

# ADULT PROTECTIVE SERVICES DYNAMICS OF ELDER ABUSE



## PARTICIPANT GUIDE MODULE 8A



National Adult Protective Services Association

**This training was developed by the National Adult Protective Services Association (NAPSA), in collaboration with the National Clearinghouse on Abuse in Later Life (NCALL), a project of the Wisconsin Coalition Against Domestic Violence and funded by the Office of Violence Against Women, U.S. Department of Justice.**

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# ACKNOWLEDGEMENTS

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## COURSE OUTLINE

Item	Time (min)	Activities	Slides
Welcome & Overview	10	Lecture, large group participation	1 – 2
Introductions	15		3 – 4
APS Core Competencies	5	Lecture HANDOUT #1	5 – 7
Training goals & objectives	5	Lecture	8 – 10
What is elder abuse?	15	Active learning activity #1	10 – 13
Case scenarios	45	Active learning activity #2 HANDOUTS #2A-C, 3, 4	14 – 16
BREAK	15		17
Case dynamics & The role of APS role	15	Lecture	18 – 22
Case scenarios part 2	45	Active learning activity #3 HANDOUTS #5 & 6	23 – 29
<i>The Breaking Point</i>	15	Video clips Active learning activity #4	30 – 31
Abuse dynamics	45	Lecture Active learning activity #5 & 6 HANDOUT #7	32 – 37
LUNCH BREAK	60		38
Why victims stay	15	Lecture Active learning activity #7	39 – 41
Comings and Goings	35	Active learning activity #8	42
<i>Just to have a Peaceful Life</i>	10	Video	43
Wrap up	10		44 – 45
<b>TOTAL TIME</b>	<b>6 hrs</b>		

## **INTRODUCTION TO ELDER ABUSE DYNAMICS**

### **PARTICIPANTS: PLEASE READ!**

This training module presents new information on understanding elder abuse; information which differs in significant ways from the traditional understanding of elder abuse on which Adult Protective Services professionals have been trained and under which they have operated for many years.

Early elder abuse research thought that “caregiver stress” was the root cause of elder abuse; i.e., the high care needs of the older person caused the caregiver to “snap” and then abuse or neglect the victim. Most APS workers were thus trained to provide the caregiver with support services, and to approach cases with a family systems perspective wherein each person needs and deserves empathy and assistance.

Research in recent years has debunked the theory of caregiver stress by finding that many elder abuse cases involve the same dynamics of power and control as underlie other domestic violence cases. This understanding requires APS to re-evaluate its approach.

APS clearly responds to many cases in which the person perpetrating the abuse or neglect lacks capacity to provide the victim with the care he or she needs. In these cases, the traditional APS methods of arranging for services, educating or assisting the caregiver, reducing the isolation of the victim, etc. may well be effective in protecting the victim from further mistreatment.

In many other cases, however, the abuse, neglect and financial exploitation are perpetrated by fully capable abusers who use their power (e.g. by being the caregiver, or by using their physical force) to control the victim, and in many cases, his or her financial resources as well.

APS needs to be aware that:

- Many more cases than previously thought involve power and control; the dynamics are not limited only to intimate partners but can be present in other relationships as well.
- Being aware of, and looking for, power and control dynamics should be part of the APS caseworker’s basic skills set and mindset whenever working a case.

- Abusers who use power and control can look like, and often portray themselves, as suffering from caregiver stress. The APS professional needs to look beyond their excuses to the harmful behaviors taking place.
- Failing to understand power and control and working to help the abuser deal with caregiver stress may actually place the victim in greater danger.
- Abusers seldom stop abuse on their own or as a result of receiving help and education alone. Some accountability measures must be imposed. In domestic violence, “accountability” is used to mean arrest and prosecution for criminal behavior.
- Because of the complexity of elder abuse, this one type of accountability is not always possible – although it certainly should be pursued in cases where the activities in question do meet the threshold of being crimes.
- Other forms of accountability might include 1) making it clear to the victim and the abuser that the harmful behavior is wrong and must stop, 2) that the victim is not to blame, 3) entering into contracts with the abuser, 4) removing the abuser from the home if possible, 5) reducing the isolation in the home and having others help to keep a check on the victim’s safety, etc.

The information and exercises in this module are designed to make the APS worker aware of power and control dynamics and how they influence APS work.

The training also attempts to underscore the vital importance of APS collaborating with other service systems to help protect victims and to prevent abusers from continuing their harmful behaviors.

**SLIDE 2**

**DYNAMICS OF ELDER ABUSE**



**NAPSA Core Competency  
Module # 8A**

National Adult Protective Services Association

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**SLIDE 3**



A Project of  
**NAPSA and NCALL**  
National Adult Protective Services Association  
National Clearinghouse on Abuse in Later Life

Funded by the Office of Violence Against Women,  
U.S. Department of Justice

Module 8A Dynamics of Elder Abuse

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**SLIDE 4**



**National Adult Protective  
Services Association**

- > NAPSA is the only national organization which represents APS professionals, programs and clients
- > NAPSA is the national voice of APS
- > NAPSA is a partner in the National Center on Elder Abuse
- > NAPSA has members in 49 states and DC

Module 8A Dynamics of Elder Abuse

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**SLIDE 5**

**APS CORE COMPETENCIES**  
HANDOUT #1: APS COMPETENCIES

- > NAFSA has identified 23 core competencies for APS; each will have a training module.
- > *Dynamics of Elder Abuse*, is Module #8A
- > Module 8A is about **ELDER ABUSE** and not about abuse of younger adults with disabilities.
- > Other modules cover other topics in depth.

Module 8A: Dynamics of Elder Abuse

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National Adult Protective Services Association

## Handout #1

### CORE COMPETENCIES FOR APS CASEWORKERS

1.	<b>APS Overview</b>
2.	<b>APS Values and Ethics</b>
3.	<b>Agency Standards and Procedures</b>
4.	<b>The Aging Process</b>
5.	<b>Physical and Developmental Disabilities</b>
6.	<b>Mental Health Issues</b>
7.	<b>Substance Abuse</b>
8.	<b>Dynamics of Abuse</b>
9.	<b>Professional Communications</b>
10.	<b>Self-Neglect</b>
11.	<b>Caregiver Neglect</b>
12.	<b>Financial Exploitation</b>
13.	<b>Physical Abuse</b>
14.	<b>Sexual Abuse</b>
15.	<b>Case Documentation/Report Writing</b>
16.	<b>Intake Process</b>
17.	<b>Investigation: Client Capacity</b>
18.	<b>Investigation: Risk Assessment</b>
19.	<b>Voluntary Case Planning and Intervention Process</b>
20.	<b>Involuntary Case Planning and Intervention Process</b>
21.	<b>Collaboration and Resources</b>
22.	<b>Legal Issues and Law Enforcement</b>
23.	<b>Case Closure</b>

**SLIDE 6**

**APS CORE COMPETENCIES**

1. APS Overview
2. APS Values and Ethics
3. Agency Standards and Procedures
4. The Aging Process (available for a fee)
5. Physical and Developmental Disabilities
6. Mental Health Issues
7. Substance Abuse
8. Dynamics of Abuse: A) Elder B) Younger Adults
9. Professional Communications
10. Self Neglect
11. Caregiver Neglect

Module 8A Dynamics of Elder Abuse 6

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**SLIDE 7**

**APS CORE COMPETENCIES**

12. Financial Exploitation
13. Physical Abuse
14. Sexual Abuse
15. Case Documentation/Report Writing
16. Intake Process
17. Investigation: Client Capacity
18. Investigation: Risk Assessment
19. Voluntary Case Planning and Intervention
20. Involuntary Case Planning and Intervention
21. Collaboration and Resources
22. Legal Issues and Law Enforcement
23. Case Closure

Module 8A Dynamics of Elder Abuse 7

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**SLIDE 8**

**TODAY'S TRAINING GOAL**

**To enable Adult Protective Services (APS) professionals to understand the dynamics of elder abuse perpetrated by other persons in order to enhance victim safety.**

Module 8A Dynamics of Elder Abuse 8

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## SLIDE 9

**TODAY'S LEARNING OBJECTIVES**

- > Define elder abuse as it applies to APS
- > Identify various dynamics underlying elder abuse
- > Explore APS role and how dynamics might inform case interventions
- > Identify why some victims refuse services and remain with their abusers

Module 0A: Dynamics of Elder Abuse

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## SLIDE 10

**TODAY'S NEW CONCEPTS**

**Traditional APS Understanding:**

- > Caregiver stress causes abuse
- > Family systems perspective: help and support everyone

**New Research Based Understanding:**

- > Power and control dynamics are present in many elder abuse cases
- > Victim safety & abuser accountability are **key** to successful interventions

Module 0A: Dynamics of Elder Abuse

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## SLIDE 11

**WHAT ELDER ABUSE MEANS FOR THIS TRAINING**

This module addresses the dynamics of abuse perpetrated against older victims by persons close to them; thus, the following groups are NOT included:

- > Adults with disabilities aged 18 – 59 (64 in some states)
- > Stranger crimes against seniors
- > Older persons who self-neglect.

Module 0A: Dynamics of Elder Abuse

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**SLIDE 12**

**WHAT ELDER ABUSE MEANS FOR THIS TRAINING**

This module addresses the dynamics of abuse perpetrated against older victims by persons close to them; thus, the following groups are NOT included:

- > Adults with disabilities aged 18 – 59 (64 in some states)
- > Stranger crimes against seniors
- > Older persons who self-neglect.

Module 04 Dynamics of Elder Abuse

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**SLIDE 13**

**WHERE DOES ELDER ABUSE OCCUR?**

Everywhere that older people are:

- > In the community (96.5%)\*
- > In nursing homes (3.5%)

\*Includes residential care facilities

Module 04 Dynamics of Elder Abuse

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**SLIDE 14**

**CASE SCENARIOS**

Active Learning Activity & Small Group Exercise

HANDOUTS #2 A-C CASE SCENARIOS

Each table:

- > Will read one case scenario
- > Should name a reporter and/or recorder
- > Must identify in their case:
  - > the types of abuse
  - > the indicators for each type
  - > the victim(s) and
  - > the abuser(s)
- > Will report findings back to the large group

Module 04 Elder Abuse Dynamics

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## HANDOUT #2A

### CASE SCENARIOS

#### A. TONY AND JOSEPHINA

Tony and Josephina have been married for almost 60 years. He is 80 and she is 77. Two years ago, Josephina was diagnosed with Alzheimer's disease. The disease progressed very quickly. Their son, Henry, told the residential care home director that Tony and Josephina's marriage had been tumultuous. During all of their married life, Tony had been verbally and physically abusive to Josephine. For years he told her that she was stupid and ugly, that no other man would want her, and that she was lucky he put up with her, though he might leave her at any time. He threw things at her, slapped her in the face, threatened to kill her, and once, pushed her down the stairs.

On several occasions, Josephina left Tony. When Henry offered to help her move in with his family, she refused and went back to her husband. Since then, Henry has tried to talk to his mother about her relationship with Tony, but she always shut him off, saying that a wife had her duties, and it was none of his business.

Three months ago, Tony was diagnosed with liver cancer. His prognosis is not good. Recently, the aide who assists Josephina with her toileting and bathing noticed bruises on her breasts and inner thighs. When asked about the bruises, Josephina shook her head and cried, but did not answer. The aide suspected that Tony was having intercourse with his wife, and that she was unable to resist. When Tony was confronted, he became angry, saying "It's nobody's business but ours! She's my wife and I can make love to her whenever I want. I've done it for 60 years. Besides, I don't have long to live, and I deserve to have some pleasure before I die."

#### ***Questions for Active Learning Activity #2***

- Did any type of abuse occur? If so, what type(s) of abuse?
- What were the indicators that led you to identify that type of abuse?
- Who was the victim?
- Who was the abuser?
- Were there multiple: victims/abusers/types of abuse?
- What is the nature of the relationship between the victim and abuser(s)?

#### ***Questions for Active Learning Activity #3***

- What is APS's role in this case?
- What steps should the APS investigator take initially to promote the victim's safety and to begin the investigation?
- What other agencies should APS collaborate with?
- What is APS' role vis a vis the perpetrator, if any?

## HANDOUT #2B

### CASE SCENARIOS

#### B. ROSIE AND HER PARENTS

Rosie is a 47 year old woman with Down Syndrome. When she was born, her parents vowed never to place her in an institution, as was often done in those days. As a result, she has lived with her father and mother her whole life, and has had little exposure to the outside world.

As her parents have aged, Rosie has taken on more and more of the household work and personal care for her parents. Although Rosie is relatively high functioning, she struggles to help her father, Frank, age 79, who has severe Parkinson's disease, and her mother, Betsy, age 72, who is legally blind and increasingly frail. The family has a limited income and barely makes ends meet. They do have a home health aide paid through Medicaid twice a week, as well as Meals on Wheels and senior transportation.

Due to his Parkinson's disease, Frank is unable to feed himself. Rosie tries to help him, but often gets frustrated and roughly jams the spoon into his mouth. On one occasion, she broke his front tooth. She blamed Frank, because "He jiggles around too much."

Returning after a long weekend, the in home aide found Betsy unresponsive and lying on the floor between the bed and the doorway of the adjoining bathroom. She had several pressure ulcers on her left hip and left leg, apparently the result of her lying on that side for an extended period of time. She called an ambulance, and the paramedics reported the carpeting beneath Betsy's body was badly soiled.

Rosie and Frank said that they found Betsy lying on the floor in her present location several days earlier. Rosie said she tried to help her up, but her mother cried out in pain and told her to leave her alone. After that, they left her lying on the floor, bringing her food and water and giving her medications. Frank said that Rosie put a pillow under her head and tried to care for her.

When asked why he did not call for medical assistance, Frank told the paramedics that his wife said not to call anyone. The paramedics reported the case to APS.

#### ***Questions for Active Learning Activity #2***

- Did any type of abuse occur? If so, what type(s) of abuse?
- What were the indicators that led you to identify that type of abuse?
- Who was the victim?
- Who was the abuser?
- What is the nature of the relationship between the victim(s) and abuser(s)?

#### ***Questions for Active Learning Activity #3***

- What is APS's role in this case?

- What steps should the APS investigator take initially to promote the victim's safety and to begin the investigation?
- What other agencies should APS collaborate with?
- What is APS' role vis a vis the perpetrator, if any?

## HANDOUT #2C

### CASE SCENARIOS

#### C. JAKE AND REGINA

For years, Jake, who is 56, has been struggling to make a living as an artist, with little success. Sometimes he does house painting. But because he is an alcoholic, he doesn't hold onto a job for long. So he turns to his mother, Regina, for financial help. In the beginning, Jake claimed that the money Regina gave him were loans, and that he would pay her back as soon as he "got on his feet." But the loans were never repaid. Now Jake is saying that if only he could take another art course, his paintings would finally begin to sell. He wants Regina to take out a reverse mortgage on her house, so he can have \$10,000 for his art studies.

Regina, who is 75 years old, has advanced macular degeneration and relies on a private pay aide to help her with housework and to drive her to appointments. She is reluctant to mortgage her home. As an immigrant woman, she is very proud that she owns her own home free and clear. Also, her mother lived to be 101, and Regina is worried that if she cashes in on her home now, she will outlive the income provided by the reverse mortgage. She is also concerned that she will be unable to continue to pay for the increasingly levels of assistance she will need to cope with her vision loss. But she also wants to support Jake's dream of being a painter. He has sold an occasional picture, and she believes that he has real talent.

Jake is getting impatient with his mother. He claims that if she really loved him, she would help him out. Yesterday he barged into her house and kicked Bootsy, Regina's small dog. Regina started to cry, and begged Jake not to hurt the dog. She promised him that she would find the money "somehow." Jake replied, "You better find it." Before he left, Jake took the ATM card from Regina's wallet without her knowledge. He had helped her use it previously as her sight was failing, so he knew the PIN. That day and the next he made two withdrawals totaling \$1,000.

#### ***Questions for Active Learning Activity #2***

- Did any type of abuse occur? If so, what type(s) of abuse?
- What were the indicators that led you to identify that type of abuse?
- Who was the victim?
- Who was the abuser?
- Were there multiple: victims/abusers/types of abuse?
- What is the nature of the relationship between the victim and abuser(s)?

#### ***Questions for Active Learning Activity #3***

- What is APS's role in this case (assume Regina is eligible for APS services in your state)?

- What steps should the APS investigator take initially to promote the victim's safety and to begin the investigation?
- What other agencies should APS collaborate with?
- What is APS' role vis a vis the perpetrator, if any?

**SLIDE 15**

**WHO ARE ELDER ABUSE VICTIMS?**

HANDOUT #3: VICTIM INDICATORS

- > Usually age 60 and over, *but check your state's definition*
- > Both women and men
- > Persons of all races, ethnic, cultural, religious backgrounds, sexual orientation and socio-economic levels

(APS in most states also serves all adult victims 18+ who have a disability which makes it difficult for them to protect and/or care for themselves)

Model for Operations of Elder Abuse

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## Handout #3

### VICTIM INDICATORS OF ABUSE, NEGLECT AND EXPLOITATION

*If an older individual is displaying some of the signs listed below, investigate further to determine if elder abuse, neglect or exploitation is occurring. Pay particular attention to reported changes in the older person's behavior.*

#### General Behavioral Indicators

Victim signs can include but are not limited to:

- Suddenly withdraws from routine activities.
- Is afraid to speak in the presence of the suspect or looks to the suspect to answer questions.
- Is confined (e.g. tied to furniture or locked in a room).
- Is isolated.
- Denies, minimizes, or blames self for what has happened, is hesitant to discuss, or gives “coded” disclosures – such as “my son has a temper.”
- Unexplainable changes in behavior.
- Waits or fails to seek out help or medical treatment, misses appointments, or frequently changes doctors or hospitals.
- Visits hospital or physician with vague complaints such as anxiety, headaches, or digestive problems.
- Provides implausible or inconsistent explanations about what has occurred.
- Appears afraid, embarrassed, ashamed, withdrawn, or depressed.
- An older adult's report of being abused neglected or exploited.

#### Indicators of Physical Abuse

- Bruises, black eyes, welts, lacerations, and rope marks.
- Bone fractures, broken bones, and skull fractures.
- Open wounds, cuts, punctures, untreated injuries.
- Sprains, dislocations, and internal injuries/bleeding.
- Broken eyeglasses/frames, physical signs of being subjected to punishment, and signs of being restrained.
- Laboratory findings of a medication overdose or under utilization of prescribed drugs.
- Injuries in various degrees of healing.

- Patterned injuries caused by an object.
- Injuries are NOT in locations normally associated with accidental injuries such as: on the outside of arms, inside of legs, scalp, around throat, face, soles of feet, inside mouth, on or behind the ears, on the trunk, genitalia, and buttocks.
- Repeated, unexplained, or untreated injuries.

### **Indicators of Sexual Abuse**

- Infections, pain, or bleeding in genital areas.
- Difficulty walking or sitting.
- Torn, stained, and/or bloody clothing, including underwear, bedding, or furnishings.
- Inappropriate (enmeshed) relationship between older adult and suspect.
- Bruises to outer arms, chest, mouth, genitals, abdomen, pelvis, or inside thighs.
- Bite marks.
- Unexplained STDs or HIV.
- Coded disclosures such as “I might be pregnant” or “He makes me do bad things.”

### **Indicators of Neglect**

- Dehydration or malnutrition.
- Presence of untreated bedsores (pressure ulcers).
- Under, over or mis-medicating an older adult. (Look for victim’s behavior or if the amount of medication available does not match the prescription.)
- Leaving an older adult in feces, urine.
- Failure to follow recommended turning procedures for older adults who are bedridden.
- Poor hygiene.
- Failure to take older adult to medical appointments, hospital.
- Unexplained changes in older adult’s weight or cognition.
- Inappropriate clothing for conditions.
- Filthy bedding, clothing.
- Dirty or unused bathroom, kitchen.
- Broken, or absence of, needed medical equipment, aids such as eyeglasses, hearing aids, walkers, wheelchairs.

## **Indicators of Financial Exploitation**

- The older adult is unaware of monthly income and bills.
- Important possessions, documents or credit cards are missing.
- Many bills are unpaid.
- The caregiver refuses to spend the older adult's money on the older adult.
- The older adult has given many expensive gifts to the caregiver.
- Checks are made out to cash.
- The caregiver asks or coerces an older adult to sign a blank check and then the caregiver misuses the check or steals the money.

**SLIDE 16**

**WHO ABUSES OLDER PERSONS?**  
HANDOUT #4: ABUSER INDICATORS

- > Partners
- > Family members
- > Paid and unpaid caregivers
- > Persons who are financially and/or emotionally dependent on the victim
- > Professionals such as attorneys, investment counselors, clergy
- > Neighbors, new "best friends" & "sweethearts"

Module 04: Dynamics of Elder Abuse

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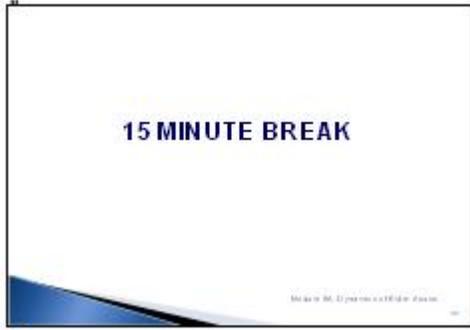
## HANDOUT #4

### ABUSER INDICATORS OF ABUSE, NEGLECT AND EXPLOITATION

**Signs that a person is an abuser can include, but are not limited to:**

<ul style="list-style-type: none"><li>• Provides inconsistent or conflicting explanations about the older adult's injuries.</li></ul>
<ul style="list-style-type: none"><li>• Isolates the older adult from family, friends and social activities.</li></ul>
<ul style="list-style-type: none"><li>• Belittles, threatens, or insults the older adult.</li></ul>
<ul style="list-style-type: none"><li>• Ignores the older adult's need for assistance or is reluctant to help the person.</li></ul>
<ul style="list-style-type: none"><li>• Does not speak to or provide companionship to the older adult, and isolates him or her from the outside world, friends or relatives.</li></ul>
<ul style="list-style-type: none"><li>• Controls and dominates the older adult and his or her activities, is always present when anyone talks with the older person, speaks for him/her, and is overly protective or defensive.</li></ul>
<ul style="list-style-type: none"><li>• Handles the older adult roughly.</li></ul>
<ul style="list-style-type: none"><li>• Abuses the older adult's pets.</li></ul>
<ul style="list-style-type: none"><li>• Portrays self as victim or only caring person in older adult's life.</li></ul>
<ul style="list-style-type: none"><li>• May be charming and helpful toward professionals and the victim while others are present.</li></ul>
<ul style="list-style-type: none"><li>• Justifies and minimizes own actions.</li></ul>
<ul style="list-style-type: none"><li>• Has a past history of being abusive.</li></ul>

**SLIDE 17**



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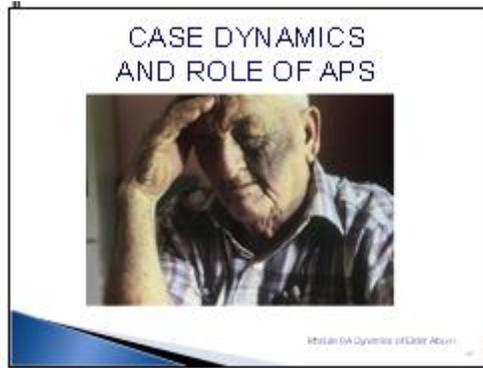
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**SLIDE 18**



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**SLIDE 19**



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## SLIDE 20

**APS GOALS/RESPONSIBILITIES**

- Victim safety
- Victim self-determination
- Protection of victim when person cannot protect him/herself
- Appropriate interventions to achieve above
- Remember, first do no harm!

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## SLIDE 21

**APS INVESTIGATION OUTLINE**

- **WHAT** happened? Does it meet state definitions?
- **TO WHOM** did abuse happen? Is client eligible under program?
- **BY WHOM** was abuse perpetrated?
- What is victim-abuser relationship?
- **HOW** was abuse done? (Need to know to intervene effectively)
- **WHEN/HOW LONG** was abuse?
- **WHY** did abuse occur? Was there a motive?

Module 8A Dynamics of Elder Abuse 21

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## SLIDE 22

**APS INVESTIGATION OUTLINE (cont'd.)**

- What can be done to make the victim safer?
- What does the victim want to happen? Is the victim able to make decisions?
- What can/should be done to hold the abuser accountable? What is the message to community?
- *Can* the abuser be held accountable? Is the abuser incapacitated (dementia, MI, etc.)
- Is there a crime? If so, what does APS do?
- What other agencies does APS need to involve?

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## SLIDE 23

**CASE SCENARIOS**  
Active Learning Activity Small Group Exercise  
HANDOUTS #2 A-C: CASE SCENARIOS  
Each table: Re-read case scenario and identify brief answers to the following:

- What is APS' role?
- Initial actions investigator should take
- Evidence to collect (includes interviews)
- Cultural considerations?
- Best/safest outcome for victim
- What should happen to the abuser?

Report back to the large group

Module 6.0 Elder Abuse Dynamics 4

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## SLIDE 24

**ABUSERS' SMOKE AND MIRRORS**  
Abusers acting out of their own self interest often:

- > Lie
- > Manipulate
- > Charm
- > Excuse and attempt to justify their behavior
- > Play for sympathy
- > Blame the victim (and others)

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## SLIDE 25

**TACTICS USED BY ABUSERS**  
HANDOUT #5: ABUSER TACTICS

- > Denying access to spiritual traditions/events
- > Psychological/emotional abuse
- > Targeting vulnerabilities
- > Neglect
- > Threats
- > Sexual abuse
- > Physical abuse

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## **HANDOUT #5**

### **ABUSER TACTICS**

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NATIONAL CLEARINGHOUSE ON ABUSE IN LATER LIFE

#### **PHYSICAL ABUSE**

- Slaps, hits, punches
- Throws things
- Burns
- Chokes
- Breaks bones
- Creates Hazards
- Bumps and/or trips
- Forces unwanted physical activity
- Pinches, pulls hair & twists limbs
- Restrains

#### **SEXUAL ABUSE**

- Makes demeaning remarks about intimate body parts
- Is rough with intimate body parts during care giving
- Takes advantage of physical or mental illness to engage in sex
- Forces sex acts that make victim feel uncomfortable and/or against victim's wishes
- Forces victim to watch pornography on television and/or computer

#### **PSYCHOLOGICAL ABUSE**

- Withholds affection
- Engages in crazy-making behavior
- Publicly humiliates or behaves in a condescending manner

#### **EMOTIONAL ABUSE**

- Humiliates, demeans, ridicules
- Yells, insults, calls names
- Degrades, blames
- Uses silence or profanity

#### **THREATENING**

- Threatens to leave and never see elder again
- Threatens to divorce or not divorce
- Threatens to commit suicide
- Threatens to institutionalize
- Abuses or kills pet or prized livestock
- Destroys or takes property
- Displays or threatens with weapons

#### **TARGETING VULNERABILITIES**

- Takes/moves walker, wheelchair, glasses, dentures
- Takes advantage of confusion
- Makes victim miss medical appointments

#### **NEGLECTING**

- Denies or creates long waits for food, heat, care or medication
- Does not report medical problems
- Understands but fails to follow medical, therapy or safety recommendations
- Refuses to dress or dresses inappropriately

#### **DENIES ACCESS TO SPIRITUAL TRADITIONS/EVENTS**

- Denies access to ceremonial traditions or church
- Ignores religious traditions

**SLIDE 26**

**COMMON ABUSER JUSTIFICATIONS**  
HANDOUT #6: ABUSER JUSTIFICATIONS

- She's clumsy / He fell (accident)
- He didn't do what I said / She doesn't cooperate (victim is uncooperative)
- She started it / He hit me first (mutual blaming)
- He is too hard to care for / He bruises easily" (victim blaming)
- I'm doing the best I can (caregiver stress)
- It was a gift / I'll pay her back. (entitlement)

Michigan State University Center for Elder Abuse

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## HANDOUT #6<sup>1</sup>

### ABUSER JUSTIFICATIONS AND DEFENSES →→→ APS CONSIDERATIONS

FORM OF ABUSE	Justification / Defense	Investigation Considerations
<b>Physical</b>	“She fell.”	<ul style="list-style-type: none"> <li>Does the medical or physical evidence match suspect’s/victim’s/witness’ description of events?</li> </ul>
	“He’s just clumsy.”	<ul style="list-style-type: none"> <li>Does the medical or physical evidence match suspect’s/victim’s/witness’ description of events?</li> </ul>
	“I was trying to help.”	<ul style="list-style-type: none"> <li>Does the medical or physical evidence match suspect’s/victim’s/witness’ description of events?</li> </ul>
	“She bruises easily.”	<ul style="list-style-type: none"> <li>Does the medical or physical evidence match suspect’s/victim’s/witness’ description of events?</li> <li>Is the victim taking medications that can cause a person to bruise easily?</li> </ul>
	“It was an accident.”	<ul style="list-style-type: none"> <li>Does the medical or physical evidence match suspect’s/victim’s/witness’ description of events?</li> </ul>
	“He has Alzheimer’s disease or he’s crazy. You can’t believe what He says.”	<ul style="list-style-type: none"> <li>Do the medical history and/or mental health experts support this assertion?</li> <li>What are your observations of victim/suspect/witness at different periods of time?</li> </ul>
	“I was defending myself.”	<ul style="list-style-type: none"> <li>Is there sign of a defensive injury?</li> <li>Who is the predominant (or primary) physical aggressor?</li> </ul>
<b>Neglect</b>	“She has always lived like this. She’s not a good housekeeper.”	<ul style="list-style-type: none"> <li>Are there sufficient resources to provide for the victim’s needs?</li> <li>Has the victim’s capacity changed over time?</li> <li>Is there a caregiver?</li> <li>Do friends or family members support this statement?</li> </ul>

<sup>1</sup> Excerpts taken from Barron, T. (1998) Financial Exploitation of Infirm Adults – A Prosecutor’s Perspective, Violence Against the Elderly and Disabled, 1(4), 53 – 64.

	<p>"I'm doing the best I can. Taking care of him is very difficult."</p>	<ul style="list-style-type: none"> <li>• Does the victim have sufficient capacity to make informed decisions about care, including refusing to accept care or treatment?</li> <li>• Does the victim have a history of refusing help?</li> <li>• Does the suspect have a duty to provide care?</li> <li>• Is the suspect receiving payment to provide care?</li> <li>• Has the caregiver been instructed on the victim's condition, care needs and how to provide care?</li> <li>• Does caregiver have any special training in providing care?</li> <li>• Are the victim's care needs obvious and would be apparent to the average person?</li> </ul>
	<p>"He doesn't want medication/medical treatment. I'm honoring his wishes."</p>	<ul style="list-style-type: none"> <li>• Is there documentation of person's wishes (for example, a do not resuscitate order [DNR])?</li> <li>• What is the victim's capacity, as documented by a trained professional?</li> <li>• Are there historical statements of intent or the desires of the victim?</li> </ul>
	<p>"She refused to eat."</p>	<ul style="list-style-type: none"> <li>• What is the health history of the person's condition?</li> </ul>
	<p>"I didn't know how sick she was or what she needed."</p>	<ul style="list-style-type: none"> <li>• Is there a medical history indicating how often victim was taken to a doctor and what was told to the caregiver about the patient's condition?</li> </ul>
	<p>"I'm just doing what she (the victim) wants."</p>	<ul style="list-style-type: none"> <li>• Do wills or advanced directives describing what the victim wants exist?</li> </ul>
<p><b>Sexual</b></p>	<p>"She wants to have sex with me." or "She likes watching pornographic movies with me." (Suspect is trying to show consent.)</p>	<ul style="list-style-type: none"> <li>• If the victim has capacity, what is the victim's account of what happened?</li> <li>• If the victim does not have capacity, the victim cannot consent.</li> </ul>

	“She’s my wife/girlfriend.”	<ul style="list-style-type: none"> <li>• If the victim has capacity, what is the victim’s account of what happened?</li> <li>• If the victim does not have capacity, the victim cannot consent.</li> </ul>
	“I was just cleaning or bathing him. This is not sexual abuse.”	<ul style="list-style-type: none"> <li>• What does a health care provider say about whether appropriate caregiving techniques were being used?</li> </ul>
	“She came on to me.”	<ul style="list-style-type: none"> <li>• If the victim has capacity, what is the victim’s account of what happened?</li> <li>• If the victim does not have capacity, the victim cannot consent.</li> </ul>
	We’re consenting adults.”	<ul style="list-style-type: none"> <li>• If the victim has capacity, what is the victim’s account of what happened?</li> <li>• If the victim does not have capacity, the victim cannot consent.</li> </ul>
	“She acted like she liked it.”	<ul style="list-style-type: none"> <li>• If the victim has capacity, what is the victim’s account of what happened?</li> <li>• If the victim does not have capacity, the victim cannot consent.</li> </ul>
	“She’s my wife. I have the right.”	<ul style="list-style-type: none"> <li>• Check state marital rape laws. If the victim has capacity, what is the victim’s account of what happened?</li> <li>• If the victim does not have capacity, the victim cannot consent.</li> </ul>
<b>Financial Exploitation</b>	Loan	<ul style="list-style-type: none"> <li>• What is the capacity of lender?</li> <li>• Is there written proof of the loan including the amount and period of loan and were other loans made?</li> <li>• What are the terms of repayment and were any repayments made?</li> </ul>
	Gift for self or children	<ul style="list-style-type: none"> <li>• What is the capacity of the donor?</li> <li>• What is the value of the gift?</li> <li>• What is relationship between donor &amp; victim?</li> <li>• Is there evidence of donor’s intent to make a gift?</li> <li>• Why was a gift made? (Any promises or other</li> </ul>

		inducements?)
	Services Provided	<ul style="list-style-type: none"> <li>• What is the capacity of the person seeking the services?</li> <li>• What were the services; were they needed; how often were services provided; how well performed; were supplies provided?</li> <li>• What is the value of services vs. amount paid for them?</li> </ul>
	Permission	<ul style="list-style-type: none"> <li>• What is the capacity of the victim?</li> <li>• Is there evidence of actual permission?</li> <li>• Were there promises or other inducements to get permission?</li> <li>• Who benefited?</li> <li>• How often was permission used?</li> <li>• What is the value of items obtained?</li> <li>• Did victim understand what permission was used to do?</li> </ul>
	Quid Pro Quo ("She lets me live with her in exchange for helping with errands.")	<ul style="list-style-type: none"> <li>• What is the capacity of the victim?</li> <li>• Was the marriage reasonable given the relationship between the parties?</li> <li>• Was the suspect legally able to marry?</li> <li>• Are there any suspect misrepresentations?</li> </ul>
	Favor ("She freely gave me use of her car as a favor to me.")	<ul style="list-style-type: none"> <li>• What is the capacity of the victim?</li> <li>• Who benefits from the favor; what did victim receive in return; is the benefit reasonable?</li> <li>• How does it fit prior financial planning and actions of the victim?</li> <li>• Did suspect receive payment to provide care?</li> <li>• What is victim's relationship to business or person?</li> </ul>
	Lack of Knowledge ("But I do not know her PIN")	<ul style="list-style-type: none"> <li>• What is the contrary evidence?</li> <li>• Did the suspect have access to information?</li> <li>• Were there other acts for same goal? (e.g., forged her signature to get an ATM card in victim's name)</li> </ul>
	Legal authority	<ul style="list-style-type: none"> <li>• What is the capacity of the victim?</li> <li>• Is there legal authority in writing?</li> <li>• What does the legal authority cover and expressed or</li> </ul>

		implied limitations?
	Victim is crazy	<ul style="list-style-type: none"> <li>• Is there a medical opinion of victim's mental health?</li> <li>• Are there statements from friends and family about victims behavior prior to and after suspect came into life?</li> <li>• Does the victim take any medications?</li> <li>• What was the victim's behavior around time of questioned events? Is this conduct consistent with earlier times?</li> </ul>
	"I'm the real victim"	<ul style="list-style-type: none"> <li>• Who is benefiting financially?</li> </ul>
	<p>"We're in love"  married/in a relationship"  "We're family"  "She's like a mother to me"  therefore, we share resources</p>	<ul style="list-style-type: none"> <li>• Who is benefiting financially?</li> <li>• What is true nature of relationship?</li> <li>• Are any cultural norms relevant for consideration?</li> <li>• Does suspect have other relationships or marriage licenses?</li> <li>• Does suspect have other income or debts?</li> <li>• Are victim's basic needs met?</li> </ul>
	Purchase made as part of care	<ul style="list-style-type: none"> <li>• Is there evidence of purchase being used to provide care?</li> <li>• Is the purchase necessary for care?</li> </ul>

**SLIDE 27**

**ABUSER EXCUSES**  
(It's not my fault)

- > I have a problem with my temper. (anger)
- > I was drunk/high. (substance abuse)
- > I'm sick so it's not my fault. (physical or mental health issue)
- > He hit me when I was a child. (learned behavior/revenge)
- > In my culture elders share all their resources." (cultural)

Module 8A Dynamics of Elder Abuse 27

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**SLIDE 28**

**CAREGIVER STRESS**  
Excuse or Reality?

- > People *can* be difficult to care for
- > People with dementia can be very demanding and frustrating
- > Elder care can go on for years, and it's often provided by busy people with many responsibilities
- > Caregivers can experience health problems, depression and financial losses, **BUT . . .**

Module 8A Dynamics of Elder Abuse 28

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**SLIDE 29**

**CAREGIVER STRESS**

- > All caregivers experience stress, but most never abuse, neglect or exploit the person they are caring for. Are any of you parents? Do your kids ever cause you stress?
- > Abusers often target only the victim
- > Abuse is not an isolated event, but a pattern of abusive behavior over time
- > We do not tolerate similar abuse of children or pets!
- > Early research finding caregiver stress causes elder abuse is no longer considered valid

Module 8A Dynamics of Elder Abuse 29

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**SLIDE 30**

**THE BREAKING POINT**



Michael RN Dynamics of Elder Abuse

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**SLIDE 31**

**THE BREAKING POINT (cont'd)**



Michael RN Dynamics of Elder Abuse

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**SLIDE 32**

**POWER AND CONTROL DYNAMIC**

Abusive behaviors are *intentional* and part of a *pattern* of ongoing coercive tactics and threats

The abuser uses *power* to *control* the victim and to get what he or she wants

Abusers often:

- > Lie, manipulate, intimidate and/or charm
- > Use excuses to justify the behavior and blame the victim as well as others

Michael RN Dynamics of Elder Abuse

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**SLIDE 33**

**POWER AND CONTROL WHEEL**

- > Widely used in the domestic violence field
- > Describes various tactics used by abusers to control and exert power over their victims
- > Victims themselves were involved in identifying the tactics
- > Assumes that the abuser's behaviors are *intentional* and thus abusers are *accountable* for the harm they cause (excludes truly incapable care givers)

Model of Dynamics of Elder Abuse

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**SLIDE 34**

**POWER & CONTROL WHEEL: HANDOUT #7**  
**Abuse in Later Life Wheel**

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This document is part of the Power and Control Wheel, which is available for the community at large. For more information, visit www.ncea.gov

Model of Dynamics of Elder Abuse

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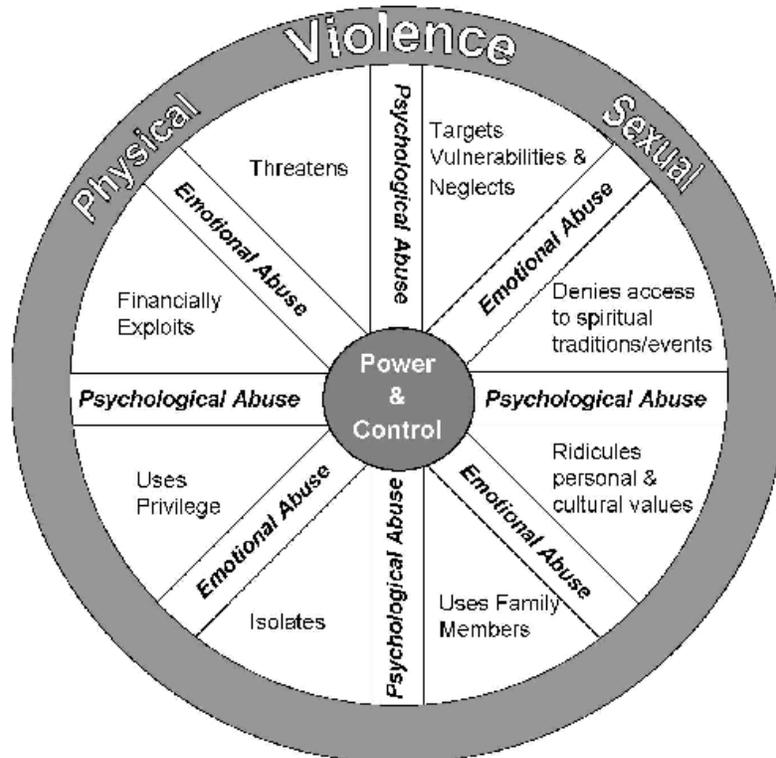
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## HANDOUT #7

# POWER AND CONTROL WHEEL

## Abuse in Later Life Wheel



Created by the National Clearinghouse on Abuse in Later Life (NCALL), a project of the Wisconsin Coalition Against Domestic Violence (WCADV)  
307 S. Paterson St., Suite 1, Madison, WI 53703 608-255-0539  
[www.ncall.us/www.wcadv.org](http://www.ncall.us/www.wcadv.org)

This diagram adapted from the Power and Control/Equality wheels developed by the Domestic Abuse Intervention Project, Duluth, MN

Permission to Adapt 2006

**SLIDE 35**

**POWER & CONTROL and APS**

Why is understanding the power and control dynamic relevant to APS?

- > Victim and worker safety issues are at the forefront
- > Investigation & intervention strategies may be much more effective
- > Victims may be more receptive to help if they think APS truly understands their situation
- > APS is less likely to unknowingly collude with the abuser

Module 6A Dynamics of Elder Abuse 35

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**SLIDE 36**

**DANGER IF APS ASSUMES CAREGIVER STRESS AND FAILS TO SEE POWER & CONTROL**

- > Interventions to reduce stress, anger or substance abuse, or to provide in-home services, will not stop the abuse as they do not address the underlying causes
- > Victim safety is not adequately addressed
- > APS may unknowingly collude with the abuser who continues the abuse, only now with outside help
- > Abusers will not be held accountable; the message is that elder abuse has no consequences

Module 6A Dynamics of Elder Abuse 36

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**SLIDE 37**

**APS RESPONSIBILITY**

To thoroughly investigate each case so as to distinguish between:

- > Truly incapacitated caregivers (who have dementia, etc.) and
- > Caregivers who claim to be "doing their best" but are in fact exercising power and control over the victim for their own ends

To intervene to protect the victim from further abuse to extent possible, while respecting victim's right to self-determination

Module 6A Dynamics of Elder Abuse 37

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**SLIDE 38**



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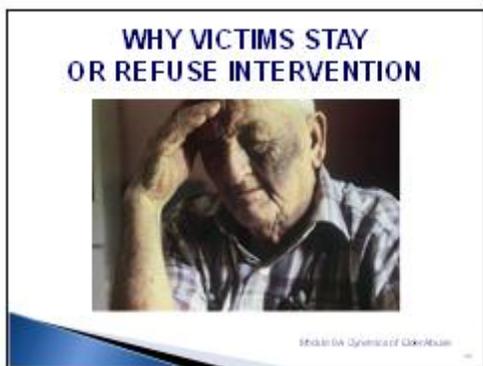
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**SLIDE 39**



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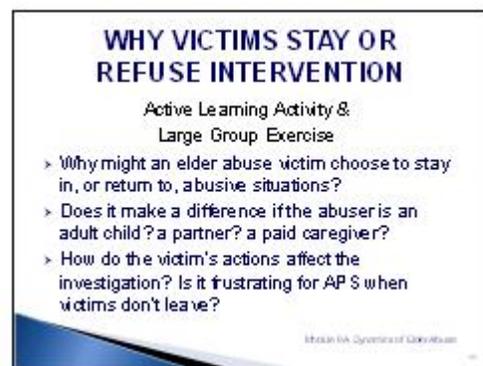
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**SLIDE 40**



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**SLIDE 41**

**REASONS WHY VICTIMS MIGHT STAY OR REFUSE HELP**

- › Isolation: Many older persons are isolated due to mobility impairments, lack of transportation or the abuser's own actions
- › Fear: victims may fear escalating abuse, abandonment or nursing home placement
- › Guilt
- › Desire to protect abuser
- › Religious convictions
- › Lack of resources (or information about resources which may be available)

MetLife NA Dynamics of Elder Abuse

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**SLIDE 42**

**COMINGS & GOINGS**

Active Learning Activity  
& Large Group Exercise

Each participant:

- › Is on their own in this activity
- › Is asked to listen to and follow instructions
- › Should not speak to others during exercise
- › Has varying amounts of resources
- › Must make and take responsibility for choices

MetLife NA Dynamics of Elder Abuse

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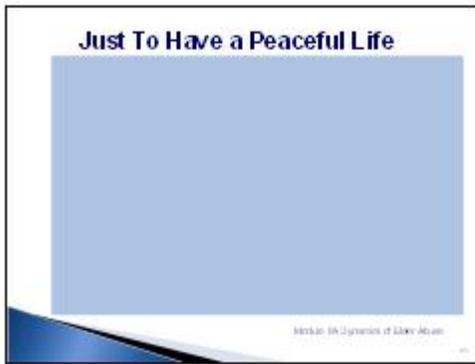
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**SLIDE 43**



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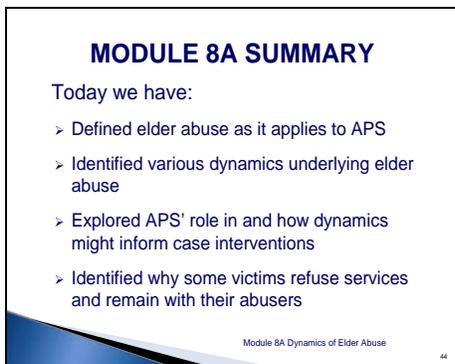
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**SLIDE 44**



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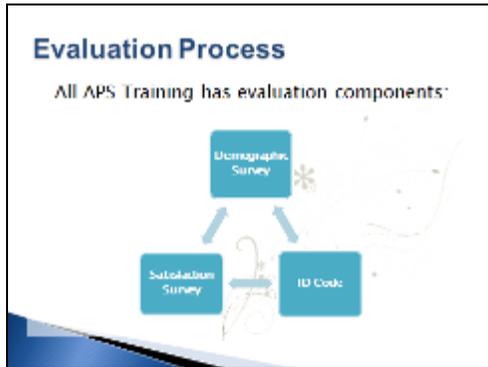
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**SLIDE 45**



**SLIDE 46**

**DYNAMICS OF ELDER ABUSE**

**THANK YOU!**

For more information contact NAPSA:  
[www.apsnetwork.org](http://www.apsnetwork.org)

Module 1A: Dynamics of Elder Abuse

4

This slide is a thank-you message for the presentation. It features the NAPSA logo (National Adult Protective Services Association) and the title 'DYNAMICS OF ELDER ABUSE'. The text 'THANK YOU!' is prominently displayed in a large, bold font. Below it, contact information for NAPSA is provided, including the website [www.apsnetwork.org](http://www.apsnetwork.org). The slide also includes a small footer with the text 'Module 1A: Dynamics of Elder Abuse' and the number '4'.