques for Interviewing Suspects

- Advise the suspect of his or her rights, if appropriate.
- Encourage the suspect to relate the incident in his or her own words.
- Note the suspect's attitude or demeanor during the interview.
- Determine the relationship between the suspect, victim, and witnesses.
- Look for behavioral indicators of abuse.
- If the suspect provides care to the victim
 - Get complete information about his or her duties, training, pay, and length of service.
 - Find out how involved the suspect is with the victim's care and what he or she expects of the victim — determine if this is reasonable.
 - Find out whether the suspect is the only one caring for the victim.
 - Determine how well the suspect is coping with the caregiving responsibilities.
- Note statements that are inconsistent with other findings and evidence.
- If handwriting is an issue, collect handwriting samples.
- Do not communicate hostility or disbelief.
- Show disputed documents to the suspect one at a time and record his or her response to each one.
- If the suspect admits to abuse, ask him or her to specify precisely what he or she did and record it.

Instructor's Notes

Techniques for Interviewing Witnesses

- Determine the witnesses' relationships to the victim and suspect.
- Ask where and how they received their information.
- Try to determine their motivation for offering information.
- Determine whether the witnesses are likely to be intimidated, made to feel guilty, or threatened with reprisal for providing testimony.
- Find out where they can be reached if follow-up is necessary.

Instructor's Notes

What to Look for in Assessing Financial Abuse

1. What are the client's income sources, dollar amounts, and payment due dates?
2. Where are checks deposited?
3. How is cash obtained?
4. How are bills paid? Who writes and/or signs the checks?
5. What is the amount of the monthly bills?
6. What debts exist?
7. Does the client have any credit cards or automated teller cards? Does he or she use them? Who else is listed on the accounts?
8. What is the total number of bank accounts? Where are they located? What is the approximate balance in each? What types of accounts are they? Is anyone else listed on any of the accounts?
9. Does the client have stocks or bonds? Where are they located? Does he or she have a brokerage account?
10. Does the client own a home, and is anyone else listed as a joint tenant? Who has deeds to the property?
11. Does the client have any safe deposit boxes? Where are they located and who has the keys? Does anyone else have access to them?
12. Does the client have jewelry, expensive collections, art, or other valuables? Where are they kept?
13. Does the client have insurance policies? What kinds?
14. Is anyone using the client's residence or utilities without permission?
15. Have loans or gifts been made or given recently?
16. Has the client given power of attorney to anyone?
17. Does the client have a conservator or guardian?
18. Does the client have a lawyer or accountant?
19. Is there a will and where is it located?
20. Has the client signed any papers recently?
21. Is the client getting adequate food, clothing, etc.?
22. Will any new forms of income become available soon?
23. What are the income's of the client's supporters?
24. Does the client have any pets that may need to be cared for if the living arrangement changes?
25. Are other relatives available to help? Are they geographically and emotionally close to the client? Are they burdened with children or other concerns? Could they monitor someone else?
26. How often is the client in contact with this support system?

Instructor's Notes

Module IV

Instructor's Notes

The Aging Services Network

Goal: To help police better understand the network of health and social service agencies in their communities and to enable them to interact more effectively in elder abuse cases.

Learning Objectives

1. Students will become familiar with the full scope and function of Adult Protective Services (APS) programs and their role in elder abuse cases.
2. Students will become familiar with the roles, outlooks, and techniques engendered by other agencies in the aging services network.
3. Students will be able to identify diverse resources in the community.
4. Students will learn how to make referrals to community agencies.

Session Schedule: Day 2*

Instructor's Notes

<i>Activities</i>	<i>Minutes</i>
1. Introduction	10
2. Community Resources	20
3. Finding Services in Your Community	5
4. Developing a Resource Guide	30
5. Making Social Service Referrals	10
6. Multidisciplinary Teams	10
7. Case Exercise	10
8. Multidisciplinary Panel	Optional
BREAK	15

*All activity times are subject to revision by the trainers. Instructors will have the option of expanding or abbreviating any activity or module to meet the level of expertise of the students in a particular training session.

Trainers' Notes

It is recommended that this module be conducted by an Adult Protective Services (APS) trainer or a representative from the aging services network (e.g., the area agency on aging) who is familiar with the broad range of services available to the elderly.

Because resources for abused older people vary significantly from one community (or state) to another, it is extremely important to accurately reflect a community's resources. Laws governing the response to abuse also vary by state and should be reflected in the training session. These concerns may be addressed by having local APS or social service professionals present the module, attend the session to answer questions, or describe their roles and services themselves. A panel of local service providers is suggested as an optional activity. Instructions for organizing and facilitating a panel are presented at the end of the module.

In addition, specific information that reflects local or state mandates and resources should be distributed to supplement the general descriptions presented in the student manual.

Prior to the session, complete the following:

- *Collect existing lists of resources in your community. These should include lists of aging services, emergency services, and domestic violence programs. Make copies for students.*
- *Review your state's abuse reporting laws that define the role of APS in elder abuse cases. Features of the laws with which trainers should be familiar are listed in Module I. Aspects of the laws that are particularly germane to this module include provisions for information-sharing, cross-reporting, and response times.*
- *Familiarize yourself with your state/local ombudsman program. Find out:*
 - *Names and addresses of state and local ombudsman programs.*
 - *Whether the ombudsman in your state investigates abuse reports. If so, under what circumstances?*
- *Find out whether your state has a public guardianship program and, if so, how the program works.*

Equipment

You will need the following equipment:

- *Overhead projector*
- *Easel with butcher paper*
- *[Optional: VCR and television]*

Instructor's Notes

Participants' Materials:

- *Local resource lists*
- *Sample case for activity 7*

Trainers' Materials:

- *Overhead transparency for resource guide activity (directions for class)*
- *Overhead transparency for resource guide activity (sample guide)*

Instructor's Notes

Activity 1: Introduction

The successful resolution of elder abuse cases often depends on close collaboration and effective coordination between law enforcement agencies and those that provide health and social services. In some states, law enforcement agencies are mandated to cross-report elder abuse with other agencies to ensure that victims' needs are addressed while efforts are being made to stop the abuse.

Included in the service network are mental health service agencies, crisis intervention programs, victim service agencies, family support service agencies, programs for developmentally disabled persons, volunteer organizations, and many others. To establish good working relationships, it is essential that everyone involved has a basic understanding of the functions, mandates, methods, and outlooks of the other "key players."

Many older people call police or sheriff's departments for advice or information about services that may be available from other agencies. It is important, therefore, for law enforcement officers to be familiar with the wide range of health and social service providers in their communities. Making effective referrals can prevent abuse, improve the quality of older persons' lives, boost the department's image, and reduce the number of inappropriate calls for service that police receive.

Points to Emphasize:

- *To stop abuse and protect victims, police need to collaborate with health and social service agencies in their communities.*
 - *(If applicable) In this state, police are **required** to report to APS (or other agencies, as apply).*
 - *Because police often receive reports about abuse situations that are not criminal, they need to know to whom they should refer these cases.*
 - *By making effective referrals, police can stop abuse, improve the quality of older persons' lives, boost the department's image, and reduce the number of inappropriate calls for service.*
-

Review goals and objectives for Module IV.

Instructor's Notes

This text appears on p. IV-3 of the student manual.

Summarize the text.

Points to emphasize follow.

Activity 2: Community Resources

The agencies with which law enforcement is most likely to interact in abuse cases are Adult Protective Services (APS) and Long-Term Care Ombudsman programs. Many state laws, in fact, require these agencies to cross-report abuse or conduct collaborative abuse investigations. Additionally, law enforcement officers should be familiar with their local area agencies on aging, which coordinate other aging programs in the community.

Ask students to describe health and social services that can stop or prevent abuse. Enhance their responses with the information provided below.

Adult Protective Services (APS)

Federal and state laws and regulations determine the scope and responsibilities of APS. Generally, this program serves as the gatekeeper for vulnerable or at-risk adults (i.e., those who have mental or physical disabilities that make them particularly susceptible to abuse, neglect, or exploitation). APS is authorized to

- Receive reports or referrals. Some APS programs have hotlines, 24-hour coverage, on-call caseworkers, emergency services, and translation support to accept abuse reports.
- Conduct assessments. The period of time in which APS is required to respond to reports and referrals varies by state. In some states, APS is required to take action within 24 hours. The assessment is intended to determine the degree to which the victim is aware of risks and capable of acting on his or her own behalf. It may take several weeks to thoroughly review situations, find out what is happening, and determine whether or not the allegations are true. APS workers may seek law enforcement's assistance in conducting interviews in particularly threatening situations. Some states provide for cross-reporting and/or joint investigations with law enforcement and other agencies.
- Develop service plans. APS suggests services or actions to stop abuse and eliminate future risk. This involves close coordination with other community agencies. With the older person's permission and agreement, services such as home repair, home-delivered meals, financial management, counseling, and others are arranged.

The competent older person always has the option to refuse APS services or interventions. APS caseworkers are sometimes required to close cases in which the competent older person refuses services. In particularly dangerous or life-threatening situations, however, APS may be authorized to initiate legal means for providing services on an involuntary basis if competency, individual safety, or community safety are in question. All APS caseworkers function under strict confidentiality rules. Some states, however, permit them to share information with law enforcement personnel.

Instructor's Notes

Pass out state or local resource lists.

The following descriptions of community services appear on pp. IV-4–IV-5 of the student manual.

The majority of situations reported to APS involve self-neglect. These situations evolve when an impaired older person fails to provide for his or her own care or permit others to do so. The person may be living in a squalid environment or may neglect his or her personal health, hygiene, or safety. In these cases, APS may provide assistance with the impaired person's consent. They may also intervene if the person's immediate safety is at serious risk and he or she is incapable of acting on his or her own behalf. If the situation is not an emergency and the person understands the risks, APS respects his or her right to make decisions about how to live. At times, APS workers are under pressure from third parties who believe that APS "ought to do something" about these situations. APS workers often find themselves in the position of defending competent individuals' rights to make their own decisions.

Points to Emphasize:

- *Review your state's laws and resources with respect to*
 - *APS response time (how soon APS must respond to reports and referrals),*
 - *Cross-reporting requirements between APS and law enforcement agencies,*
 - *Provisions for joint investigations, and*
 - *Provisions for action on an involuntary basis in emergencies or when clients lack the capacity to exercise consent.*
 - *APS services are voluntary for clients who are capable of granting consent.*
 - *The majority of situations reported to APS involve self-neglect.*
-

Long-Term Care Ombudsman

Ombudsman programs are federally mandated to protect the health, safety, welfare, and rights of older persons who reside in long-term care facilities, such as nursing homes and residential care (board and care) homes. In some states, the ombudsman program also investigates complaints about the quality of services provided in the older person's home. Sometimes, the complaints reported to the ombudsman allege abuse, neglect, or exploitation. Ombudsmen may work closely with APS or law enforcement agencies in these cases. Some ombudsman programs also use volunteers who serve as advocates in long-term care facilities.

Points to Emphasize:

- *Ombudsman programs protect the health, safety, welfare, and rights of older persons who reside in long-term care facilities.*
 - *Review your state's laws. Do ombudsman programs in your state*
 - *Investigate abuse reports?*
 - *Get involved in domestic elder abuse cases? (If so, what is their role? How do they interact with law enforcement agencies?)*
-

Area Agencies on Aging

Area agencies on aging (sometimes referred to as “triple A’s”) serve as the focal point for services and advocacy for older people in the county or multi-county area. Under the supervision of state units on aging, AAAs receive federal, state, and local funds to provide a vast array of services. Formal plans are developed by AAAs with the advice of community agencies and older people. AAAs are required to target services to seniors who have the greatest social and economic needs.

Among the many services that AAAs provide are home-delivered meals, transportation, senior centers, legal aid, homemakers, and friendly visits. Some AAAs provide adult protective services. Providing information and referrals is a key function of each AAA. The programs develop comprehensive community service directories, carry out outreach campaigns to ensure that community agencies know about their services, and conduct public education and training activities. Some AAAs administer special elder abuse outreach programs. AAAs can serve as a resource for law enforcement agencies by providing information about a community’s service structure, raising awareness about safety and security issues, and addressing unmet service needs.

Points to Emphasize:

- *AAAs are the focal point for a vast array of services.*
 - *AAAs provide information and referrals.*
 - *AAAs can provide law enforcement agencies with resource and referral information. AAAs may also assist in publicizing abuse prevention activities.*
-

Services for Victims, Their Families, and Abusers

In addition to APS, ombudsman, and AAA programs, law enforcement officers should be familiar with the variety of services provided by local social service agencies that can stop or prevent elder abuse.

Case Management

Because people with severe disabilities have a variety of service needs, the “case management” model of service delivery has gained widespread acceptance in the field of aging. Case managers mobilize services provided by families and agencies with the goal of helping frail people stay at home (as opposed to living in nursing homes). Case management programs assign workers to monitor clients’ needs over a long period of time and arrange for services as new needs arise. The case manager completes a comprehensive assessment of the client’s functional capacity and service needs, arranges for needed services, and checks in with the client periodically to see whether his or her needs have changed. Case managers may be nurses, social workers, or other social service professionals from public or private agencies.

Case management is particularly important in preventing abuse. Case managers can play an important role in monitoring care providers, identifying high-risk situations, and offering ongoing support to victims who are reluctant to take action because of fear or shame. Collaborating with the victim’s case manager, if he or she has one, can make law enforcement’s work much easier.

Points to Emphasize:

- *Because frail older people have a variety of care needs, case managers are assigned to “broker” needed services.*
 - *Case managers perform regular assessments of older clients and arrange for services as new needs arise.*
 - *Case managers can be helpful in monitoring high-risk situations, arranging for services to prevent abuse, and providing ongoing support to victims who are reluctant to take action to stop abuse.*
-

Mental Health Services

Mental health services that are commonly needed in abuse cases include mental status assessments, crisis intervention, and counseling for victims, abusers, and families.

Mental Status Assessments

In many abuse cases, the victim’s mental status is unclear. In these situations, it is often necessary to have a mental health professional perform a mental status assessment to determine

Instructor’s Notes

The following list of individual services appears on pp. IV-6–IV-10 of the student manual.

Summarize each service.

Points to emphasize follow.

whether the victim is capable of exercising consent, transacting business, or making other decisions. Mental status assessments range from short, simple tests to lengthy, comprehensive evaluations. Assessments may be performed by APS workers, psychologists, social workers, mental health workers, or others.

Crisis Intervention

Clients may be in a state of crisis as a result of abuse. They may need counseling about available options, emotional support, and assistance in making arrangements. Crisis intervention may be provided by special geriatric crisis teams, social workers, domestic violence programs, or law enforcement personnel.

Because it is usually easier for people in crisis to rely on old behaviors rather than learn new ones, crisis intervention in abuse cases often involves encouraging victims to build on their strengths and past experiences to cope with the abuse situations. This may be accomplished by asking them to describe past crises and how they handled them. If the action or coping behavior worked in the past, it may be applied to the current situation. For example, if there has been a history of physical abuse, the victim may have an "escape plan" that he or she has used in the past, such as going to stay with a friend when he or she is frightened. If the abuse is likely to occur again, it is particularly important for the victim to be prepared. It may even be helpful to role-play or rehearse what he or she will do if the abuse recurs.

Working with clients in crisis often involves being more directive than in other situations. When an older person is overwhelmed by a situation, it may be helpful to break down what seem to be overwhelming obstacles into manageable parts. Addressing simple, nonemotional, factual aspects of a situation first and then proceeding into more sensitive areas of concern is often effective. Sometimes it may be necessary to tell older victims what is expected of them rather than asking them what they want to do. In doing so, however, it is important to respect their rights and wishes and not coerce them into taking actions to which they otherwise would not agree.

Counseling

Counseling an elder abuse victim commonly involves helping the individual decide what course of action to take. It may address his or her fears, loss of self-esteem, or depression. Depending on the nature of the abuse or neglect, counseling for abusers may focus on ways to control impulses or deal with the stresses of caregiving. Family counseling may illuminate problems or dynamics that led to the abuse and help families work through their difficulties.

Points to Emphasize:

- *Mental health services that are commonly needed in abuse cases include mental status assessments, crisis intervention, and counseling.*
 - *These services are sometimes provided by special geriatric mental health workers, APS workers, social workers, or others.*
-

Legal Services

Legal services are extremely important in elder abuse cases. Civil attorneys can help victims obtain restraining orders or injunctions against harassment, set up trusts or powers of attorney, file law suits, and initiate conservatorships. Most communities have some type of free legal aid for the elderly. Branches of the American (or state) Bar Association also may have local clinics or referral panels.

Points to Emphasize:

- *Legal services that are commonly needed in elder abuse cases include assistance in obtaining civil restraining orders or injunctions against harassment, setting up trusts or powers of attorney, filing law suits, and initiating conservatorships.*
 - *Legal services are provided by private attorneys, legal aid programs, and local bar associations.*
-

Education

Education may be extremely effective in preventing abuse and encouraging victims to seek help. When neglect results from a family's inability to provide care, for example, the family may benefit from instruction on how to provide assistance and cope with frustration and stress. Most communities have public health nurses who can provide this instruction.

Experienced workers in the field of family violence have found that educating victims about patterns of violence can be effective in reducing victims' unrealistic expectations. When victims are told, for example, that abuse is usually recurrent and likely to escalate, they may be more willing to accept help.

Points to Emphasize:

- *Instruction on caregiving can be helpful in reducing neglect.*
 - *Educating victims about patterns of violence can encourage them to seek help.*
-

Support Services

In situations where the abuse or neglect is related to the stresses associated with caring for the older person, risk can be reduced by providing the family with support services. The following support services can relieve the stress of caregiving and reduce the older person's dependence on his or her caregiver.

- Chore workers
 - Home-delivered meals
 - Transportation
 - Attendant care
 - Homemaker services
 - Personal care
-

Points to Emphasize:

- *Support services can reduce caregivers' stress and victims' dependence on caregivers.*
-

Support Groups

In recent years, there has been a proliferation of support groups for caregivers. In addition to providing emotional support, the groups often provide instruction on how to provide good care. This may include providing caregivers with suggestions or advice for coping with the heavy demands of caregiving or for modifying difficult behaviors, such as wandering.

Some communities have support groups for victims. These groups offer support and empower victims to take action to stop their abuse.

Points to Emphasize:

- *Support groups for caregivers provide support and instruction on caregiving.*
 - *Support groups for victims empower victims to take action to stop abuse.*
-

Respite Care

Respite care, which provides caregivers with a break, comes in many forms. It may involve having someone go to the older person's home for a few hours a day to relieve the caregiver. It may involve taking the older person to a special facility. Some respite programs provide care and supervision for several hours a day, while others provide care and supervision for longer, allowing caregivers to take extended breaks or vacations.

Points to Emphasize:

- *Respite care provides a break to caregivers.*
 - *Respite care may be provided in the older person's home, at a day center, or in an extended-care facility.*
-

Services for Abusers

When an abuser is dependent on his or her victim for money or a place to live, the situation can often be improved by reducing the abuser's dependency. This may be accomplished through job training or placement, financial assistance, or counseling on independent living.

While it is difficult to induce abusers with substance abuse problems to get treatment voluntarily, treatment may sometimes be mandated as a condition of probation or as an alternative to prosecution. Some communities have groups for batterers that attempt to modify violent behavior.

Points to Emphasize:

- *Services for abusers reduce their dependency on victims, address substance abuse or mental health problems, and modify violent behavior.*
-

Shelters

Although most communities have battered women's shelters, these facilities are not always appropriate for elderly women, and they do not accept men. They are usually unable to accommodate victims requiring special care due to serious disabilities. In some cases, however, shelters may accept a disabled client if the client's care needs are explained and special assistance is arranged. Some communities have special shelters for the elderly or temporary housing that can be accessed in emergencies. This includes residential care facilities (they go by a variety of names, such as "board and care homes," etc.).

Some communities have "safe homes," private homes with families that offer shelter. Safe homes provide emergency housing to victims until alternative housing can be found.

Points to Emphasize:

- *While battered women's shelters can accommodate some elderly victims, most are unable to serve men and those with severe disabilities.*
 - *Special shelters for the elderly, board and care homes, and safe homes are available in some communities.*
-

Financial Management

Financial exploitation frequently occurs when elderly or dependent adults lose the ability to manage their financial affairs. They may voluntarily give authority to untrustworthy individuals, or they may be coerced or tricked into signing away homes or property. An effective way to guard against this type of abuse is to arrange for trustworthy individuals or agencies to provide financial management.

Financial management may be informal, where a trusted individual simply helps the older person pay bills or transact business, or it may be formal, where a respected community service provider offers bill-paying help as a support service, with due safeguards and quality assurances. It may also involve legal transfers of authority such as a representative payeeship, power of attorney, or guardianship.

Representative Payeeship: This is the assignment of authority to someone to receive, sign, and cash another person's public benefits check. The representative payee (often referred to as the "rep payee") is then responsible for helping the person manage his or her finances. Representative payeeships may be arranged for government benefits including Social Security, veteran's benefits, and civil service annuities. Persons with mental or physical disabilities or substance abuse problems that prevent them from managing their money responsibly may benefit from this device.

Representative payeeships may be set up after the onset of incapacity and may be appropriate for clients of moderate means. They do present

some risks, however, and should be used cautiously. There are minimal accounting requirements and few safeguards, although Social Security can require an accounting from the rep payee and investigate allegations of fund misuse.

Power of Attorney: A power of attorney (POA) allows an individual (called the “principal”) to delegate certain stated powers to someone else, who is then called the “attorney-in-fact.” The power of attorney specifies exactly what legal and/or financial responsibilities are being transferred. To be valid, the POA must be enacted while the principal is still mentally competent. It may be revoked at any time and is valid only for as long as the principal continues to have capacity. A durable power of attorney differs from a standard power of attorney in that it is not affected by any subsequent incapacity of the principal. If the person who gave the durable power of attorney later becomes incapacitated, the power of attorney survives until the death of the principal.

Guardianship or Conservatorship of Property: Guardianship or conservatorship (the terms vary by state) are mechanisms whereby probate courts grant individuals or groups certain powers to control the affairs of people who are incapable of managing their own. They are usually separated into “conservatorship of person” and “conservatorship of property (or estate).” Conservators of person manage an individual’s personal affairs (such as where he or she is going to live), while conservators of property or estate manage an individual’s finances. A conservator may be an institution, a relative, a friend, or a local public guardian. Public guardians are public officials who are charged as conservators/guardians of last resort (when there is nobody else available or the client is indigent). Some states do not offer this service. Police can find out whether the victim is under conservatorship through the probate court.

Points to Emphasize:

- *Individuals who lose the ability to manage their financial affairs are particularly vulnerable to financial exploitation.*
 - *Arranging for trustworthy individuals or agencies to provide financial management services is an effective way of reducing risk.*
 - *Financial management may be informal or formal.*
 - *Mechanisms for transferring responsibility from an impaired individual to a responsible party include representative payeeships, powers of attorney, and guardianships/conservatorships.*
-

Victims' Services Units

Victims' services units are located in prosecutors' offices or in police departments. They provide victims with information about the court process and the status of their cases. They also receive information about the case and about the victim's preferences with regard to jail time, plea bargaining, or restraining orders. That information is then shared with prosecutors. The units also provide victims with information about victims' compensation, victims' advocacy, and other community services.

Points to Emphasize:

- *Victims' services units are located in prosecutors' offices or in police departments.*
 - *They provide victims with information about the court process, case status, compensation, and community services.*
 - *They also accept and relay information about victims' needs and preferences to the court.*
-

Instructor's Notes

Activity 3: Finding Services in Your Community

In making referrals to social service agencies, officers should be aware that area agencies on aging (AAAs) administer senior information and referral (senior I and R) telephone lines.

Numbers may be obtained from the telephone directory or directory assistance. The senior I and R line can provide information on specific agencies and programs in the community.

Instructor's Notes

This text appears on p. IV-11 of the student manual.

Summarize the text.

Ask students to describe other resources for the elderly that exist in their communities.

Review the sample resource guide handouts you have prepared on local services. Respond to questions about the services that appear on the lists.

Activity 4: Developing a Resource Guide

For this activity, students are going to develop resource lists of services for elder abuse victims. The exercise will introduce students to the process for compiling or revising resource lists that they can use in their own departments.

Students will decide what agencies to include on the lists, and what information about each agency to include.

- 1. Divide the class into groups of 10 to 12 students.*
- 2. Ask each group to assign a recorder.*
- 3. Pass out sample resource lists.*
- 4. Allow the groups 15 to 20 minutes to review the sample resource lists, ask questions about the services that appear on the lists, choose the services that they want to include, and draft their own lists.*
- 5. Reassemble the class.*
- 6. Ask the recorder from one group to describe their list.*
- 7. As students talk about their lists, show the overhead sample list. Add services that are not included.*
- 8. Ask students from the other groups how their lists differed, and why.*

In the large group, discuss the following:

- What are the most important services for police to know about in handling abuse cases?*
- How may the resource lists be used within individual police departments?*
- What formats (i.e., size, layout, design, etc.) will be the most useful?*
- How else may the lists be used (e.g., by the general public, the elderly, etc.)?*
- How would the lists need to be adapted for other groups (e.g., they should have large print if they are going to be used by the elderly)?*

Instructor's Notes

Show overhead on student instructions for developing a resource guide and/or distribute as a handout.

Distribute sample resource guide handout.

Show overhead of sample resource guide.

Handout/overhead for resource guide activity

Developing a Resource Guide

You have been assigned to develop a resource guide on services for elder abuse victims and their families. It is up to the group to decide the following:

- What agencies should be included?
- What information about each agency should be included?
- How can the resource list be used in your department?
- Who else can use the list? How would it need to be adapted?

Handout/overhead for resource guide activity

Sample Resource Guide

Type of Agency	Name of Agency	Address & Phone #	Services
APS			
Legal Services			
Ombudsman			
Senior Information & Referral			
Shelters			
Law Enforcement			

Instructor's Notes

These sample handouts/overheads are provided at the end of the module.

Activity 5: Making Social Service Referrals

In working with elder abuse victims and their families, law enforcement officers often become the link between victims and the social service network. As facilitators in the process of securing services, police should have a basic understanding of the referral process.

The aging services network encompasses a wide array of health and social service agencies and professionals. Each component within the network has its own criteria for eligibility and intake processes. While it would be virtually impossible to anticipate the type of criteria used and information needed by each agency, the following list enumerates some of the criteria used to determine eligibility for services. Anticipating agencies' information needs in advance can simplify and expedite the intake process. Some agencies will want their personnel to talk to the older person directly to make sure that it is he or she who wants the services (and not other family members) and to preserve confidentiality.

Eligibility Criteria for Aging Services

- Identifying Information:** This includes the older person's name and how he or she can be reached. Some agencies may also want the older person's Social Security number or date of birth.
- Age:** Many agencies have age eligibility criteria. While most "aging" services define elderly as age 60 and over, some agencies use 58, 62, or 65 years as defining points.
- Income:** While many services for the elderly that are funded by the federal government are free, some have income eligibility requirements. Some services are available without charge to low-income seniors who qualify for supplemental security income (SSI) or Medicaid (if they receive SSI, they are also eligible for Medicaid). Other agencies use sliding fee scales. This means that fees are based on income, and thus it is necessary to obtain more precise information about the older person's financial status.
- Functional Ability:** Many agencies base eligibility on functional ability, that is, they need to know the precise nature of the older person's abilities and needs. Some, like adult day health programs, have very specific functional criteria and will conduct assessments before admitting clients. Others may simply need to know whether the client is ambulatory (can walk) or has the mental capacity to consent to services.

Instructor's Notes

This text appears on p. IV-13 of the student manual.

Summarize the text.

Points to emphasize follow.

Points to Emphasize:

- *Police are often the link between victims and the social service network.*
 - *Eligibility criteria vary significantly among agencies.*
 - *Agency personnel may need to know the older person's Social Security number, age, income, and functional ability to determine whether he or she is eligible for services.*
-

Activity 6: Multidisciplinary Teams

In some communities, multidisciplinary elder abuse teams have been assembled. While the teams vary, typical goals and activities include the following:

- Provide multidisciplinary assessment and consultation in individual abuse cases. Cases may be presented by one agency, which convenes the team, or different agencies may present cases.
- Advocate. Some teams assess the need for new or improved services to victims and their families and develop strategies for improving service delivery.
- Resolve problems in inter-agency coordination. Often, more than one agency is involved in an abuse case and the roles and relationships among the agencies become confused. Teams may provide a forum for clarifying roles and agreeing on strategies.
- Conduct multidisciplinary investigations. In some communities, small groups of professionals may actually conduct investigations when needed. For example, if a victim's health, safety, and mental capacity are all in question, it might be helpful to have a nurse, police officer, and mental health professional visit the client together.

Points to Emphasize:

- *Some communities have assembled multidisciplinary teams to review cases of elder abuse.*
 - *Teams vary in size, function, and membership.*
 - *The teams may provide help in assessing cases, advocate for new or improved services, and resolve problems.*
 - *In some communities, small multidisciplinary teams actually conduct abuse investigations.*
-

Instructor's Notes

This text appears on p. IV-14 of the student manual.

Summarize the text.

Points to emphasize follow.

Activity 7: Case Exercise

Case Activity

Introduce Activity:

In this exercise, we are going to apply what we have learned about community resources to an abuse situation.

Case Example

You receive a call from a concerned neighbor about John and Stella Reed. The neighbor has not seen Stella in several weeks. During that time, whenever she has tried to call or visit Stella, John has made up excuses and refused to let her see or talk to his wife. Recently, he has stopped answering both the telephone and the door. The neighbor does not think that John is capable of taking care of his wife anymore, and she is concerned about Stella's safety.

When you arrive, John reluctantly lets you in. You learn that John and Stella (ages 87 and 84, respectively) have been married for 64 years. They live in a home that they have owned for over 30 years. They have a daughter who lives in another state.

Stella has Alzheimer's disease. She does not sleep at night and, because she wanders, John cannot leave her alone for long. When he needs to go out, he leaves her locked in a room. Because the room is locked from the outside and John is the only one with a key, Stella would not be able to get out in the event of a fire. Stella is usually dirty and is often left sitting in urine for long periods of time.

Several years ago, before Stella became ill, she and John made a pact with each other that as long as they were both alive, they would never allow the other to be placed in a nursing home. While John is finding it increasingly difficult to care for his wife, he is determined to keep her at home. Because he is embarrassed about her condition, he refuses to let anyone in the house, including service providers.

Ask:

What services could be used to improve this situation?

Possible Responses:

- *Respite care*
- *Attendant care*
- *Home-delivered meals*
- *Instruction to John on how to provide better care*

Instructor's Notes

Pass out case example provided at the end of the module.

This case also appears on p. IV-15 in the student manual.

Instructor's Notes

- *Counseling for John on what his options are*
- *Adult day health care*
- *Financial planning (if John cannot afford to pay for services, he may be willing to consider options like a reverse annuity mortgage on their home, which would provide additional income)*

Ask:

How could you access these services?

Possible Responses:

- *APS*
- *Area agency on aging*

Points to Emphasize:

- *This is a critical situation. John should be strongly encouraged to accept services. If he is unwilling to improve Stella's care and her condition continues to decline, it may be necessary to initiate involuntary action. Available options will depend on state law.*
-

Optional Activities

Multidisciplinary Panel

This activity is designed to introduce students to professionals in their communities with whom they are likely to interact. It is particularly useful in communities where the “key players” (e.g., APS, law enforcement, and ombudsmen) have not traditionally collaborated and are not familiar with each other’s policies and procedures.

Before the day of the training, organize a panel of representatives from agencies that provide services to abuse victims.

Step 1. Identify representatives from the following agencies:

- Adult Protective Services*
- Area agency on aging*

You may want to include one or two additional representatives from the following:

- A geriatric mental health program*
- An elder abuse council or coalition, if one exists*
- An agency that provides legal aid for the elderly (include an attorney)*
- A financial planning or guardianship alternatives program*

Step 2. Contact agency representatives and ask each one to prepare a 10-minute presentation about his or her agency’s services. The representatives should also be asked to bring written materials about the services. At a minimum, the representatives should cover the following:

- What services they provide*
- How they can be contacted*
- Their eligibility criteria*
- What types of abuse they see*
- The circumstances in which they interact with law enforcement personnel*

Step 3. On the day of the training, introduce each panelist. Allow 10 minutes for each presentation.

Step 4. Allow a minimum of 15 minutes (depending on the number of panelists) for questions and answers.

Optional Activity: Video on Multidisciplinary Team

The following video demonstrates the multidisciplinary team process and the roles of the team members.

Serving the Victim of Elder Abuse: A Team Approach. Mount Zion Institute on Aging. Video (26 minutes). 1986.

To order, contact:

Terra Nova Films, Inc.
9848 South Winchester Avenue
Chicago, Illinois 60643
(312) 881-8491

Additional Resources:

Elder Abuse and Neglect Program. *Multidisciplinary Team Member Handbook.* Illinois Department on Aging. 1990. Familiarizes multidisciplinary team members with the goals and purposes of teams; responsibilities of members; information about elder abuse, its victims, and its perpetrators; range of services available to elder abuse victims; and strategies for successful elder abuse interventions.

Instructor's Notes

Handouts/Overheads

Instructor's Notes

Developing a Resource Guide

You have been assigned to develop a resource guide on services for elder abuse victims and their families. It is up to the group to decide the following:

- What agencies should be included?
- What information about each agency should be included?
- How can the resource list be used in your department?
- Who else can use the list? How would it need to be adapted?

Instructor's Notes

Sample Resource Guide

Type of Agency	Name of Agency	Address & Phone #	Services
APS			
Legal Services			
Ombudsman			
Senior Information & Referral			
Shelters			
Law Enforcement			

Instructor's Notes

Case Example

You receive a call from a concerned neighbor about John and Stella Reed. The neighbor has not seen Stella in several weeks. During that time, whenever she has tried to call or visit Stella, John has made up excuses and refused to let her see or talk to his wife. Recently, he has stopped answering both the telephone and the door. The neighbor does not think that John is capable of taking care of his wife anymore, and she is concerned about Stella's safety.

When you arrive, John reluctantly lets you in. You learn that John and Stella (ages 87 and 84, respectively) have been married for 64 years. They live in a home that they have owned for over 30 years. They have a daughter who lives in another state.

Stella has Alzheimer's disease. She does not sleep at night and, because she wanders, John cannot leave her alone for long. When he needs to go out, he leaves her locked in a room. Because the room is locked from the outside and John is the only one with a key, Stella would not be able to get out in the event of a fire. Stella is usually dirty and is often left sitting in urine for long periods of time.

Several years ago, before Stella became ill, she and John made a pact with each other that as long as they were both alive, they would never allow the other to be placed in a nursing home. While John is finding it increasingly difficult to care for his wife, he is determined to keep her at home. Because he is embarrassed about her condition, he refuses to let anyone in the house, including service providers.

Instructor's Notes

Module V

Instructor's Notes

Legal, Ethical, and Practice Principles

Goal: To ensure that police are aware of the legal, ethical, and practice principles that guide decision-making in elder abuse cases.

Learning Objectives

1. Students will be familiarized with the legal concepts of police power and *parens patriae*.
2. Students will learn the concepts of autonomy, privacy, confidentiality, informed consent, and least restrictive alternatives.
3. Students will become familiar with other principles that guide decision-making in abuse cases.
4. Students will learn what factors are taken into account in making decisions for individuals who are incapable of acting on their own behalf.
5. Students will acquire skills in analyzing the ethical considerations that are raised in specific abuse cases.
6. Students will gain an understanding of, and appreciation for, the diverse perspectives and standpoints assumed by service providers and law enforcement in handling elder abuse cases.

Session Schedule: Day 2*

Instructor's Notes

<i>Activities</i>	<i>Minutes</i>
1. Introduction	5
2. Legal Principles	10
3. Ethical Principles	10
4. Practice Principles	10
5. Surrogate Decision-Making	5
6. Discussion of Legal, Ethical, and Practice Principles	35
7. Video — <i>Difficult Choices: Ethical Issues in Casework</i>	Optional
8. Conclusion	

* All activity times are subject to revision by the trainers. Instructors will have the option of expanding or abbreviating any activity or module to meet the level of expertise of the students in a particular training session.

Trainers' Notes

It is recommended that this module be conducted by an APS trainer.

Before the session, complete the following:

- *Reproduce case study handouts for activity 6. There are three case studies. Each student will need one case study (reproduce enough copies of each study for one-third of the class). Copies are provided at the end of the module.*

Equipment

You will need the following equipment:

- *Overhead projector*
- *VCR and television (for activity 7, which is optional)*

Participants' Materials:

- *Copies of case studies*

Instructors' Materials:

- *Overhead: Practice Principles*

Instructor's Notes

Activity 1: Introduction

Elder abuse cases can be extremely complex from a practical and philosophical perspective. The victims' ambivalence, the lack of clarity about victims' mental status, and the tenuous authority that most professionals have to intervene make these cases particularly difficult. In addition to posing challenges to workers' professional skills, elder abuse cases often raise troubling questions about when it is appropriate, helpful, or even ethical for outsiders to intervene in situations that usually occur in the family setting.

To complicate the matter further, those working with victims often find themselves interacting with other professionals who approach the situations from very different points of view. Health and social service providers often see their role as client advocate, protecting the victims' rights and wishes. Law enforcement's role is to enforce society's code of conduct and punish those who violate the law, while also serving the victims of crime. At times, it may seem that those working together on cases are actually at odds or in conflict with one another.

This chapter describes some of the legal, ethical, and practice principles that come into play in abuse cases. By defining these viewpoints and the roles of diverse professional disciplines, a greater understanding and appreciation of the diverse perspectives that constitute the "checks and balances" of the elder abuse field will be developed.

Points to Emphasize:

- *Abuse cases pose challenges from a practical and philosophical perspective.*
 - *They raise questions about when it is appropriate and ethical to intervene.*
 - *Professionals who work with victims approach the problem from different perspectives and may disagree, at times, about what should be done.*
-

Review goals and objectives for Module V.

Instructor's Notes

This text appears on p. V-3 of the student manual.

Summarize the text.

Points to emphasize follow.

Activity 2: Legal Principles

The United States Constitution and, in particular, the Bill of Rights, ensure that adults have the freedom to exercise control over their own lives. They safeguard people against undue interference by government, defining and protecting the right to determine one's own behavior and pursue one's own destiny.

There are, however, situations in which the law grants authority to restrict the actions of individuals in order to protect the public's health and safety. Two legal doctrines authorize intervention into peoples' lives: police power and *parens patriae*. In this section, we will see how these doctrines justify intervention in elder abuse situations.

Police Power

Police power assumes the right and responsibility of government to make and enforce laws necessary for the health, safety, welfare, and morals of the public. It seeks to protect the interests of society in general, rather than those specific to the individual. It assumes that everyone must be held to a common code of conduct. When vulnerable adults are physically abused, financially exploited, or neglected to the extent that their health and safety are in danger, the government takes on the role of accuser and penalizer. Police power allows the government

- To protect people from bodily harm;
- To protect people from loss or damage to property or financial interests;
- To protect people from mental or emotional harm; and
- To protect people from nuisances and annoyances by others.

Because the penalties associated with police power are so severe, (convicted criminals stand to lose personal liberty, property, or even life itself), this power is exercised with extreme caution to ensure that individuals are not mistakenly punished. Those accused of crimes are entitled to due process, which includes the right to counsel, the right to a court-appointed lawyer if they are indigent, the right to cross-examine witnesses, the right to appeal, etc. The standard of proof required to convict an individual of a crime is "beyond a reasonable doubt," the highest standard of proof defined under the law.

Parens Patria

Parens patriae, which means "the state as parent," gives the state "parental" control over individuals who cannot manage for themselves. It is the legal principle that allows government to protect individuals who are disabled or limited in their ability to care for themselves. It enables government to become a substitute decision-maker by seeing to the best interests of the individual. It is used to justify intrusions into people's lives to protect them from themselves or from events beyond their control. It allows the government to:

Instructor's Notes

This text appears on pp. V-4–V-5 of the student manual.

Summarize the text.

Points to emphasize follow.

Instructor's Notes

- Maintain and preserve the personal property and assets of persons who are unable to care for their own property through guardianship and conservatorship;
- Treat mental disorders through involuntary commitment for treatment;
- Prevent self-inflicted bodily harm such as suicide attempts; and
- Provide custodial care for persons who suffer from untreatable conditions and cannot care for themselves, such as placement of persons with developmental disabilities in group homes.

Because *parens patriae* also carries with it the potential for depriving people of their freedom and property, it, too, is exercised with extreme caution. The need for protection must be convincingly demonstrated through civil proceedings, including the need for guardianships, conservatorships, or mental health commitments. Efforts are made to find the least restrictive interventions necessary to protect the individual and the community.

Points to Emphasize:

- *The United States Constitution and Bill of Rights guarantee that adults have the freedom to control their own lives.*
 - *Two legal doctrines grant authority to restrict the actions of individuals.*
 - *Police power assumes the right of government to make and enforce laws that protect the health, safety, welfare, and morals of the public.*
 - *Parens patriae gives the state "parental" control over individuals who cannot manage for themselves.*
-

Activity 3: Ethical Principles

In addition to the fundamental legal principles that define the circumstances in which interventions are authorized by law, ethical principles also guide decision-making in abuse cases. Ethical principles address conduct that is not covered by law or about which the law is unclear. Ethics involve the application of values that are considered good, responsible, and necessary for achieving a high quality of life. They are concerned with what behavior is right or wrong, and not necessarily with what behavior is legal or illegal. The following ethical principles are important in protective services:

- Autonomy:** This is the view that adults have the right to choose their own lifestyles and live by their chosen values as long as they understand the implications of what they are doing and they do not infringe upon the rights of others. These personal choices take precedence over community norms, agency policies, and third-party interests. Adults are free to live as they choose, even if their chosen lifestyles are unconventional, nonconformist, or dangerous.
- Privacy:** This is the view that an individual's personal affairs should not be revealed to others or intruded upon by others. Federal, state, and local laws honor privacy by prohibiting unwarranted intrusions on a person's way of life.
- Confidentiality:** This is the view that information obtained about clients and their circumstances should be held in secret in the course of professional service. Nothing that could cause embarrassment or other personal damage should be revealed to a third party without the client's informed consent. This is to protect clients from stigma or retaliation. When a person reveals information about a danger to him- or herself or to others, however, confidentiality may be violated to protect the endangered person.
- Informed Consent:** This is the right of the individual to exercise self-determination in agreeing to options or decisions that affect his or her life. It assumes that consent is only free if the person has been made aware of all of the implications of consenting.
- Least Restrictive Alternatives:** Alternative options are often available to solve problems or stop abuse. In selecting options, priority should be given to those that are the least restrictive to the person's autonomy and freedom. For example, older individuals may lose the ability to balance their checkbooks but may still make good decisions about how they want to spend their money. Options for assisting people with their finances fall along a continuum from informal money management (e.g., help with paying bills) to conservatorship of estate, which transfers responsibility for all financial decisions to another person. While conservatorship of

Instructor's Notes

This text appears on pp. V-6-V-7 of the student manual.

Summarize the text.

Points to emphasize follow.

estate would undoubtedly solve the problem of the person who could not balance his or her checkbook, it would be unnecessarily restrictive if the person had the capacity to perform other tasks. In this case, limited money management might be more appropriate.

Instructor's Notes

Points to Emphasize:

- *Ethical principles address conduct that is not covered by law or about which the law is unclear.*
 - *Ethics involve the application of values that are considered good, responsible, and necessary for achieving a high quality of life.*
 - *Ethical principles that apply to protective services include autonomy, privacy, confidentiality, informed consent, and least restrictive alternatives.*
 - *Autonomy is the view that adults have the right to choose their own lifestyles and live by their chosen values.*
 - *Privacy is the view that an individual's personal affairs should not be revealed to others.*
 - *Confidentiality is the view that information obtained about clients and their circumstances should be held in secret in the course of professional service.*
 - *Informed consent is the right of the individual to exercise self-determination in agreeing to options or decisions that affect his or her life.*
 - *Least restrictive alternatives is the concept that priority should be given to options that are the least restrictive to a person's autonomy and freedom.*
-

Activity 4: Practice Principles

The legal and ethical principles described above provide a general framework for decision-making. Those who work with the elderly have gone further in defining how these guiding principles can be interpreted in everyday practice. The following practice principles, for example, were adopted by one police department to provide greater clarity about how ethical concerns may be applied to specific situations.

1. Do no harm. Take no action that exacerbates the situation and increases the risk to the older person. Make no promises that cannot be fulfilled.
2. Respect the older person's right to make decisions. If mentally competent, the older person has the right to reject unwanted intrusions into his or her life, including benevolent intrusions. The older person has the right to privacy and the right to decide whether or not to accept help.
3. Respect the older person's right to confidentiality. Information about the individual's situation should only be shared with other professionals as it pertains to assisting the individual and as authorized by the individual or guardian. Follow the dictates of your own profession.
4. Maintain the family unit whenever possible. Experience shows that the family provides the best care for the older person. First seek solutions, like support services, that maintain the integrity of the family. However, if the abuse is a long-standing family pattern or the result of pathological conditions that endanger the older person, it may be necessary to separate the abuser and the victim.
5. Document the situation. Clearly and objectively detail, in written form, information pertaining to the older person's situation. This will help you in case you are later asked for information, and it will help others to assess the type and extent of abuse — whether or not legal action is taken.

Points to Emphasize:

- *Practice principles describe how ethical principles can be applied to everyday practice.*
-

Instructor's Notes

This text appears on p. V-8 of the student manual.

Summarize the text.

Points to emphasize follow.

Show overhead on practice principles provided at the end of the module.

Activity 5: Surrogate Decision-Making

Because abuse cases often involve older individuals who lack the capacity to make decisions, or whose capacity is unclear, it is important to have a basic understanding of the ethical principles involved in acting on behalf of an impaired person.

Individuals who are incapable of acting in their own best interests are often assigned “surrogate decision-makers,” including conservators or guardians. In making decisions for impaired individuals, surrogate decision-makers rely on two standards to guide them: “substitute judgment” and “best interest.”

Substitute judgment refers to decisions based on what is known or believed to be the wishes or preferences of the impaired person. Using this standard, the surrogate decision-maker makes decisions based on what he or she knows or believes that the impaired person would do. Decisions may be based on what impaired persons have stated or demonstrated to be their preferences in the past.

The best-interest standard refers to decisions based on what is believed to be the individual’s best interest. The decision-maker uses his or her own judgment (or that of others) to decide what is best for the impaired person.

Even when it has been determined that an individual is incapable of exercising judgment or consent, efforts should be made to protect his or her wishes. Consequently, substitute judgment should be used whenever possible in making decisions about impaired individuals.

There are, however, many situations in which this is not possible. The surrogate decision-maker may not have enough information about the impaired person’s wishes to know what he or she would do. The impaired person may never have had capacity (he or she may have been impaired since birth or at a young age), or it may be impossible to respect his or her wishes for practical reasons (there are insufficient resources to provide what the person would want).

Instructor’s Notes

This text appears on p. V-9 of the student manual.

Summarize the text.

Points to emphasize follow.

Points to Emphasize:

- *Because police often interact with impaired individuals and those who have responsibility for them, it is important to understand the ethical standards applied to surrogate decision-making.*
 - *Surrogate decision-makers have two standards on which they can base decisions.*
 - *Substitute judgment refers to decisions based on what is known or believed to be the impaired person's wishes or preferences.*
 - *The best-interest standard refers to judgments based on what is believed to be the impaired individual's best interest.*
 - *When acting on another person's behalf, substitute judgment should be used whenever possible.*
-

Activity 6: Discussion of Legal, Ethical, and Practice Principles Using Case Examples

The purpose of this exercise is to apply the principles presented in this module to actual abuse situations.

- *Divide the class into groups of 10 to 12 students. Distribute case examples.*
- *Allow groups 20 minutes to discuss the cases and answer the questions that have been provided.*
- *Reassemble the class.*
- *Ask a representative from each group to summarize the case that they discussed and the group's responses to the questions.*
- *Ask for feedback or comments from the class.*

Instructor's Notes

Case examples are provided at the end of the module.

Case 1, Mrs. Anderson

A woman calls the police about her neighbors, Mr. and Mrs. Anderson. The neighbor is concerned because Mrs. Anderson has severe mental disabilities and is confined to bed. She does not think that Mr. Anderson is capable of taking care of his wife. Sergeant Stern investigates and finds Mrs. Anderson in poor condition. She is unresponsive to his questions and does not seem to know where she is. In talking to the neighbor and the Andersons' physician, Sergeant Stern learns that Mrs. Anderson had a fall recently and may have broken her hip. She has not been treated. The physician is concerned because the last time he examined Mrs. Anderson, she was beginning to develop bedsores.

Sergeant Stern talks to Mr. Anderson, who is also in poor health. Mr. Anderson claims that he is taking good care of his wife and that it is nobody else's business. He does not want to discuss his wife's care and refuses to hire anyone to help him.

Sergeant Stern contacts the Andersons' daughter, Betty, who files for, and is granted, conservatorship. She has her mother hospitalized and treated for the bedsores and hip injury. Although Betty believes that her mother would be better off in a nursing home, she knows that her mother has frequently said in the past that she never wanted to be placed in one. As an alternative, Betty hires home care for her mother so that she can continue to live at home.

Questions

1. What legal, ethical, or practice principles may be applied to this case?

Possible Responses:

- *Parens patriae.* Because Mrs. Anderson is incapable of acting on her own behalf, the court has empowered her daughter to act for her. Betty is using substitute judgment in deciding to have her mother live at home. While she is not in favor of this decision, she knows that it is what her mother would want.
2. Are Mr. Anderson's rights being violated in this situation?

Possible Responses:

- Although Betty defied her father's wishes by hospitalizing her mother and arranging for services, her legal obligation as conservator (and the obligation of the court) is to protect Mrs. Anderson. Mr. Anderson has the right to apply to be his wife's conservator if he feels that his daughter is not meeting her responsibilities.

3. What additional actions should be taken?

Possible Responses:

- *Because of the seriousness of the situation, it should be monitored closely and documented in case future interventions are needed.*

Instructor's Notes

Case 2, Mrs. Jones

Mrs. Jones has a 29-year-old daughter who is an alcoholic. The daughter is unemployed and frequently asks her mother for money. When she does not get it, she threatens her mother with violence. The conflicts have escalated and the daughter recently hit her mother with a board. She suffered injuries, resulting in her hospitalization. There were several witnesses, one of whom called the police. Sergeant Lewis took the report. He discovered that Mrs. Jones has a restraining order against her daughter. This allowed him to take her daughter into custody.

Mrs. Jones does not want her daughter to go to jail. APS has also been involved in the past, and Mrs. Jones calls her APS worker to ask for his help in getting the charges dropped. The social worker tells Mrs. Jones that he will see what he can do.

Questions

1. What legal, ethical, or practice principles may be applied to this case?

Possible Responses:

- *Sergeant Lewis is exercising police power because Mrs. Jones's daughter has clearly broken the law. The APS worker must balance his ethical responsibility to protect his client's autonomy with his obligation to abide by the law.*

Note: This case represents a situation in which two professionals may find themselves somewhat at odds. The APS worker wants to protect Mrs. Jones's autonomy by helping her exercise her wishes. However, since the daughter has broken the law, the daughter must answer for her actions.

2. What can the APS worker do to help protect Mrs. Jones's autonomy?

Possible Responses:

He can assist Mrs. Jones in making her wishes (that her daughter get help and not go to jail) known to the prosecutors, so that alternatives (such as court-ordered alcohol treatment) may be considered.

Instructor's Notes

Case 3, Mr. Blakely

APS receives a call from Superior Gas Company. A customer, Mr. Blakely, is not paying his gas bills and the company is threatening to turn off the gas.

An APS worker investigates. He finds out that Mr. Blakely is living with his 24-year-old daughter, June. June cashes her father's Social Security check for him every month and keeps half for herself. By the end of each month, Mr. Blakely is out of food and frequently cannot pay his bills. Mr. Blakely refuses to have anyone else cash his checks for him. He knows that his daughter is taking his money, he recognizes that his health is being compromised, and he understands that his gas may be cut off if the situation continues. After lengthy discussion, Mr. Blakely refuses to change his mind and the APS worker closes the case.

Questions

1. What legal, ethical, or practice principles apply to this case?

Possible Responses:

- *The APS worker is protecting Mr. Blakely's autonomy and right to self-determination. He has determined that Mr. Blakely understands his options and has chosen to remain in the situation. Mr. Blakely has the right to choose his own lifestyle and live by his chosen values. Although his actions have negative consequences for the utility company, it is not the APS worker's responsibility to protect the interests of third parties.*
2. What future developments might change the obligation/responsibility to intervene?

Possible Responses:

- *If the utility company does, in fact, turn off the gas, Mr. Blakely's health and safety could deteriorate to the point where emergency action would be needed.*
3. What additional actions should the APS worker take?

Possible Responses:

- *Document the situation.*
- *Arrange for periodic monitoring. If the situation deteriorates, Mr. Blakely may change his mind.*

Activity 7 (Optional): Video — Difficult Choices: Ethical Issues in Casework

Explain that the case examples that were just reviewed point out that professionals from different disciplines may approach situations differently. They may be charged to serve different entities and to operate under different assumptions. Sometimes situations can become quite complex and conflictive.

*The video **Difficult Choices: Ethical Issues in Casework** demonstrates how these differences and conflicts may unfold in an actual abuse case.*

- *Show video.*
- *Generate discussion with the following questions:*
 - *How would you have handled this situation?*
 - *What legal, ethical, and practice principles are relevant to this case?*
 - *What additional evidence and information would you have collected?*
 - *Would this case have been handled differently in your state?*

Activity 8: Conclusion

The legal, ethical, and practice principles raised in this module reflect values that are intrinsic to our way of life. They protect the welfare, safety, property, and civil rights of the individual and society at large.

While these rights and protections apply to all adults, it is particularly important to emphasize them when we talk about elder abuse and neglect. It is not uncommon to encounter situations in which an older person's health or safety is in jeopardy, yet he or she refuses to take actions to improve the circumstances. In their desire to help, law enforcement officers and other professionals may infringe on personal freedom to ensure safety. In doing so they must consider that, for many Americans, freedom is just as important as safety or security. As individuals age, they may lose control over many aspects of their lives. For them, the right to control their own lives and destinies is particularly precious.

One way of guarding against overly intrusive tendencies and biases when intervening in an elder abuse case is to ask ourselves, "Would I treat this person differently if he/she were 40 instead of 80?" Those who work with elderly people must apply the same standards to them as they would to younger adults. To do otherwise would be to infringe upon the elderly's autonomy and civil rights.

Instructor's Notes

This text appears on p. V-14 of the student manual.

Summarize the text.

References

The section on ethical principles was adapted from:

Wright-Benedetti, Bonnie and Joanne B. Marlatt. *Colorado Guidelines for Cooperation Between Law Enforcement and Adult Protection Services: A Training Manual*. Colorado Department of Social Services. 1992.

Practice principles were from the Scottsdale, Arizona, Police Department, 1987.

Additional Resources:

The video that is included as an optional activity (activity 7) is from:

Elder Abuse and Neglect in the Family. University Center on Aging, University of Massachusetts Medical Center. 1986.

Tape #3 — *Difficult Choices: Ethical Issues in Casework* (21 minutes)

To order, contact:

National Committee for the Prevention of Elder Abuse
c/o Institute on Aging
The Medical Center of Central Massachusetts
119 Belmont Street
Worcester, Massachusetts 01605

Instructor's Notes

Instructor's Notes

Handouts/Overheads

Instructor's Notes

Practice Principles

1. Do no harm.
2. Respect the older person's right to make decisions.
3. Respect the older person's right to confidentiality.
4. Maintain the family unit whenever possible.
5. Document the situation.

Instructor's Notes

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Instructor's Notes

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Instructor's Notes

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Instructor's Notes

Resources

National Resources

Administration on Aging
330 C Street, S.W.
Room 4755
Washington, D.C. 20201

American Association of Retired Persons
Criminal Justice Services
601 E Street, N.W.
Washington, D.C. 20049

American Bar Association
Commission on Legal Problems of the Elderly
1800 M Street, N.W.
Suite 200 South
Washington, D.C. 20036

American Public Welfare Association
810 First Street, N.E.
Suite 500
Washington, D.C. 20002

American Society of Law Enforcement Trainers
P.O. Box 361
Lewes, Delaware 19958

Clearinghouse on Abuse and Neglect of the Elderly
College of Human Resources
University of Delaware
Newark, Delaware 19716

Gray Panthers
2025 Pennsylvania Avenue, N.W.
Suite 821
Washington, D.C. 20006

International Association of Chiefs of Police
1110 North Glebe Road
Suite 200
Arlington, Virginia 22201

International Association of Directors of Law
Enforcement Standards and Training
c/o Darrel Hart
4491 Cerillos Road
Santa Fe, New Mexico 87505

National Aging Resource Center on Elder Abuse
810 First Street, N.E.
Suite 500
Washington, D.C. 20002

National Association of Adult Protective Services
Administrators
c/o Adult Protective Services
P.O. Box 149030, W-509
Austin, Texas 78714

National Association of Area Agencies on Aging
1112 16th Street, N.W.
Suite 100
Washington, D.C. 20036

National Association of State Units on Aging
1225 I Street, N.W.
Suite 725
Washington, D.C. 20005

National Committee for the Prevention of Elder
Abuse
c/o Institute on Aging
Medical Center of Central Massachusetts
119 Belmont Street
Worcester, Massachusetts 01605

National Conference on State Legislatures
1560 Broadway
Suite 700
Denver, Colorado 80202

National Council of Senior Citizens
1331 F Street, N.W.
Washington, D.C. 20004

National Crime Prevention Council
1700 K Street, N.W.
2nd floor
Washington, D.C. 20006

National Institute on Aging Information Center
9000 Rockville Pike
Bethesda, Maryland 20892

National Ombudsman Resource Center
1224 M Street, N.W.
Suite 301
Washington, D.C. 20005

National Senior Citizens Law Center
1815 H Street, N.W.
Suite 700
Washington, D.C. 20006

National Sheriffs' Association
1450 Duke Street
Alexandria, Virginia 22314

Older Women's League
666 Eleventh Street, N.W.
Suite 700
Washington, D.C. 20001

Police Executive Research Forum
2300 M Street, N.W.
Suite 910
Washington, D.C. 20037

San Francisco Consortium for Elder Abuse
Prevention
Mount Zion Institute on Aging
3330 Geary Boulevard
2nd floor
San Francisco, California 94118

Victim Services
2 Lafayette Street
3rd Floor
New York, New York 10007

For a more complete listing of federal, state, and local agencies and non-profit associations, consult the Directory of Aging Resources, available from Business Publishers, Inc., 951 Pershing Drive, Silver Spring, Maryland 20910. Area agencies on aging and other local resources should also be consulted for additional services in your region.

National Center on Elder Abuse

The National Center on Elder Abuse (NCEA), established in October 1993 by a cooperative agreement grant (No. 90-AM-0660) awarded to the American Public Welfare Association (APWA) by the Administration on Aging (AoA), is operated by a consortium of the APWA, the National Association of State Units on Aging (NASUA), the University of Delaware, and the National Committee for the Prevention of Elder Abuse (NCPEA).

The purpose of NCEA is to develop and provide information, data, and expertise to federal, state, and local agencies, professionals, and the public on a timely basis. NCEA seeks to assist interested organizations and individuals in their efforts against elder abuse, neglect, and exploitation by conducting training workshops, producing newsletters, operating an information clearinghouse, engaging in research, and developing and disseminating technical reports of national significance.

For information regarding elder abuse, neglect, and exploitation, write to the National Center on Elder Abuse (NCEA), 810 First Street, N.E., Suite 500, Washington, D.C. 20002, or call (202) 682-2470 or (202) 682-0100.

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Additional Video Resources

Elder Abuse and Neglect in the Family. University Center on Aging, University of Massachusetts Medical Center. 1986.

Tape #1 — *The Hidden Sorrow: An Overview* (24 minutes)

Tape #2 — *In Pursuit of a Life Without Violence: Intervention Strategies* (26 minutes)

Tape #3 — *Difficult Choices: Ethical Issues in Casework* (21 minutes)

To order, contact:

National Committee for the Prevention of Elder Abuse
c/o Institute on Aging
The Medical Center of Central Massachusetts
119 Belmont Street
Worcester, Massachusetts 01605

Breaking the Silence (9:32 minutes)

To order, contact:

Metropolitan Washington Council of Governments
777 North Capitol Street, N.E., Suite 300
Washington, D.C. 20002-4201
(202) 962-3255

Elder Abuse: 5 Case Studies (each case study runs 5 to 10 minutes)

To order, contact:

Terra Nova Films, Inc.
9848 South Winchester Avenue
Chicago, Illinois 60643
(312) 881-8491

An Informative Video for Health Care Professionals (25 minutes)

To order, contact:

Orange County Area on Aging
18552 MacArthur Boulevard, Suite 425
Irvine, California 92715
(714) 863-0323

Lifeline Series: *Mandated Reporter* (27 minutes)

Segment 1: Overview of the problem and profiles of victims and abusers

Segment 2: Types of abuse

Segment 3: Reporting

To order, contact:

California Attorney General's Office
In California (916) 638-8383
Outside California 1-800-982-1420

The Golden Years (60 minutes)

To order, contact:

Great Plains National
P.O. Box 80669
Lincoln, Nebraska 68501
1-800-228-4630

In Crime's Wake Series: *Elder Abuse: Hidden From View* (10 minutes)

To order, contact:

Victim Services
Public Affairs Unit
2 Lafayette Street
Third Floor
New York, New York 10007

Elder and Dependent Adult Abuse (31 minutes)

To order, contact:

Lieutenant Castro
Los Angeles County Sheriff's Office
Media Resources Unit
(310) 946-7807

