ELDER ABUSE: 
WHAT CAN WE DO?

PRESENTED BY: 
SUE HALL DREHER
ELDER ABUSE

OBJECTIVES

Upon conclusion of this module the participant will be able to:

- Define domestic elder abuse, elder exploitation/victimization, and elder neglect including dynamics, facts and statistics.

- Explain how to recognize the signs and symptoms of elder abuse and neglect and discuss reporting requirements.

- Discuss how professionals can collaborate to intervene in crimes against the elderly.
ELDER ABUSE: Recognition, Response & Resources

Maine/New Hampshire Victim Assistance Academy
Freeport, Maine
March 24, 2010
Susan Hall Dreher, BS, MHSA

Objectives

- Define various forms of elder abuse, exploitation and neglect
- Discuss recognition of signs and symptoms of elder abuse/neglect & better understand the issues that ‘may’ exist with older survivors
- Learn how to effectively respond to unique needs of survivors of elder abuse
- Discuss how to work more effectively with others who provide services to older individuals

American Academy of Family Physicians

- “We are losing our elders to an epidemic rarely talked about or even acknowledged. An epidemic that leaves some ashamed, some afraid and too many dead.” (10/18/99)
Is Elder Abuse a Problem?
- As many as 5 MILLION seniors are abused annually in the U.S. (U.S. Senate Special Committee on Aging)
- 84% of all elder abuse cases are never reported (US Senate Special Comm.)
- Older Adults who are abused/mistreated are 3 x more likely to die within the next decade then the same age adults who are not mistreated (Lachs, Williams, et al)
- Approximately 12,000 to 14,000 in Maine

Who Are We Talking About?
- Beginning 01-01-06 through 2015, a baby boomer turns age 60 every 7.5 seconds, resulting in 78M new seniors. (more people age 60 than 18 or younger)
- What are some of the terms we use to describe ‘old people?’

Rewards and Challenges of Aging:
- “Growing up” is positive.
- “Growing old is negative.
- Growing old is joked about and feared
- Our stereotyped view of aging is one of loss of ability, beauty, memory and usefulness.
- Aging is not a disease, but a series of processes that begin with life and continue throughout the life cycle.
What is Elder Abuse?
- Financial Exploitation
- Neglect
- Sexual Abuse & Stalking
- Physical Abuse
- Emotional Abuse
- Self Neglect (????)
- Know your state statutes - most are not elder specific but crime specific

Who are the Victims of Elder Abuse?
- All racial, ethnic, socio-economic and religious backgrounds.
- Persons aged over 60 (services age 50 and up)
- 70 to 75% females 30 to 35% males

Potential Indicators of Elder Abuse:
- Sudden changes in personality
- Fear of certain people, physical characteristics and/or places
- Refusal or reluctance to engage in usual hygienic activities
- Social isolation and/or not allowed to visit alone
- Challenged support system
- Verbalizes problems/conflicts with care givers
- Severe anxiety, fearfulness, depression
And the Indicators continue:

- Sudden or swift decline in health
- Injury that has not been cared for
- Burns, welts, bruises, fractures, without a realistic explanation
- Bruises on inner thighs, arms, back, neck
- Genital or anal bleeding - Sexually transmitted diseases
- Sudden or recent difficulty in walking, standing or sitting
- History of DV or other forms of violence

Other Potential Indicators:

- Personal belongings are missing
- Onset or history of substance abuse or mental health problems with older person and or caregiver
- Malnourishment
- Coded disclosures
- Loss of hope
- Death

Impact on the older victim:

- Fear of losing independence, living situation
- Fear of retaliation by caregiver
- Isolation & lack of support system
- May not have time to ‘heal’
- May not have language to describe abuse
- Shame of telling greater than shame of what occurred
- Relationship with the abuser
- Other impact?
Who are the abusers:
- Family
  - intimate partners
  - adult children/other family members
- Outside caregivers
- Others in authority positions

Abuser Tactics:
- Engages in ‘crazy-making’ behavior
- Uses silence, profanity, ignores older person (including withholding affection)
- Degrades, blames, rationalizes
- Insults, ‘bullies’
- Threats - “you will go to nursing home”
- Gatekeeper to others and activities

Common Abuser excuses:
- Illness
- Victim’s behavior
- Victim’s fault
- Entitlement
- Cultural norms
- Caregiver stress
Why does elder abuse occur?

- Power and control
- Greed
- Lack of awareness within systems
- Other reasons?

First Call:

- Where would you go?
- Different at life stages?
- What were the roadblocks?
- What would have made a difference?

Seeking help can be difficult:

- Fear
- Relationship with abuser
- Shame
- Generational values
- Lacks options or knowledge of options
- Lack of age-appropriate services
- System response (and assumptions)
Mandatory Reporting

- Maine State Law states that certain persons shall immediately report or cause a report to be made to the Department when that person suspects that an adult (age 18 and older) has been abused, neglected or exploited and has reasonable cause to suspect that the adult is incapacitated or dependent.
- Adult Protective Services: Services provided to protect adults who are unable to protect themselves from abuse, neglect and or exploitation.

Variations in Statutes:

- Know your state statutes
- What needs to be reported
- Who needs to report
- Process for reporting

Advocacy for Elder Victims:

- Risk/lethality assessment must be performed
- Expand your usual boundaries
- Case coordination must be considered
- Recognize elder victims MAY have complex and wide-ranging needs
- Identify conditions that supports resiliency rather than promotes ageism
Interviewing the Elder Victim:

- Take time to build rapport first
  - Ask how she/he would like to be addressed
- Slow down
- Ask the difficult questions
- Set the setting - consider victim comfort
- Look for ‘silent’ indicators
- Know resources
- Know reporting requirements

Interviewing (continued):

- Know our internal tapes regarding elder abuse
- Determine, or verify, cognitive ability - RTS can present itself as disassociation, disorientation etc.
- Consider the time of day for the interview
- Let her/him know what you will do with the information - don’t leave her/him sitting with experience of speaking with you without knowing what is next or available for support

Interviewing (continued):

- Use several shorter interviews over a period of days to obtain necessary information (if possible)
- Accommodate any communication needs
- Utilize community resources
- Listen, listen again, be patient
Resources

- Maine Department of Health & Human Services (APS)  1-800-624-8404
- Sexual Assault Statewide Hotline: 1-800-871-7741 TTY:1-888-458-5599
- Domestic Violence Statewide Hotline: 1-866-834-4357
- Mental Health Crisis:  1-888-568-1112

Resources (continued)

- Legal Services for the Elderly:  1-800-750-5353
- Area Agencies on Aging: 1-877-ELDERS-1
- Long-Term Care Ombudsman Program:  1-800-449-0229 (includes TTY)
- Office of the Maine Attorney General:
  - Health Care Crimes Unit: 207-626-8870
  - Elder Abuse Investigator: 207-626-8531

Summary

- ALL forms of abuse happens in later life
- Abusers are most often known to the victim
- Most cases go unreported
- Hope does exist - recognize, respond and refer
- Work collaboratively
Bibliography

- Dept. of Justice - Office on Violence Against Women
- National Clearinghouse on Abuse in Later Life
- Federal Law Enforcement Training Center
- National Committee for the Prevention of Elder Abuse

Bibliography (continued)

- National Center on Elder Abuse
  (Annotated Bibliography: "The Role of Health Care Professionals in the Prevention, Detection, and Intervention of Elder Mistreatment")
- Clearinghouse on Abuse and Neglect of the Elderly (CANE)
  (Annotated Bibliography: "Elder Sexual Abuse - An Update of the Literature")
- Elder Justice Partnership, Maine

Thank you!!
Family Violence in Later Life

Wisconsin Coalition Against Domestic Violence
307 S. Paterson St., Suite 2, Madison, WI 53703
(608) 255-0539 / FAX: (608) 255-3560

This diagram is based on the Power and Control/Equality wheels developed by the Domestic Violence Intervention Project, Duluth, MN
**TACTICS USED BY ABUSIVE FAMILY MEMBERS**

<table>
<thead>
<tr>
<th>Physical Abuse</th>
<th>Ridiculing Values/Spirituality</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Slaps, hits, punches</td>
<td>• Denies access to church or clergy</td>
</tr>
<tr>
<td>• Throws things</td>
<td>• Makes fun of personal values</td>
</tr>
<tr>
<td>• Burns</td>
<td>• Ignores or ridicules religious/cultural traditions</td>
</tr>
<tr>
<td>• Chokes</td>
<td></td>
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<tr>
<td>• Breaks bones</td>
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<table>
<thead>
<tr>
<th>Sexual Abuse</th>
<th>Emotional Abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Makes demeaning remarks about intimate body parts</td>
<td>• Humiliates, demeans, ridicules</td>
</tr>
<tr>
<td>• Is rough with intimate body parts during care giving</td>
<td>• Yells, insults, calls names</td>
</tr>
<tr>
<td>• Takes advantage of physical/mental illness to engage in sex</td>
<td>• Degrades, blames</td>
</tr>
<tr>
<td>• Forces you to perform sex acts that make you feel uncomfortable or against your wishes</td>
<td>• Withholds affection</td>
</tr>
<tr>
<td>• Forces you to watch pornographic movies</td>
<td>• Engages in crazy-making behavior</td>
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<table>
<thead>
<tr>
<th>Abusing Dependencies/Neglect</th>
<th>Isolation</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Takes walker, wheelchair, eyeglasses, dentures</td>
<td>• Controls what you do, who you see, and where you go</td>
</tr>
<tr>
<td>• Takes advantage of confusion</td>
<td>• Limits time with friends and family</td>
</tr>
<tr>
<td>• Denies or creates long waits for food, medication, care, heat</td>
<td>• Denies access to phone or mail</td>
</tr>
<tr>
<td>• Does not report medical conditions</td>
<td></td>
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<tr>
<td>• Understands but fails to follow medical, therapy or safety recommendations</td>
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<tr>
<td>• Makes you miss medical appointments</td>
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<table>
<thead>
<tr>
<th>Threats/Intimidation</th>
<th>Using Family Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Threatens to leave, divorce, commit suicide or institutionalize</td>
<td>• Magnifies disagreements</td>
</tr>
<tr>
<td>• Abuses/kills pets or prized livestock</td>
<td>• Misleads members about extent and nature of illnesses and conditions</td>
</tr>
<tr>
<td>• Destroys property</td>
<td>• Excludes/denies access to family</td>
</tr>
<tr>
<td>• Displays or threatens with weapons</td>
<td>• Forces family to keep secrets</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Isolation</th>
<th>Using Privilege</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Controls what you do, who you see, and where you go</td>
<td>• Treats you like a servant</td>
</tr>
<tr>
<td>• Limits time with friends and family</td>
<td>• Makes all major decisions</td>
</tr>
<tr>
<td>• Denies access to phone or mail</td>
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<table>
<thead>
<tr>
<th>Financial Exploitation</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>• Steals money, titles, possessions</td>
<td></td>
</tr>
<tr>
<td>• Takes over accounts and bills; spends without permission</td>
<td></td>
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<tr>
<td>• Abuses power of attorney</td>
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Maine/New Hampshire Victim Assistance Academy, March 21 - 26, 2010
Elder Abuse
DOMESTIC ABUSE IN LATER LIFE
Tips on Working with Victims

ASK ABOUT ABUSE

Lead into questions about abuse with a statement such as: "Because many of the people I work with are hurt by family members, I ask questions about relationships and abuse."

The questions may include:

- How are things going with your spouse (or adult child)? Are you getting out with your friends? Are you afraid of your spouse (or other family member)?
- Have you ever been hit, kicked, or hurt in any way by a family member? Does anyone threaten you or force you to do things you do not want to do?
- Have you ever been forced to do sexual acts you did not wish to do? Is this going on now?

IF YES, ask for more information and ask questions such as "how are you staying safe?"

IF NO, state that if a family member ever does hurt you or you know someone who is being hurt, there are people who can help. Feel free to contact me for information if you ever need it.

Red flags
(things to listen and watch for)

From a potential victim
• Has repeated "accidental" injuries
• Appears isolated
• Says or hints at being afraid
• Considers or attempts suicide
• Has history of alcohol or drug abuse (including prescription drug)
• Presents as a "difficult" patient or client
• Has vague, chronic complaints
• Is unable to follow through on treatment plans or medical care. May miss appointments.
• Exhibits severe depression

From a potential abuser:
• Is verbally abusive to staff in public, or is charming and friendly to service providers
• Says things like "he's difficult," "she's stubborn," "he's so stupid," or "she's clumsy"
• Attempts to convince others that the family member is incompetent or crazy
- Is "overly attentive" to the family member
- Controls the family member's activities
- Refuses to allow interview or exam to take place without being present
- Talks about the family member as if he or she is not a person

**Interventions: At Least Do No Harm**

**DO** everything possible to give a victim a sense of hope by:
- Believing the account of the abuse
- Saying that abuse can happen to anyone and the victim is not to blame Planning for safety or finding someone who can
- Offering options and giving information about resources or finding someone who can
- Allowing the victim to make decisions about next steps (returning power to the victim)
- Keeping information shared by the victim confidential
- Documenting the abuse with photographs, body maps, and victim statements

**DO NOT** do anything that further isolates, blames, or discourages victims, such as:
- Telling the victim what to do (e.g., "you should leave immediately")
- Judging a victim who returns to an abusive relationship
- Threatening to or ending services if a victim does not do what you want
- Breaking confidentiality by sharing information with the abuser or other family members
- Blaming the victim for the abuse ("if only you had tried harder or done this, the abuse might not have happened")
  - Reporting abuse to the authorities without permission from the victim (unless mandated by law). If you are a mandated reporter, tell the victim what you are doing and why.
  - Help the victim with safety planning or find someone who can.
- Documenting opinions ("he's drunk and obnoxious" or "she's hysterical and overreacting"). These statements are opinions and may not be accurate. However, they can be used against a victim in court.

**DO NOT COLLUDE** with the abuser and give him/her more power and control by:
- Accepting excuses from the abuser and supporting the violence ("I can understand how much pressure you are under. These things happen.")
- Blaming alcohol/drug use, stress, anger, or mental illness for the abuse. Abusers must be held accountable for their actions before they will change their behavior.
- Minimizing the potential danger to the victim or yourself if you offer help. Arrange for appropriate security for the victim and your staff when working with a potentially lethal batterer (e.g., has made homicidal/suicidal threats or plans, owns weapons)
WORK COLLABORATIVELY

- To learn more about potential interventions, contact local domestic abuse and/or sexual assault, victim/witness, or adult protective services/elder abuse agencies.
- With the victim's permission, refer to appropriate agencies for assistance.
- Use experts in a variety of fields as case consultants on difficult cases. Bring challenging cases to a multi-disciplinary teams for review. Ensure client confidentiality.

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I. STATISTICAL OVERVIEW / ELDER ABUSE

A. MOST RECENT STATISTICS

★ According to data released by the Bureau of Justice Statistics (BJS) in September 1997, persons age fifty or older made up--

  o 30% of the population.
  o 12% of murder victims.
  o 7% of serious violent crime victims (Perkins 1997).

★ Between the years 1992 to 1997, the elderly were victims of:

  • 2.7 million property and violent crimes:
  • 2.5 million household burglaries, motor vehicle thefts, and household thefts
  • 46,000 purse snatchings and pocket pickings


★ According to the National Crime Victimization Survey, there were 3.2 victimizations per 1,000 persons among individuals 65 years of age and older in 2001. (Bureau of Justice

- It was estimated in 1996 that at least one-half million older persons in domestic settings were abused and/or neglected, or experienced self-neglect,
- and that for every reported incident of elder abuse, neglect, or self-neglect, approximately five go unreported (NCEA 1998). National Elder Abuse Incidence Study, conducted by the National Center on Elder Abuse for the Administration for Children and Families and the Administration on Aging, U.S. Department of Health and Human Services.
- After accounting for their larger proportion in the aging population, female elders are abused at a higher rate than males (Ibid.).
- The nation's oldest elders (eighty years and older) are abused and neglected at two to three times their proportion of the elderly population (Ibid.).

**B. WHO ARE THE ABUSERS?**

- In almost 90% of the elder abuse and neglect incidents with a known perpetrator, the perpetrator is a family member, and two-thirds of the perpetrators are adult children or spouses (Ibid.).
- Among murders of victims over age sixty, their offspring were the killers in 42% of the cases. Spouses were the perpetrators in 24% of family murders of persons over age sixty (Dawson and Langan 1994).

**II. ELDER ABUSE FACTS**

- Rarely an isolated event.
- Elder abuse, neglect and exploitation occurs in all racial and ethnic backgrounds and crosses all socio-economic lines.
- Victims tend to be female, above age 75, live with perpetrator.
- Victims require extensive physical care.
- Abuser tends to be related to victim and is more often female.
- Many abusers have substance abuse issues and live under severe stress.
- Emotional abuse-often by family member or caregiver.
- Physical and Sexual abuse-often by male family member or caregiver.
Types of Elder Victimization & Abuse

Elderly victimization
  o Crimes by strangers or acquaintances

Domestic Elder Abuse
  o Crimes by caretakers and family members.

ACTS OF ABUSE
The definitions of different forms of domestic abuse of the elderly are derived from the National Elder Abuse Incidence Study conducted in 1996 by the National Center on Elder Abuse at the American Public Human Services Association.

Some signs and symptoms are characteristic of several kinds of maltreatment and should be regarded as indicators of maltreatment. The following are the most important of these:

PHYSICAL ABUSE
Physical abuse is the use of force that may result in bodily injury, physical pain, or impairment. Physical abuse may include such acts of violence as striking (with or without an object), hitting, beating, pushing, shoving, shaking, slapping, kicking, pinching, and burning. The inappropriate use of drugs and physical restraints, force-feeding, and physical punishment of any kind are also examples of physical abuse. Particularly alarming is the "hidden" nature of this physical abuse to the elderly. Incidence studies demonstrate that elderly helpers only report signs of physical abuse in one out of five of the cases examined.

Signs and symptoms of physical abuse include the following:

- Bruises, black eyes, welts, lacerations, and rope marks.
- Bone fractures, broken bones, and skull fractures.
- Open wounds, cuts, punctures, and untreated injuries, and injuries in various stages of healing.
- Sprains, dislocations, and internal injuries/bleeding.
- Broken eye glasses/frames, physical signs of being subjected to punishment, and signs of being restrained.
- Laboratory findings of medication overdose or underutilization of prescribed drugs.
- An elder's report of being hit, slapped, kicked, or mistreated.
- An elder's sudden change in behavior.
- The caregiver's refusal to allow visitors to see an elder alone.
EMOTIONAL or PSYCHOLOGICAL ABUSE

*Emotional or psychological abuse* is the infliction of anguish, pain, or distress through verbal or nonverbal acts. Emotional/psychological abuse includes verbal assaults, insults, threats, intimidation, humiliations, and harassment. Treating an older person like an infant; isolating an elderly person from his/her family, friends, or regular activities; giving an older person the "silent treatment;" and enforced social isolation also are examples of emotional/psychological abuse. Emotional and psychological abuse is the second most reported elder abuses followed by physical abuse. Thirty-five percent of elder abuse reported to APS is emotional and psychological abuse and 25 percent are reports of physical abuse. National Center on Elder Abuse.1998.*The National Elder Abuse Incidence Study: Final Report*. Washington, DC: U.S. Department of Health and Human Services Administration for Children and Families and Administration on Aging.

*Signs and symptoms of emotional/psychological abuse may be manifested in such behaviors of an elderly person:*
- Being emotionally upset or agitated.
- Being extremely withdrawn and non-communicative or non-responsive.
- Suffers depression
- Exhibiting unusual behavior attributed to dementia such as sucking, biting, rocking.
- Exhibiting sleep, eating, or speech disorders
- Reporting verbal or emotional mistreatment.

NEGLECT

*Neglect* is the refusal or failure to fulfill any part of a person's obligation or duties to an elder. Neglect typically means the refusal or failure to provide an elderly person with such life necessities as food, water, clothing, shelter, personal hygiene, medicine, comfort, personal safety, and other essentials included in the responsibility or agreement to an elder. Neglect of the elderly is the most frequent type of maltreatment and represents 48.7 percent of the abuse reported to Adult Protective Services (APS). National Center on Elder Abuse.1998.*The National Elder Abuse Incidence Study: Final Report*. Washington, DC: U.S. Department of Health and Human Services. Administration for Children and Families and Administration on Aging.

*The following are signs and symptoms of neglect:*
- Dehydration, malnutrition, untreated bedsores, and poor personal hygiene.
- Unattended or untreated health problems.
- Hazardous or unsafe living conditions/arrangements (i.e., improper wiring, no heat, or no running water).
- Unsanitary and unclean living conditions (i.e., dirt, fleas, lice on person, soiled bedding, fecal/urine smell, inadequate clothing).
• Inappropriate or withholding prescribed medication
• Withholding dentures, eyeglasses, hearing aids, walkers
• An elder's report of being mistreated.

SELF NEGLECT
Self-neglect is characterized as the behavior of elderly persons that threatens their own health or safety. Self-neglect generally manifests itself in refusal or failure to provide themselves with adequate food, water, clothing, shelter, personal hygiene, medication (when indicated), and safety precautions. The definition of self-neglect excludes a situation in which cognitive or mentally competent older persons (who understand the consequences of their decision) make a conscious and voluntary decision to engage in acts that threaten their health or safety as a matter of personal preference.

Signs of self-neglect include the following:
• Dehydration, malnutrition, untreated or improperly attended medical conditions, and poor personal hygiene.
• Hazardous or unsafe living conditions or arrangements (i.e., improper wiring, no indoor plumbing, no heat or no running water).
• Unsanitary or unclean living quarters (i.e., animal/insect infestation, no functioning toilet, fecal/urine smell).
• Inappropriate and/or inadequate clothing, or lack of the necessary medical aids (i.e., eyeglasses, hearing aid, dentures).
• Grossly inadequate housing or homelessness.

ABANDONMENT
Abandonment is the desertion of an elderly person by an individual who has assumed responsibility for providing care for an elder or by a person with physical custody of an elder.

Abandonment is the least reported form of elder abuse. (Ibid.)

Signs and symptoms of abandonment include the following:
• The desertion of an elder at a hospital, a nursing facility, or other similar institution.
• The desertion of an elder at a shopping center or other public location.
• An elder's own report of being abandoned.

FINANCIAL or MATERIAL EXPLOITATION
Financial or material exploitation is the illegal or improper use of an elder's funds, property, or assets. Examples include cashing an elderly person's checks without authorization or permission;
forging an older person's signature; misusing or stealing an older person's money or possessions; coercing or deceiving an older person into signing any document (i.e., a contract, a will); and the improper use of guardianship, con or power of attorney.

Thirty percent of the elder abuse reported to APS involves financial exploitation. (Ibid.)

**Signs and symptoms of financial or material exploitation include:**

- Sudden changes in bank account or banking practices, including an unexplained withdrawal of large sums of money by a person accompanying the elder.
- The inclusion of additional names on an elder's bank signature card.
- Unauthorized withdrawal of the elder's funds using the elder's ATM card.
- Abrupt changes in a will or other financial documents.
- Unexplained disappearance of funds or valuable possessions.
- Substandard care or unpaid bills despite the availability of adequate financial resources.
- The forging of an elder's signature for financial transactions and for the titles of his or her possessions.
- Sudden appearance of previously uninvolved relatives claiming their rights to an elder's affairs and possessions.
- Unexplained sudden transfer of assets to a family member or someone outside the family.
- The provision of services that are not necessary.
- An elder's report of financial exploitation.
- A 1999 AARP survey designed to assess consumer behavior, experiences and attitudes also found that older consumers are especially vulnerable to telemarketing fraud. Of the people identified by the survey who had suffered a telemarketing fraud, 56% were age fifty or older (NCL 10 January 2000).

The proportion of individuals losing at least $5000 in Internet frauds is higher for victims 60 years and older than it is for any other age category. (Federal Bureau of Investigation [FBI] 2002. *2001 Internet Fraud Report.* Washington, DC: U.S. Department of Justice.)

More than 25 percent of all the people who reported telemarketing frauds to the National Fraud Information Center (NFIC) during the first six months of 2002 were age 60 years and older. (National Fraud Information Center, August 2002. *One in Four Telemarketing Victims Age 60 and Older.* Washington, DC: National Consumer League.)

The top three telemarketing frauds against seniors are: magazine sales for which the average loss is $98; credit card protection plans for which the average loss is $229; and sweepstakes and prize offers for which the average individual consumer loss is $2,752. (Ibid.)
SEXUAL ABUSE

Sexual abuse is nonconsensual sexual contact of any kind with an elderly person. Sexual contact with any person incapable of giving consent also is considered sexual abuse.

Types:
- Stranger or acquaintance
- Caregiver
- Incestuous abuse
- Partner sexual abuse
- Resident to resident sexual abuse

It includes unwanted touching; all types of sexual assault or battery such as rape, sodomy, coerced nudity; and sexually explicit photographing.

Signs and symptoms of sexual abuse include the following:
- Bruises around the breasts or genital area.
- Unexplained venereal disease or genital infections.
- Unexplained vaginal or anal bleeding.
- Torn, stained, or bloody underclothing.
- Painful urination and/or defecation, or retention
- Difficulty walking or sitting
- An elder's report of being sexually assaulted or raped

VI. EFFECTIVE COMMUNICATION TECHNIQUES WITH OLDER ADULTS IN STRESSFUL SITUATIONS

Effective Communication Techniques for Elderly Victims

The longstanding communication techniques that victim service providers utilize in the general course of their duties apply to elderly victims as well. However, there are some additional methods that can enhance communication with older victims.

First and foremost, it is essential to avoid making assumptions about a person's sensory, cognitive, or physical capacities based strictly upon their age.

It is also important to recognize that physical and mental challenges do not preclude the older person's ability to provide accurate and important information.
In communicating with elderly victims, victim service providers should consider the following:

- Offer to meet with the victim in a place of his or her choice. This could include the victim's home or a friend's house, place of worship, or other location that is easily accessible and offers a degree of comfort and control, to the victim.
- Ensure that the environment is conducive to communication. This includes eliminating background noise as well as telephone calls or pagers that might distract from the purpose of the meeting. Ensure that there are no interruptions in the session.
- Encourage the victim to bring a support person, if needed, to accompany them through any interviews or service provision meetings. It is important to ensure that the "support person" is not anybody who is involved in the abuse, neglect, or victimization of the elderly client.
- Determine immediately how the elderly client wishes to be addressed and honor the request. For example, if an elderly client wishes to be addressed as "Mrs. Smith," the victim service provider can respond: "Thank you, Mrs. Smith. You may call me Mr. Reed." Similarly, a first-name basis, if requested, should also be honored.
- It is helpful to be seated directly across from the client in order to have clear aural and visual linkages between the service provider and older person.
- Increase voice levels only if it has been determined that the elderly client has a hearing impairment. A loud tone of voice for a non-hearing impaired victim is condescending.
- Written communications, such as brochures and forms, can be provided with a type font size that is slightly larger than the standard 12 point (for example, 14 point typeface).
- Allow the victim to determine if comforting touches (such as a pat on the hand or arm around the shoulder) are appropriate. If the elderly victim initiates such contact, it should be mirrored.
- Avoid or carefully explain "jargon" that is common to both victim assistance providers and the justice system.
- Clarify that if, at any time, the elderly client does not understand a point or requires further information, he or she should let the advocate know.
- Utilize validation skills. This can greatly enhance communications with elderly clients. Any words or phrases that demonstrate empathy, concern, and gratitude to the elderly victim for sharing information about their victimization experiences and "helping" with the case can be comforting to the client.
- Provide options to the elderly client to give him or her choices about their future. The choice he or she makes can then be validated as "good" or "wise."
- Summarize key information in writing that results from a session with an elderly client (especially any specific actions the client needs to consider or do).
- Provide a list of information, supportive, and referral resources to all elderly clients, including crisis and emergency services that are available twenty-four hours a day, seven
days a week. It is helpful for victim service providers to offer to make calls for elderly victims to ensure that appropriate services are available and accessible.

In addition, the National Center for Victims of Crime recommends that victim service providers:

- Keep instructions short and simple.
- Keep their voice and mannerisms calm.
- Ask questions to clarify confusion, but ask only one question at a time, and allow for a response before asking another question. Allow plenty of time for hearing, comprehending, and understanding.
- Observe the elderly client closely for nonverbal cues to see if he or she understands.
- Be sensitive to whether the older adult is tired, not feeling well, or becoming too upset or frustrated. Allow breaks where possible for consuming food or beverages, taking medication, or simply stretching or moving about.
- Be patient. Expect to repeat what you say or to rephrase questions or responses.
- Never interrupt. It discourages free speaking and may cause an older client to forget what he or she was going to say (NCVC 1994).

Dealing with Older Persons with Communication Impairments

The Police Executive Research Forum (PERF) developed excellent guidelines to help law enforcement officials accommodate elderly victims who may have communication impairments. These guidelines, listed below, have been slightly modified in order to be relevant to victim service providers.

Because many older people have communication impairments, it is essential for service providers to develop skills that will optimize their effectiveness in interviewing victims, providing counseling or other supporting services, and offering information and referral assistance.

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, hearing aids, or other electronic devices to assist them.

If a service provider suspects that an older person has a hearing loss, the service provider should ask the victim if he or she is having difficulty understanding (but not assume that the victim is having such difficulty).
There are numerous methods and devices which can help when communicating with individuals who have hearing disabilities. Some communities have agencies (such as hearing societies or independent living resource centers) that can lend out special equipment or provide assistance with interviews. Victim service providers should determine if such services exist in their jurisdictions.

Most people with hearing loss 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 strategies for communicating with adults with hearing loss include the following:**

- Asking the person if he or she would prefer to use written communication or an interpreter.
- Arranging the room where communication will take place so that no speaker and listener are more than six feet apart and everyone is completely visible.
- Concentrating non-glaring light on the speaker's face for greater visibility of lip movements, facial expressions, and gestures.
- Positioning yourself directly in front of the person to whom you are speaking.
- Not standing in front of a direct light source such as a window.
- Speaking to the person with hearing loss from a distance of no more than six feet, but no less than three feet.
- Establishing eye contact before you begin to speak.
- Speaking slightly louder than you normally would.
- Speaking clearly at your normal rate, but not too quickly.
- Never speaking directly into the person's ear.
- Rephrasing the statement if the person does not appear to understand what is being said, rather than just repeating the same words.
- Refraining from over-articulating. Over-articulation distorts both the sound of the speech and the face, making visual clues more difficult for the elderly victim to understand.
- Including the person in all discussion about him or her.
- Avoiding smoking, chewing gum, or covering your mouth while you speak.
- Repeating key words and phrases. Asking the listener to repeat what you have said.
- Asking the victim to repeat or rephrase the response if you cannot understand the person's answer to your question.
- Using open-ended questions, not questions requiring a "yes" or "no" answer.
- Using visual aids whenever possible, such as drawings, diagrams, and brochures.
- Treating the elderly client with dignity and respect, and avoiding a condescending tone (PERF 1993)
New Hampshire Adult Protective Services

They are slapped, kicked and burned. They are locked in rooms without food, water or toilet facilities. They are sworn at, ridiculed and coerced into giving up their money, property and belongings.

They are the victims of Adult Abuse.

Most of us are familiar with the serious problem of child abuse, and are aware that New Hampshire has a law to address this problem. Not as many of us, however, are aware that adult abuse is also a problem, a problem that is on the increase in New Hampshire as well as the rest of the country.

In 1978, New Hampshire was one of the first states in the nation to enact an Adult Protective Services (APS) Law (RSA 161-F: 42-57). Considered model legislation at the time for its scope and principles, the law covers individuals age 18 and up who are incapacitated. According to the law, adults are incapacitated when their physical, mental or emotional ability renders them unable to manage personal, home or financial affairs in their own best interests, or when they are unable to act or delegate responsibility to a responsible caretaker or caregiver. The types of abuse contained in the law are: physical abuse, emotional abuse, sexual abuse, neglect, exploitation, and self-neglect.

The law, which is a civil and not criminal law, has remedy as its focus, an intent which is clearly stated in the following excerpt from its purpose section, RSA 161-F: 42: “The purpose of the law is to provide protection for incapacitated adults who are abused, neglected or exploited. Implicit in this subdivision is the philosophy that whenever possible an adult’s right to self-determination should be preserved…”

In addition to the philosophy expressed in its purpose section, the law also reflects New Hampshire’s concern about its vulnerable adult citizens by the inclusion of a mandatory reporting section: 161-F: 46. This section requires that any person suspecting or believing in good faith that an adult who is or who is suspected of being incapacitated has been subjected to abuse, neglect, self-neglect or exploitation, must report this to the Bureau of Elderly and Adult Services (BEAS), the Bureau within the Department of Health and Human Services that administers the Adult Protection Program. Persons making a report in good faith are immune from civil or criminal liability.

NH APS collaborates regularly with its partners in law enforcement; not only does the law identify law enforcement agencies as the back up for APS after the Bureau’s working hours, on weekends and on holidays, but BEAS is required by the law to refer all cases of serious bodily injury to law enforcement, but also in situations where there is a reason to believe that a crime has been committed.

Who are the adult victims of abuse and neglect in New Hampshire? They range from the age of 18 to over a hundred and are living in a variety of settings. They may be physically or mentally disabled, they may suffer from a mental illness or dementia.
associated with aging, they may be elderly and in frail health. They are our associates, our friends, our neighbors; they are even members of our own families. They are living in their own homes or apartments, the homes or apartments of relatives and friends, nursing homes, assisted living facilities, rehabilitation centers, boarding homes, and specialized homes for the developmentally disabled or mentally ill. Regardless of where they live, what they all share is the inability to protect themselves or care for their own needs.

When a report of alleged abuse, neglect, exploitation or self-neglect is received, it is assigned for assessment/investigation to a BEAS Adult Protective Social Worker (APSW) located in one of the BEAS units situated in the 12 Department of Health and Human Services District Offices located throughout the State. The investigation is completed in accordance with the Adult Protection Law and rules adopted under New Hampshire’s Administrative Procedures Act.

There is also a small Central Adult Protective Services Unit located in the Bureau’s Central Office; the unit takes in reports on alleged victims residing in facilities, such as licensed and/or certified nursing homes, assisted living facilities and residential care facilities, group or family care homes for the mentally ill and/or developmentally disabled, rehabilitation centers, general hospitals, and other such settings. The central unit also includes APS Investigators who conduct the investigations in specialized settings and/or when the alleged perpetrator is a paid provider.

The APSW/APS Investigator meets and speaks with the alleged victim, the alleged perpetrator (if any), and any other person who has information to provide about the matter under investigation. The APSW/APS Investigator may also need to obtain and review medical records, photographs, correspondence, and/or other relevant documentation. It may be necessary to conduct additional interviews with any of the involved parties, based on a review of the information collected. After assessing all the facts, the APSW/Investigator determines whether the report that was investigated is “founded” (substantiated) or “unfounded.” Notifications regarding the outcome of the investigation are required to be sent to the alleged victim (and his/her guardian), the alleged perpetrator (if any), and the administrator of a facility/agency if the alleged abuse, neglect or exploitation occurred in a facility, or the perpetrator is an employee of an agency. In a founded situation, the perpetrator is afforded due process, and may appeal the determination.

If the report is founded and services are needed, District Office APSW’s offer protective services to the victim. For adults who are living independently in the community and are accepting of services, these services may include, but are not limited to, in-home services that help maintain health and independence, such as case management, counseling, homemaker, chore, home-delivered meals, and respite care to relieve an overburdened caregiver. For adults who are living in supervised settings, follow-up by facility staff may be necessary; in addition, referrals may be made to involve the services of the Office of the Long-Term Care Ombudsman.
In 1980, the first year for which New Hampshire collected Adult Protective Services statistics, 239 reports of alleged abuse, neglect, exploitation and self-neglect were received statewide. In State Fiscal Year 2007, 2,450 reports were received, 1,633 of which concerned alleged victims who were 60 years of age and older.

As we can see, the problem of adult abuse is growing. National Adult Protective Services experts estimate that only 1 of 14 adult abuse situations is reported. This means that for every one person who is reported, investigated, and as an outcome, may receive support and services, there are 13 others who may be living in hazardous and destructive situations without help and without hope.

An additional protection was added to the APS law in 2007 with the mandate to establish a State Registry of founded abuse, neglect and exploitation reports. The names and related information on paid and volunteer caregivers who are founded perpetrators of abuse, neglect and exploitation will be entered into the Registry at the conclusion of their due process rights when a founded determination has been upheld.
New Hampshire Adult Protective Services Statistics
For State Fiscal Year 2007 (07/01/2006-06/30/2007)
Ages 60 and Over

There were 2,450 reports of alleged abuse, neglect, exploitation and self-neglect of incapacitated adults aged 18 and over made to the Bureau of Elderly and Adult Services in State Fiscal Year 2007, a 123-report increase over State Fiscal year 2006. Of the reports received, 1,633 involved alleged victims who were 60 years of age and older, 66.6% of the total reports received.

The following 2007 data includes reported victims aged 60 and over and contains information most frequently requested.

- **Number of Reports Received**
  - 1,633
  - Increase Over SFY 2006: + 63

- **Types of Reports Received**
  - Self-Neglect: 844
  - Emotional Abuse: 263
  - Neglect: 182
  - Exploitation: 181
  - Physical Abuse: 154
  - Sexual Abuse: 9
  - Increase/Decrease:
    - Self-Neglect: + 44
    - Emotional Abuse: + 16
    - Neglect: -8
    - Exploitation: -3
    - Physical Abuse: + 17
    - Sexual Abuse: -3

Note: Perpetrated types of abuse: 789 (48.3%).

- **Top Three Sources of Reports**
  - Facility Staff: 269
  - Relative: 183
  - Home Health Agency: 173

- **Top Three Living Arrangements of Reported Victims**
  - Alone in Own Home: 596
  - Own Home with Spouse/Partner: 276
  - Nursing Facility: 224
• **Age Ranges of Reported Victims (In order of prevalence)**
  - 80-89: 553
  - 70-79: 538
  - 60-69: 399
  - 90-99: 138
  - Over 100: 5

• **Gender of Reported Victims**
  - Female: 1,015
  - Male: 600
  - Not Specified: 18

• **Relationship of Reported Perpetrator to Alleged Victim**
  - Related: 414
  - Not Related: 275
  - Not Specified: 102

• **Top Four Reported Relative Perpetrator Relationships**
  - Adult Sons: 117
  - Adult Daughters: 110
  - Husband: 68; Wife: 37

• **Age Ranges of Reported Perpetrators (In order of prevalence)**
  - 40-49: 108
  - 50-59: 104
  - 30-39: 55
  - 60-69: 50
  - 70-79: 41
  - 18-29: 40
  - 80-89: 24
  - Under 18: 5
  - 90-99: 2
  - Above 100: 1
  - Not Specified: 359
• Gender of Reported Perpetrators
  - Female: 414
  - Male: 276
  - Not Specified: 94
  - Unknown: 5

• Number of Reports Investigated: 1384 (84.7%)

• Number of Reports Founded: 795 (57.4%)

• Percentage of Founded Reports by Report Type
  - Self-Neglect: 72%
  - Sexual Abuse: 33.3%
  - Exploitation: 28.1%
  - Physical Abuse: 27.2%
  - Emotional Abuse: 23.5%
  - Neglect: 15.9%
To include with handouts:

Data for 2008: The Maine Department of Health and Human Services – Office of Elder Services

3,915 referrals received, a 12% increase over 2007
2,530 referrals assigned for investigation
1,406 allegations substantiated
1,034 adults and elders were under guardianship or conservatorship, a 6% increase over 2007, which = 13.3 people/1000
60% were female
70 mean age of clients
55 DHHS OES staff statewide that do Intake, Investigations and Case Management
43% were self neglect
31% were unable to give informed consent
64% had safety issues or were at risk
14.1% of the population of Maine is 65+
9% issues of financial exploitation
7% neglect by others
3% physical abuse