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OVERVIEW

Training Purpose
The purpose of this training is to enable adult protective services (APS) professionals to understand the dynamics of elder abuse in order to enhance victim safety.

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

Target Audience: Recommended: 15 – 50 new APS workers.

Recommended Selection Criteria for Trainers
- This curriculum is designed to be taught by an experienced trainer(s) with a background in APS and elder abuse. The material may be taught by one or more trainers with APS experience. The training may also be taught by a seasoned APS worker and a domestic violence advocate.
- Trainers must be at ease using an adult learning method and facilitating interactive exercises.

How to Use this Curriculum
The training is designed to be conducted as a six-hour event with one break and an hour lunch. Trainers determine start and end times that work best for their communities and add additional breaks if needed.

- **Overview:** This section describes how to set up and facilitate this training.
- **Introduction to Elder Abuse Dynamics:** a brief overview of the key content covered in this training.
• **Presentation:** The lesson plan includes detailed instructions with a sample script. Timing in each section is the approximate amount of time a segment will take to run. Depending on audience expertise and engagement, some sections may go shorter or longer than noted in the lesson plan.

• **PowerPoint slides:** PowerPoint slides can be found in the lesson plans near the sample text and are on the CD.

• **Participants’ materials:** The participants’ materials should be copied and distributed at the beginning of the training.

• **Evaluation manual:** All evaluation materials should be copied and distributed upon training completion.

**Teaching Methods**

• **Lecture:** Some content will be taught in short lecture form, in which the trainer uses the slides and talks to the group about key teaching points. Lectures in this curriculum are designed not to exceed **20 minutes**.

• **Sample script:** The material is presented in script form to illustrate how the content could be conveyed. The material is **not** meant to be read to the audience but rather to demonstrate one way for the trainer to present the concepts.

• **Active learning activities:** These are group activities with directions for participation and discussion. During large group exercises, the trainer asks all the participants questions instead of lecturing. This method allows trainers to quickly move through material with which most of the audience may be familiar and keeps participants engaged. During small group exercises, participants work in small groups at their tables on a given exercise. Trainers are encouraged to visit each table during the exercise to help maintain topic relevance and to assist with any questions. Participants should assign a note taker and reporter for each small group exercise. Encourage the groups to choose a new note taker and reporter for each exercise, so everyone has an opportunity to participate in these roles.
Video: Three video clips have been embedded in the Power Point slides. These clips can be used to illustrate key teaching points and generate group discussion.

Prior to the Training

Registration

When creating the registration form, ask about ADA accommodations. The Comings and Goings exercise involves moving around the room so accommodations may need to be made for persons with mobility limitations – including the option to opt out or participate from their tables. Some persons may request materials in large print or Braille. Interpreters for deaf participants may need to be scheduled weeks in advance.

Additional Preparations

Prior to conducting this training, the trainers and/or organizers will need to gather the following information and include it in the PowerPoint and handout material.

- Copy the materials needed for Comings and Goings and the Participants materials.
- Ensure that the videos are properly embedded and work.
- Order equipment and supplies.
- Create name tags.

Optional

- Complete the application process if interested in offering Continuing Education Units (CEUs), per state/local guidelines.
- Determine who should open the event with welcoming remarks. Invite the individual or individuals to attend the event and speak.
- Gather local brochures or other resource information to distribute to participants.
Pre-Training Preparation

Room Configuration

- Round tables with four - six chairs at each according to class size
- One table with chairs in front for presenter(s)
- One table at front for equipment
- Registration table

Equipment and Materials

Equipment

- Laptop
- LCD projector
- If not using the in-house sound system, sound cords to connect the DVD to the LCD projector
- External speakers if the LCD is insufficient to amplify
- Screen
- Microphones (for presenters and one or two to move around the room for participants)

Materials and Supplies

- One flipchart per table and one for instructor(s) if you want to have participants document their responses to the case studies
- Marking pens at each table for flipcharts
- Tape (for posting flipcharts)
- Name tags
- Time signs for presenter(s) to keep on time (10, 5, 2, 1, STOP)
- Participant hard copy handouts

Materials to Facilitate Active Learning Activities

- Posters for Comings and Goings
- Bell or other noise maker
- Script
• Slips of paper that look like money and “goodwill"
• Maps for participants who do not move around the room

Insuring the videos will work
• The PowerPoint presentation and the video clips must be in the same file folder in order for the videos to play
• Double click on the square on the slide to start the video (two slides have a picture in the square)
• Test the videos in advance on the computer that will be used for the training; when you’re testing be aware that the videos will play much sooner if you are in “slide show” mode rather than “edit” mode
• Be sure the audio capacity is sufficient (see above regarding speakers)

Lunch
In some settings, it may not be possible for participants to return to the site within an hour, and the sessions should be adjusted accordingly. If Department of Justice or other federal funds are being used to provide food for lunch, it must be a working lunch with a speaker or an activity that has not been included in the curriculum. A working lunch is only allowable if it has been included in a grantee’s OVW approved budget. For further guidance regarding food and beverage policy, please refer to the Office of Justice Programs Financial Guide at www.ojp.usdoj.gov/financialguide/part3chap7.htm.

Facilitation Tips
• Be well prepared for the training by thoroughly learning about the audience ahead of time, reviewing background material, becoming familiar with the video(s) to be shown, the case examples, the interactive exercise and the discussion questions.
• Use a strong, respectful facilitation style.
• Have a clear purpose and know the training points to bring the audience back if they go off topic.
• If the audience pursues a discussion of the perpetrator(s) needs, acknowledge that while perpetrator issues can be of concern, they are not the focus of this training. Accept that anger, stress, dysfunctional family dynamics, and substance abuse may co-exist with elder abuse. However, by honing in on potential abuser needs or services, the focus of the intervention is no longer on the victim. Bring the audience back to discussing a victim-centered response.

• Address victim-blaming comments by bringing the audience back to the resiliency and strengths of the victims.

• Be prepared for personal reactions from audience members. Have a plan to talk with individual participants on a break if needed.

• Close the discussion on a positive note. Watch the time and take the last three to five minutes to make a strong closing statement that brings the group back together and focuses on the key training points for the session.
INTRODUCTION TO ELDER ABUSE DYNAMICS

TRAINERS: 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.

Because the information will be a change for most experienced APS professionals, it is important that the trainer repeatedly remind the participants of the importance of abuser accountability.

The trainer should also weave the importance of a multi-disciplinary approach and collaboration with other agencies throughout the presentation.
Welcome to Elder Abuse Dynamics. This is Module 8A in a series of training workshops developed by the National Adult Protective Services Association (NAPSA) and the National APS Partnership.
TOPIC: The National Clearinghouse on Abuse in Later Life (NCALL) and the National Adult Protective Services Association (NAPSA)

The National Clearinghouse on Abuse in Later Life (NCALL) underwrote this module. NCALL's mission is to eliminate abuse in later life by challenging beliefs, policies, practices and systems that allow abuse to occur and continue, and to improve safety, services and support to victims through advocacy and education.

The National Adult Protective Services Association (NAPSA) developed the materials. The mission of NAPSA is to improve the quality and availability of protective services for disabled adults and elderly persons who are abused, neglected, or exploited and are unable to protect their own interests.

Funding for this project was provided by the Office of Violence against Women, U.S. Department of Justice through its Abuse in Later Life Program.
WELCOME AND OVERVIEW

TIME ALLOCATED: 10 minutes

- WELCOME the participants and introduce yourself by name, job title, organization and qualifications as Trainer.

- REVIEW GUIDELINES:
  - There will be a 15-minute break and one hour for lunch. Lunch is on your own. Nearby choices include....
  - Use the restrooms whenever you need to do so. The restrooms are located at....
  - Please turn off your cell phones for the duration of the training. If you must make or receive a call, please leave the training room and return as quickly as possible. Check the course outline to see what you have missed.

- PARTICIPANT INTRODUCTIONS:
  - Ask participants to introduce themselves, including their name, job title, and organization. If the group is not too large, consider an ice breaker such as: “Please briefly tell about an older person who was significant in your life.” You must keep a close eye on time if you do this, however.
TOPIC: NAPSA

NAPSA is a membership organization and the only national organization for APS professionals and clients. NAPSA represents APS to policymakers, and holds the only annual national conference on elder abuse, abuse of younger adults with disabilities and APS. NAPSA is a partner in the National Center on Elder Abuse.
TOPIC: APS CORE COMPETENCIES

SEE HANDOUT #1: APS CORE COMPETENCIES (located in participant manual)

- This training module is one of 23 practice-based modules that comprise a full set of core competencies for APS workers.

- These core competencies were identified by APS practitioners in a series of national meetings and work sessions held from 2003 to 2005.

- The completed series will cover the basic information that all APS workers need to know in order to intervene in the lives of the elderly and persons with disabilities who are victims of abuse, exploitation or neglect.

- Information on the full set of core competencies is found in HANDOUT#1 as well as on the NAPSA website at: [http://www.apsnetwork.org/](http://www.apsnetwork.org/)

- This module addresses the dynamics of elder abuse only. A separate training module (8B) focused on the dynamics of vulnerable adults age 18 – 59 will be developed later.

- This module is general enough to be useful to anyone who is conducting basic APS training.

- Information regarding specific state statutes relating to elder abuse may be accessed through the National Center on Elder Abuse website at: [http://www.ncea.aoa.gov/](http://www.ncea.aoa.gov/). To find the statutes for your state, click on “State Resources” and then on your state.
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TOPIC: APS CORE COMPETENCIES

*Trainer’s Instruction:* Briefly show the above two slides so participants can see the range of topics and how this one fits in. Do not read each topic listed.
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.

TOPIC: TRAINING GOAL

Trainer’s Instruction: Read the goal to the participants.
TOPIC: LEARNING OBJECTIVES

Trainer’s Instruction: Review these with participants
TOPIC: TODAY’S NEW CONCEPTS

Trainer’s Instruction:

- The trainer should explain that early research emphasized caregiver stress as the underlying cause of elder abuse – the older person’s care needs caused the caregiver to “lose it” and abuse or neglect.

- Research in recent years has debunked the caregiver stress theory and found that elder abuse is more closely linked to domestic violence than previously thought. Under this perspective, abuse is rooted in the behaviors of the abuser and not the characteristics (e.g. care needs) of the victim.

- Focusing on the victim’s safety is closely intertwined with holding the abuser accountable. While in “traditional” domestic violence abuser accountability means arrest and prosecution, in the complex field of elder abuse it means not only that but other interventions which will be discussed later.

- The trainer should acknowledge that in some APS cases the abuser lacks capacity. In those cases traditional APS approaches, such as support services and education, are appropriate. This module is designed to help APS professionals identify power and control dynamics where they exist and to modify their case interventions accordingly.
TOPIC: CLARIFYING ELDER ABUSE FOR TODAY’S TRAINING

Trainer’s Instruction:

- The trainer should inform the group that the purpose of Module 8A is to examine the dynamics of elder abuse by third parties who are known to their victims and in some sort of ongoing relationship with them.

- As stated previously, today’s training will not address the abuse of younger adults with disabilities who are also served by the Adult Protective Services (APS) Programs in most states. Module 8B will be developed to do that.

- This training also will not cover crimes against elders by strangers, e.g., muggings or scams.

- Finally, today’s training is focused on understanding the dynamics of elder abuse perpetrated by others. The dynamics of self neglect are quite different. So this training does not address self neglect among older persons, although it is recognized that a great deal of APS work involves self neglect cases.
ACTIVE LEARNING ACTIVITY #1
LARGE GROUP EXERCISE

TIME ALLOTTED: 7 minutes

TOPIC: WHAT IS ELDER ABUSE?

Large group activity

Trainer Instruction:

• Point out the three exceptions on slide #11
• Ask group to define elder abuse – what do they think it means?
• Write responses up on flip chart or white board
• Display the following slide to be sure all types are covered
TOPIC: WHAT IS ELDER ABUSE?

The trainer should make sure the following points are covered in this exercise:

- There are a number of forms of abuse that are generally recognized as part of elder abuse. While each state defines the various types of abuse differently, the definitions are usually not significantly different from those provided in this training. The generic definitions used here are intended to guide participants in identifying the various forms of abuse that victims suffer.

- Bear in mind that very often, victims suffer several types of abuse concurrently. If you suspect one type of abuse, investigate for other forms.

- Some states also include isolation, abandonment and/or confinement as types of elder abuse.

- Abuse may include criminal behavior as defined by state statutes. Check your state’s criminal codes to determine how crimes are defined. Also check to see if your state laws include enhanced penalties if crimes against seniors are successfully prosecuted.

- Psychological and emotional issues will be present in most elder abuse cases and can include humiliating, demeaning, insulting, or degrading the older victim. Threats may be used in combination with other forms of abuse. The threats may be against the victim or a loved one, including pets.

The trainer may want to provide the following information about the rates of elder abuse:

A 2009 national epidemiological study, which utilized random telephone survey methodology to survey nearly 6,000 older adults age 60 and over, found that persons 60 and older reported the following rates of elder abuse during the previous twelve months:

- emotional mistreatment: 4.6%
- physical mistreatment: 1.6%
- sexual mistreatment: 0.6%
- "potential" neglect (meaning unmet need): 5.1%
- caregiver neglect: 0.5%
- financial exploitation by family: 10.6%.

A minimum of one in nine (11%) of the older persons surveyed reported experiencing at least one or more forms of elder abuse in the previous twelve months.¹
WHERE DOES ELDER ABUSE OCCUR?

Everywhere that older people are:
- In the community (96.5%)*
- In nursing homes (3.5%)

* Includes residential care facilities

TOPIC: WHERE DOES ELDER ABUSE OCCUR?

**Trainer Instruction:** Ask the group to identify where elder abuse happens and then quickly show slide #13 and makes the following points:

- Most elder abuse occurs in the victims' homes in the community. **NOTE:** According to the National Center for Health Statistics, only 3.5% of persons 65 and older live in nursing homes.  
  (http://www.cdc.gov/nchs/data/hus/hus09.pdf#105)

- In some states, elderly people who are homeless and at risk of abuse, exploitation or neglect may also be considered elder abuse victims. Check with your state statutes and policies to find out if they are included.
ACTIVE LEARNING ACTIVITY #2
SMALL GROUP EXERCISE

TIME ALLOCATED: 45 minutes

HANDOUTS 2A through 2C (in Participants’ Manuals)

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)
  - the abuser(s)
- Will report findings back to the large group

TOPIC: CASE SCENARIOS

Trainer’s Instruction: The purpose of this exercise is to help participants to identify:

- Types of elder abuse
- Victims of elder abuse
- Perpetrators of elder abuse

There are three separate case scenarios:

- Tony and Josephina (handout 2A)
- Rosie (handout 2B)
- Jake and Regina (handout 2C)

Each table is asked to work with one case scenario. The Participants Manual has a copy of each scenario for the trainees to use (Handouts #2A, #2B, #2C).

If there are more than three small group tables at the training, duplicate case examples may be used for the additional tables.

Each table should be asked to identify a note taker and a person to report back to the entire group.
Participants are asked to read their table’s case scenario and answer the following questions about each case:

Questions and Possible Answers for Active Learning Activity #2

#2A TONY and JOSEPHINA
- Did any type of abuse occur? If so, what type(s) of abuse?
  - History of physical and verbal abuse reported - domestic violence (Tony against Josephina) reported by son
  - Possible sexual abuse
- What were the indicators that led you to identify that type of abuse?
  - Son’s report that father told mother “she was stupid and ugly,” “no other man would want her,” and “she was lucky he put up with her”
  - Threatened to leave
  - Threw things at her
  - Slapped her face
  - Threatened to kill her
  - Pushed her down the stairs
  - Bruises on breasts and inner thighs
  - Josephina cries when asked about the injuries
  - Tony reports “It’s nobody’s business but ours. She’s my wife and I can make love to her whenever I want.”
- Who was the victim? Josephina
- Who was the abuser? Tony
- Were there multiple: victims/abusers/types of abuse? Multiple forms of abuse
- What is the nature of the relationship between the victim and abuser(s)? Intimate partner/spouse

#2B ROSIE and HER PARENTS
- Did any type of abuse occur? If so, what type(s) of abuse?
  - Possible neglect
  - Possible physical abuse
- What were the indicators that led you to identify that type of abuse?
  - Roughly jams spoon into father’s mouth
  - Broke her father’s tooth
  - Mother found on floor unresponsive,
  - Mother has several ulcers on her left hip and left leg
  - Carpeting beneath Betsy’ body was badly soiled
- Who was the victim? Betsy, Frank
- Who was the abuser? Rosie, Frank
• What is the nature of the relationship between the victim(s) and abuser(s)?
  Parent/child and husband/wife

#2C JAKE and REGINA
• Did any type of abuse occur? If so, what type(s) of abuse?
  o Possible financial exploitation

• What were the indicators that led you to identify that type of abuse?
  o Kicked and threatened her dog to get her to give him money
  o Accepted loans from his mother that he never paid back
  o Took and used her ATC card without her permission

• Who was the victim? Regina
• Who was the abuser? Jake
• Were there multiple: victims/abusers/types of abuse? Threats, financial exploitation
• What is the nature of the relationship between the victim and abuser(s)? Mother/son
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?
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?
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?
Trainer quickly runs through the following slides:

SLIDE 15

**TOPIC: WHO ARE VICTIMS OF ELDER ABUSE?**

Refer participants to HANDOUT #3 in their manuals.

Trainees need to understand that anyone can be the victim of elder abuse.
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.
WHY ABUSE HAPPENS

INTIMATE PARTNERS
- Lovers
- Marriage, or former marriage
- gay or straight

FAMILY
- Caregivers
- Siblings
- Children
- Parents
- Friends

RELATIONSHIPS
- Dating
- Affairs

PERSONS IN POSITIONS OF TRUST
- Guardians
- Social workers
- Financial counselors

PERSONS WHO ARE EMOTIONALLY DEPENDENT
- Dependents
- Adults with disabilities
- Children of older adults

PERSONS WHO ARE FINANCIALLY DEPENDENT
- Caregivers
- Older adults

TOPIC: WHO ABUSES OLDER PERSONS?

While many elders fear that they may be victimized by strangers, the unfortunate reality is that abuse, exploitation, and neglect are more likely to be committed by:

- Intimate partners, including gay, lesbian, bisexual and transgendered
- Family members
- Caregivers
- Friends (including “new best friends”)
- Persons in positions of trust or authority such as guardians, attorneys, and clergy
- Persons who are financially and/or emotionally dependent on the victim
- Dating relationships.

The Acierno study referenced above found the following:

- Physical abuse: the largest category of abusers (57%) were spouses/partners
- Sexual abuse: spouses/partners accounted for 40% of sexual abuse; acquaintances also accounted for 40%.
- Financial exploitation was most likely to be committed by the older person’s children or grandchildren (39%).

In some situations, the elder is befriended by someone known to him or her, such as a person who mows the lawn, a waitress, or a cleaning person. The abuser gradually wins over the victim by providing extra services and/or attention, so that, eventually, the elder thinks of this person as a “new best friend,” and comes to trust him or her. The grateful elder may give the abuser gifts or money in order to maintain and strengthen the relationship. Gradually the abuser may become more demanding and, if the demands are not met, more threatening.

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

- Provides inconsistent or conflicting explanations about the older adult’s injuries.
- Isolates the older adult from family, friends and social activities.
- Belittles, threatens, or insults the older adult.
- Ignores the older adult’s need for assistance or is reluctant to help the person.
- Does not speak to or provide companionship to the older adult, and isolates him or her from the outside world, friends or relatives.
- 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.
- Handles the older adult roughly.
- Abuses the older adult’s pets.
- Portrays self as victim or only caring person in older adult’s life.
- May be charming and helpful toward professionals and the victim while others are present.
- Justifies and minimizes own actions.
- Has a past history of being abusive.
TOPIC: BREAK

Trainer: Be sure to announce the length of the break and provide the exact time the training will restart.
TOPIC: WHAT IS THE ROLE OF APS?

- APS caseworkers have a primary responsibility to respond to reports of elder abuse, exploitation and neglect; to investigate the allegations and to work with the client to address their needs and to prevent further abuse.

- Sometimes, APS responsibilities or interventions may overlap or conflict with the roles of other first-responders, such as law enforcement and long-term care ombudsman. Knowing your professional role, and working collaboratively with others, will greatly enhance the safety of the victims you serve. Ongoing multi-disciplinary efforts help to resolve these issues.

- Other APS Core Competencies explore APS’ various roles and responsibilities in depth.
The first responsibility of APS is to make sure that the victim is safe and protected from immediate harm to the extent possible. This may involve temporarily removing the victim from the dangerous situation if necessary with, of course, his or her permission, or if the person lacks capacity, with the legal authority of a court or your state’s APS statute. It may also mean requesting assistance from law enforcement to deal with the alleged perpetrator.

Understanding why abuse happens is a process that occurs over time and requires a thorough APS investigation, involving multiple contacts with the victim, the alleged perpetrator, and others.

Understanding case dynamics is critical to enhancing victim safety.
TOPIC: APS GOALS/RESPONSIBILITIES

- Assuring the immediate safety of the victim is the APS worker’s first responsibility. While protecting the victim, the worker must also consider the victim’s right to self-determination. *Finding a balance between victim safety and self-determination is the most difficult challenge faced by APS professionals.* Any intervention needs to take both of these issues into consideration. The client’s cognitive capacity must be addressed in this process.

- When conducting an investigation, the APS worker investigates what happened, who is involved, and how and why the abuse occurred. During this process, the focus must remain on the alleged victim’s safety. APS should always collaborate with other community agencies in order to bring the most resources and alternatives to the victim.
TOPIC: APS INVESTIGATION OUTLINE

Trainer’s Note: This outline is not meant to be a comprehensive training on APS investigations, which is covered in two other modules. This is an outline provided to link understanding elder abuse dynamics to APS work.
ACTIVE LEARNING ACTIVITY #3
SMALL GROUP EXERCISE

TIME ALLOTTED: 45 minutes

Revisit HANDOUTS 2A through 2C

SLIDE 23

CASE SCENARIOS

Active Learning Activity  Small Group Exercise
HANDOUTS #2A-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’safe outcome for victim
  What should happen to the abuse?
  Report back to the large group

TOPIC: CASE SCENARIOS

Trainer’s instructions: The purpose of this exercise is to help participants to identify APS’ role in their case scenario.

Participants are asked to review their table’s case scenario and answer (briefly) the following additional questions about each case. Responses should be limited to 2 – 3 items per question.

After 15 minutes, the small groups are asked to report their findings back to the large group. Ask reporters not to repeat items already mentioned by someone else. If more than one group discussed a particular case, and their findings do not agree, encourage a general discussion about why they disagree, and whether and how their differences might be resolved.

Questions and Answers for Active Learning Activity #3

#2A TONY and JOSEPHINA
  • What is APS’s role in this case?
Investigate and substantiate allegations of abuse, neglect or exploitation.
Develop case plan with the client to the extent she can participate, and with the client’s representatives (son, residential care setting) to reduce risk and to improve her safety.
Offer information and referrals.

- What steps should the APS investigator take initially to promote the victim's safety and to begin the investigation?
  - Talk to the victim alone – without alleged abuser present
  - Ask questions and listen
  - Learn what victim wants to have happen if she is able to communicate
  - Offer information and referrals
  - Work with the victim, the home and her son to create a safety plan
  - Collect the evidence needed, including information from other people and record reviews, to support the substantiation decision
  - Document what is learned through the investigation
  - Collaborate with other professionals as appropriate

- What other agencies should APS collaborate with? Consider:
  - Sexual assault program,
  - Domestic violence program
  - Law enforcement
  - Restraining order
  - Health care

- What is APS' role vis a vis the perpetrator, if any?
  - In your state or county: would APS report this case to law enforcement?
  - Would APS interview the abuser? If yes, would APS try to influence his behavior in order to protect the victim? If so, how?

#2B ROSIE and HER PARENTS

- What is APS’s role in this case?
  - Investigate and substantiate allegations of abuse, neglect or exploitation.
  - Develop case plan with the clients to the extent they can participate to reduce risk and to improve safety
  - Offer information and referrals

- What steps should the APS investigator take initially to promote the victim's safety and to begin the investigation?
  - Talk to all the parties alone
  - Ask questions and listen
  - Learn what Frank and Betsy want to have happen (if Betsy is able to communicate)
  - Work with the victims, Rosie, the in-home aide and others to create a safety plan to provide protection and assistance to the parents and support services and education to Rosie
  - Collect the evidence needed, including information from other people and record reviews, to support the substantiation decision
Document what is learned through the investigation
Offer information and referrals
Collaborate with other professionals as appropriate

What other agencies should APS collaborate with? Consider:
- Home health agency which provides aide
- Aging network services providers
- Physicians, therapists, etc.
- Disability agencies for the developmentally disabled, for the blind, etc. to help

What is APS' role vis a vis the perpetrator, if any?
- In your state or county: how would APS work with Rosie? Would Rosie be considered the client as well as her parents?

#2C JAKE and REGINA
What is APS’s role in this case (assume Regina is eligible for APS services in your state)?
- Investigate and substantiate allegations of abuse, neglect or exploitation.
- Develop case plan with the client to reduce risk and to improve safety.
- Offer information and referrals.

What steps should the APS investigator take initially to promote the victim’s safety and to begin the investigation?
- Talk to the victim alone – without alleged abuser present
- Ask questions and listen
- Learn what victim wants to have happen
- Work with the victim to create a safety plan
- Collect the evidence needed, including information from other people and record reviews, to support the substantiation decision
- Document what is learned through the investigation
- Collaborate with other professionals as appropriate
- Provide information and referrals; help client determine if she is eligible for services (e.g. senior transportation; in-home help)

What other agencies should APS collaborate with? Consider:
- Aging network services providers
- Disability and assistive devices agencies for the visually impaired
- Bank/money management service /financial advisor to protect Regina’s assets
- Legal system – law enforcement and/or an attorney to seek a restraining order

What is APS' role vis a vis the perpetrator, if any?
- In your state or county: how would APS work with Jake?
- Would APS report this case to law enforcement, given the threats, unpaid loans and missing money from the victim’s account? Would the case be reported if Regina objected?
Would APS interview the abuser? If yes, would APS try to influence his behavior in order to protect the victim? If so, how?

**Trainer's Note:** Make sure during the discussion to clearly identify abusers who are clearly incapable (case scenario ROSIE AND HER PARENTS) and those who had self interested motivations for their behavior. The types of actions recommended relative to each type of abuser should be very different.

- For abusers who have dementia, are developmentally disabled or are otherwise clearly incapable due to factors beyond their control, services and needed help for the victim, and often for the abuser as well, are appropriate responses.

- For those who abuse out of their own self interest, holding them accountable and seeing through their “smoke screens” is extremely important. The following slides apply.

**Trainer then directs participants to the abuser tactics and excuses handouts (#5 and #6 – located in their manuals).**

- NOTE: “Accountability” means holding the abuser responsible for his or her actions. In domestic violence situations, “accountability” is used to mean the community holding the abuser accountable through arrest and prosecution. Criminal justice interventions are appropriate in elder abuse cases which involve physical or sexual violence, criminal neglect and criminal financial exploitation by perpetrators capable of forming “criminal intent" to carry out the unlawful acts, i.e., they know what they're doing.

- In other cases, where the abuser lacks capacity, or perhaps the actions or neglect are not clearly criminal in nature, other forms of accountability may apply. It is important the abuser be told, unequivocally that the abusive or neglectful actions are wrong and must stop. Alternative methods for achieving results should be taught; one example would be on how to transfer a person without resorting to overly rough handling. A written contract with an abuser may be effective, wherein the person agrees to take appropriate actions and to desist from doing harmful ones. Monitoring is a critical component of accountability. The client’s situation and the abuser’s actions should be regularly checked, and other persons coming in and out of the home (other family members; in-home aides, etc.) should be asked to keep an eye on things and to report any problems observed to APS.

- Furthermore, the victim should be assured that the abuse is wrong, that she or he is not to blame for it, and that many other older persons are in similar situations.

- Abusers may present as suffering from caregiver stress, as “doing their best” and may blame the victim for the abuse they themselves are perpetrating. The following
slides discuss the ways in which abusers may deny, minimize or try to justify their abusive behaviors and provide information on how APS should respond in ways that will maximize victim safety and abuser accountability.

- It is important for APS to distinguish between abusers who truly lack capacity and those who are using power and control to advance their own self interest.
Like good magicians, abusers use “smoke and mirrors” to deceive others about their behavior.

- They use rationales and excuses such as caregiver stress to deflect responsibility from themselves, and to convince investigators not to hold them accountable for their actions.
- Abusers often will lie and try to manipulate investigators by using the same strategies that have been effective with the victim, friends and family.
- Many abusers are charming and helpful to professionals.
- Less often, they act angry and belligerent, especially if they are being held accountable, or fear that the victim will be offered help or be removed from their control.
- In other cases, abusers may be willing to talk about their behavior believing that if they explain it, others will buy into their reasons for why the abuse was unavoidable.
Abusers use a wide range of tactics to control their victims. Some, such as giving the victim the “silent treatment,” are quite subtle. Others, such as threatening to kill a beloved pet, or waving a weapon, are overt. All of these tactics make up a pattern of behavior designed to manipulate and control the victim.
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

MENTAL 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
TOPIC: COMMON ABUSER JUSTIFICATIONS

Abusers often use excuses or justifications to explain away their abusive behavior so as to avoid accountability. Some explanations focus on blaming the victim, saying or implying that it is the victim’s difficult behavior that causes the abuse.

APS needs to listen for these explanations and not just accept them at face value.
## ABUSER JUSTIFICATIONS AND DEFENSES →→→ APS CONSIDERATIONS

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<thead>
<tr>
<th>FORM OF ABUSE</th>
<th>Justification / Defense</th>
<th>Investigation Considerations</th>
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<tbody>
<tr>
<td>Physical</td>
<td>“She fell.”</td>
<td>• Does the medical or physical evidence match suspect’s/victim’s/witness’ description of events?</td>
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<tr>
<td></td>
<td>“He’s just clumsy.”</td>
<td>• Does the medical or physical evidence match suspect’s/victim’s/witness’ description of events?</td>
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<tr>
<td></td>
<td>“I was trying to help.”</td>
<td>• Does the medical or physical evidence match suspect’s/victim’s/witness’ description of events?</td>
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<tr>
<td></td>
<td>“She bruises easily.”</td>
<td>• Does the medical or physical evidence match suspect’s/victim’s/witness’ description of events?</td>
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<tr>
<td></td>
<td></td>
<td>• Is the victim taking medications that can cause a person to bruise easily?</td>
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<tr>
<td></td>
<td>“It was an accident.”</td>
<td>• Does the medical or physical evidence match suspect’s/victim’s/witness’ description of events?</td>
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<tr>
<td></td>
<td>“He has Alzheimer’s disease or he’s crazy. You can’t believe what He says.”</td>
<td>• Do the medical history and/or mental health experts support this assertion?</td>
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<tr>
<td></td>
<td></td>
<td>• What are your observations of victim/suspect/witness at different periods of time?</td>
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<tr>
<td></td>
<td>“I was defending myself.”</td>
<td>• Is there sign of a defensive injury?</td>
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<tr>
<td></td>
<td></td>
<td>• Who is the predominant (or primary) physical aggressor?</td>
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<tr>
<td>Neglect</td>
<td>“She has always lived like this. She’s not a good housekeeper.”</td>
<td>• Are there sufficient resources to provide for the victim’s needs?</td>
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<td></td>
<td></td>
<td>• Has the victim’s capacity changed over time?</td>
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<td></td>
<td>• Is there a caregiver?</td>
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<tr>
<td></td>
<td></td>
<td>• Do friends or family members support this statement?</td>
</tr>
</tbody>
</table>

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<th>Utterance</th>
<th>Questions</th>
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</table>
| “I’m doing the best I can. Taking care of him is very difficult.”        | • Does the victim have sufficient capacity to make informed decisions about care, including refusing to accept care or treatment?  
• Does the victim have a history of refusing help?  
• Does the suspect have a duty to provide care?  
• Is the suspect receiving payment to provide care?  
• Has the caregiver been instructed on the victim’s condition, care needs and how to provide care?  
• Does caregiver have any special training in providing care?  
• Are the victim’s care needs obvious and would be apparent to the average person? |
| “He doesn’t want medication/medication treatment. I’m honoring his wishes.” | • Is there documentation of person’s wishes (for example, a do not resuscitate order [DNR])?  
• What is the victim’s capacity, as documented by a trained professional?  
• Are there historical statements of intent or the desires of the victim? |
| “She refused to eat.”                                                     | • What is the health history of the person’s condition?                                                                                   |
| “I didn’t know how sick she was or what she needed.”                     | • 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? |
| “I’m just doing what she (the victim) wants.”                            | • Do wills or advanced directives describing what the victim wants exist?                                                                  |
| “She wants to have sex with me.” or “She likes watching pornographic movies with me.” (Suspect is trying to show consent.) | • If the victim has capacity, what is the victim’s account of what happened?  
• If the victim does not have capacity, the victim cannot consent. |
| “She’s my wife/girlfriend.”                                               | • If the victim has capacity, what is the victim’s account of what happened?  
• If the victim does not have capacity, the victim cannot consent. |
<table>
<thead>
<tr>
<th>Consent</th>
<th>Financial Exploitation</th>
</tr>
</thead>
</table>
| consent. | Loan<br>
 financial
exploitation<br>

| "I was just cleaning or bathing him. This is not sexual abuse." | • What does a health care provider say about whether appropriate caregiving techniques were being used? |
| "She came on to me." | • If the victim has capacity, what is the victim’s account of what happened?  
• If the victim does not have capacity, the victim cannot consent. |
| "We’re consenting adults." | • If the victim has capacity, what is the victim’s account of what happened?  
• If the victim does not have capacity, the victim cannot consent. |
| "She acted like she liked it." | • If the victim has capacity, what is the victim’s account of what happened?  
• If the victim does not have capacity, the victim cannot consent. |
| "She’s my wife. I have the right." | • Check state marital rape laws. If the victim has capacity, what is the victim’s account of what happened?  
• If the victim does not have capacity, the victim cannot consent. |

| Financial Exploitation | Loan<br>
 financial
exploitation<br>

| • What is the capacity of lender?  
• Is there written proof of the loan including the amount and period of loan and were other loans made?  
• What are the terms of repayment and were any repayments made? |

| Gift for self or children | • What is the capacity of the donor?  
• What is the value of the gift?  
• What is relationship between donor & victim?  
• Is there evidence of donor’s intent to make a gift?  
• Why was a gift made? (Any promises or other inducements?) |
| Services Provided | • What is the capacity of the person seeking the services?  
• What were the services; were they needed; how often were services provided; how well performed; were supplies provided?  
• What is the value of services vs. amount paid for them? |
|-------------------|--------------------------------------------------------------------------------|
| Permission        | • What is the capacity of the victim?  
• Is there evidence of actual permission?  
• Were there promises or other inducements to get permission?  
• Who benefited?  
• How often was permission used?  
• What is the value of items obtained?  
• Did victim understand what permission was used to do? |
| Quid Pro Quo      | • What is the capacity of the victim?  
• Was the marriage reasonable given the relationship between the parties?  
• Was the suspect legally able to marry?  
• Are there any suspect misrepresentations? |
| (“She lets me live with her in exchange for helping with errands.”) | |
| Favor             | • What is the capacity of the victim?  
• Who benefits from the favor; what did victim receive in return; is the benefit reasonable?  
• How does it fit prior financial planning and actions of the victim?  
• Did suspect receive payment to provide care?  
• What is victim’s relationship to business or person? |
| (“She freely gave me use of her car as a favor to me.”) | |
| Lack of Knowledge | • What is the contrary evidence?  
• Did the suspect have access to information?  
• Were there other acts for same goal? (e.g., forged her signature to get an ATM card in victim’s name) |
| (“But I do not know her PIN”) | |
| Legal authority   | • What is the capacity of the victim?  
• Is there legal authority in writing?  
• What does the legal authority cover and expressed or implied limitations? |
<table>
<thead>
<tr>
<th>Case Scenario</th>
<th>Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Victim is crazy</td>
<td>- Is there a medical opinion of victim’s mental health?</td>
</tr>
<tr>
<td></td>
<td>- Are there statements from friends and family about victim’s behavior</td>
</tr>
<tr>
<td></td>
<td>prior to and after suspect came into life?</td>
</tr>
<tr>
<td></td>
<td>- Does the victim take any medications?</td>
</tr>
<tr>
<td></td>
<td>- What was the victim’s behavior around time of questioned events?</td>
</tr>
<tr>
<td></td>
<td>Is this conduct consistent with earlier times?</td>
</tr>
<tr>
<td>“I’m the real victim”</td>
<td>- Who is benefiting financially?</td>
</tr>
<tr>
<td>“We’re in love”/ married/in a relationship”/ “We’re family”/ “She’s like a mother to me”/ therefore, we share resources</td>
<td>- Who is benefiting financially?</td>
</tr>
<tr>
<td></td>
<td>- What is true nature of relationship?</td>
</tr>
<tr>
<td></td>
<td>- Are any cultural norms relevant for consideration?</td>
</tr>
<tr>
<td></td>
<td>- Does suspect have other relationships or marriage licenses?</td>
</tr>
<tr>
<td></td>
<td>- Does suspect have other income or debts?</td>
</tr>
<tr>
<td></td>
<td>- Are victim’s basic needs met?</td>
</tr>
<tr>
<td>Purchase made as part of care</td>
<td>- Is there evidence of purchase being used to provide care?</td>
</tr>
<tr>
<td></td>
<td>- Is the purchase necessary for care?</td>
</tr>
</tbody>
</table>
TOPIC: ABUSER EXCUSES

If an abuser does confess to committing abuse, it is often tied to an excuse that the abuser was not really responsible for the abusive incident. Either the abuser claims that he was not “himself” or “herself” when the abuse was committed, or that outside forces such as family dysfunction caused the behavior.

Abuse is never the victim’s fault. Anger, caregiver stress and alcohol or other drug use may co-exist with the abusive behavior, but these issues do not cause the abuse.

Offenders intentionally choose to use abusive tactics to get what they want.
TOPIC: CAREGIVER STRESS: EXCUSE OR REALITY?

- One of the most common excuses given for elder abuse is “caregiver stress.” Unfortunately, early research into elder abuse concluded that caregiver stress was the primary cause of the problem. It suggested that an overwhelmed, stressed caregiver providing assistance to a frail older person might sometimes unintentionally “snap” and become abusive or neglectful.

- This conclusion was reached because some initial studies of elder abuse were based on interviews with the abusers, who blamed the stress of caregiving for their behaviors. The researchers failed to take into account the fact that many abusers, as we have just seen, lie, manipulate, justify their behaviors and blame their victims. This early research had significant influence on APS work in the field.

- More recent and reliable research found that abuse is more closely related to the characteristics of the abuser than to the care needs of the victim. While caregiving is often stressful, most caregivers do not abuse the care receivers. Instead, they provide loving and lifesaving care, often for many years, and frequently with significant costs to their own health and well being.

- If any behavior would not be tolerated when used toward a child or a pet, it should never be tolerated or excused when used against an older person.

Current research does not support caregiver stress as a primary cause of elder abuse.
APS investigators should always remember that many abusers are charming and convincing, so the “I'm doing the best I can but I'm overwhelmed” excuse from a caregiver who is not clearly incapacitated must always be investigated further.

**SLIDE 30**

**TOPIC: VIDEO: THE BREAKING POINT – “Nancy Part 1”**

*Trainer’s Instruction:* Trainer reads an intake report *(see Trainer Handout #8)* alleging Nancy’s mother is in danger and then shows a brief clip of “Nancy” talking about her close relationship with her mother.

To play the video, double click on the picture on the slide.
ACTIVE LEARNING ACTIVITY #4
LARGE GROUP EXERCISE

TIME ALLOTTED: 10 minutes

*Trainer’s Instruction:* Trainer asks the group for their initial impression of Nancy.

Nancy presents as a well dressed and well educated middle class white woman. She stresses how close she and her mother were as well as her commitment to care for her mother after her stroke. Nancy makes several statements about how difficult her mother was to care for and how much stress she herself was under.

**Do they find the intake report plausible?**

The intake report alleges physical and emotional abuse by Nancy against her mother. New APS workers may find it hard to believe that a person presenting as Nancy does could physically abuse her mother.

**What are some questions they would they ask Nancy’s mother on their first visit?**

*Trainer note: the purpose of asking this is to see if the participants would ask about the alleged physical abuse, not to elicit specific investigation questions. Examples of those are provided below, however, if you want to suggest any to the group.*

**Possible Responses:**
- Tell me what a typical day is like for you.
- Is the care you receive adequate?
- Do you feel safe living here and being cared for by your daughter?
- Have you ever been threatened or physically harmed in any way? If yes, by whom?
- Are you afraid of anyone?
- We are concerned that you have bruises. Do you know how you got them?
- Do you get to see friends and family? Do people visit?
What are some questions they would ask Nancy on their first visit?

Possible Responses:
- Tell me about a typical day caring for your mother.
- Have you ever felt out of control when caring for your mother? What did you do?
- What do you do or who do you tell when you are feeling stressed?
- Is your mother physically or verbally abusive toward you?
- Are you neglecting your own health?
- We had a report about the bruises on your mother, do you know how she got them?
- Some people find it difficult to care for a parent with your mother’s condition. Do you?
- Sometimes providing care for a family member is challenging. Do you ever feel like you will lose control?
- What measures have you taken to look after your own health and well being?
- Have you asked anyone for help?
TOPIC: VIDEO: THE BREAKING POINT – “Nancy Part 2”

Trainer’s Instruction: Show the remaining part of the video, again double clicking on Nancy’s picture.

Trainer then asks the group:

• Given what you now know about Nancy, would you change anything you said in the previous discussion?
• Did you suspect serious physical abuse when you first met Nancy?
• Do you think some investigators might initially believe that she was a stressed caregiver?

Point out that providing in-home help to Nancy would not likely protect her mother from the abuse.

What lessons can you take away from this?

• The obvious lesson is that appearances are often deceiving.

• The trainer should point out that Nancy makes it clear that abusers are manipulative and in control – they are “the greatest actors in all the world.” APS investigators need to keep this in mind when caregivers or other abusers tell them how hard their lives are because of all the care needs of the victim.

What interventions would have been appropriate for Nancy when she was her mother’s caregiver? How should she have been held accountable?
Nancy was guilty of domestic violence; that is, she committed serious violent crimes. The case should have been referred to law enforcement for investigation and prosecution. APS’ responsibility would be to work with Nancy’s mother to insure that she understood the situation, to explain the importance of Nancy being held accountable, to provide her with as much control as possible, and to help insure that she had access to good care and support under the circumstances.
TOPIC: POWER AND CONTROL AS AN UNDERLYING DYNAMIC OF ABUSE

- Abuse of persons in ongoing, familiar relationships often involves a pattern of coercive tactics used to gain and maintain power and control.
- While physical and/or sexual violence may be present, some victims are controlled through intimidation, threats, emotional and psychological abuse, neglect and isolation – no physical abuse is necessary.
- In an abusive relationship, one party fears the other and attempts to comply with the other's wishes to avoid harm.
- APS workers should be familiar with these tactics and alert to the possibility that they may be at work in any case. Investigators should determine if power and control tactics are being used manipulate and/or coerce the victim.
The Power and Control Wheel for Abuse in Later Life:

- Is a tool widely used in the domestic violence field to describe tactics used by abusers to gain control over their victims.
- Was adapted by NCALL from the Power and Control Wheel developed by the Duluth Domestic Abuse Intervention Project in 1980, to specifically address abuse in later life.
- Older victims themselves were involved in identifying the tactics that are commonly used, and how those included the emotional and psychological abuse that they experienced in their relationships.
TOPIC: POWER AND CONTROL WHEEL

Refer participants to HANDOUT #7 in their manuals.

- The outer rim of the wheel defines violence or the threat of violence that is evident in the relationship. The violence may be frequent or very limited, but fear and threats are always present. The abuser uses the threats to maintain power and control.
- Each piece of the pie represents a different tactic an abuser may use.
- Abusers may use one tactic more often than others, and do not necessarily use all of them.
- Any combination of tactics may be used to establish and maintain control.
- The wheel makes a distinction between emotional and psychological abuse.
  - Emotional abuse is specific tactics such as name-calling, put-downs, yelling and verbal attacks used to demean the victim. Psychological abuse is the ongoing, manipulative, crazy-making behavior that becomes an overriding factor in abusive relationships. Sometimes it can be very subtle; in other cases it is intense and invasive.
- The center of the wheel represents the goal or outcome of all these behaviors: power and control over the victim.
- The theory behind wheel assumes that:
  - The abuser’s behaviors are intentional, and
  - Abusers are responsible for the harm that they cause.
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 (WCAV)
367 S. Paterson St., Suite 1, Madison, WI 53703 608-255-0539
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
ACTIVE LEARNING ACTIVITY #5
LARGE GROUP EXERCISE
TIME ALLOTTED: 15 minutes

Refer participants to their case scenario handouts #2A, #2B and #2C.

- Trainer’s instruction: Participants are asked to respond to the following questions:
  - Can you name a tactic that was used in your case scenario that would appear on the wheel?
  - Where on the wheel would it go?

Possible Responses:

#2A TONY and JOSEPHINA:
- Son’s report that father told mother “she was stupid and ugly” “no other man would want her” “lucky he put up with her” (emotional)
- Threatened to leave (threatens)
- Threw things at her (physical violence)
- Slapped her face (physical violence)
- Threatened to kill her (threats)
- Pushed her down the stairs (physical violence)
- Bruises on breasts and inner thighs (physical; suspected sexual violence)
- Tony reports “It’s nobody’s business but ours. She’s my wife and I can make love to her whenever I want.” (uses privilege)

#2B ROSIE and HER PARENTS
- Roughly jams spoon into father’s mouth (physical abuse)
- Broke her father’s tooth (physical)
- Mother found on floor unresponsive (neglect)
- Mother has several large ulcers on her left hip and left leg (neglect)
- Carpeting beneath Betsy’s body was badly soiled (neglect)

#2C JAKE and REGINA
- Kicked and threatened her dog to get her to give him money (financially exploits)(threatens)
- Accepted loans from his mother that he never paid back (financially exploits)
• Took Regina’s ATM card without her permission and made two withdrawals totaling $1,000 (financially exploits)(targets vulnerabilities – she could not see him take the card & had shared her PIN because she needed help to make withdrawals)
TOPIC: POWER & CONTROL and APS

- APS investigations should always include determining if power and control tactics are being used manipulate and/or coerce the victim.
- The abuser excuses, and justifications listed above should never be taken at face value but rather need to be considered in the context of the entire investigation.
- Intervention strategies should always focus on improving victim safety to the degree possible, which can only be accomplished if the underlying dynamics of the abuse are understood and taken into account.
- Victim and worker safety issues are at the forefront in case planning and intervention. (Violent situations can be very dangerous for both victims and workers.)
- Knowing that the APS worker truly understands his or her situation and is attempting to offer the most appropriate help will make the victim more receptive to APS involvement.
- The worker will be less likely to collude with the abuse by believing his or her excuses, and focusing on him or her rather than the victim.
ACTIVE LEARNING ACTIVITY #6
LARGE GROUP EXERCISE

TIME ALLOCATED: 10 minutes

Trainer’s instructions: Participants are asked to respond to the following questions:

- Did Nancy use any of the tactics on the wheel?
- Would being familiar with the wheel help in investigating Nancy’s case? How?
TOPIC: PROBLEMS IF APS IS UNAWARE OF POWER & CONTROL

- Remedies to reduce stress, anger or substance abuse or to provide in-home services do not address the underlying power and control dynamics (i.e., the causes of the abuse).
- Victim (and worker) safety is not adequately addressed.
- Abuser is not held accountable. The message is that he or she can continue to abuse with no consequences; in fact, the interventions provided may actually reinforce abusive behavior.
In conducting an APS investigation, always consider the following (not in order of priority):

- Is the abuse the result of power & control?
- What were the abuser’s explanations/excuses/justifications? What words do you listen for?
- Was undue influence (threats, intimidation, etc.) used?
- What is abuser’s accountability?
- What does the victim want?
- What provides the greatest measure of safety for the victim?
- What roles do victim and abuser capacity play?
- What other agencies/collaborators can provide information and assistance?

The focus of any APS intervention is to make sure, to the extent possible and while protecting the person’s rights, that the victim does not suffer additional abuse, neglect or exploitation.

A complete APS investigation requires skill, patience, and time. In order to determine what happened, who did what and why, the worker needs to gather a wealth of information. The NCEA/NAPSA Core Competencies for APS caseworkers, currently under development, will provide valuable material for conducting abuse investigations. (Refer to the list of APS Core Competencies)
TOPIC: BREAK

Trainer Instruction: Announce the length of the lunch break and the time the training will restart. Remind participants of their lunch choices nearby.
TOPIC: WHY VICTIMS STAY OR REFUSE INTERVENTION

- Why might an elder abuse victim choose to stay in, or return to, abusive situations?
- Does it make a difference if the abuser is an adult child, a partner, a paid caregiver?
- How do the victim’s actions affect the investigation? Is it frustrating for APS when victims don’t leave?
ACTIVE LEARNING ACTIVITY #7
LARGE GROUP EXERCISE

TIME ALLOCATED: 10 minutes

Trainer’s Instructions: Participants are asked to respond to the following questions. Trainer briefly notes responses on flip chart or board.

- **Why might an elder abuse victim choose to stay in, or return to, abusive situations?**
  - All relationships where there is love, trust or an expectation of trust may be difficult to end. Often the victim wants the abuse to stop but also wants to maintain the relationship. Victims may engage in behaviors that protect the abuser, such as not giving accurate information or recanting.

- **Does it make a difference if the abuser is an adult child? A partner? A paid caregiver?**
  - For victims abused by adult children, it can be very difficult or impossible to report abuse. Most victims will want to protect their children and try to continue to have contact with them in a way that is safe. Victims cannot divorce their children and often continue to hope that they will change.
  
  - For victims of intimate partner violence, many older victims have been in relationships for 40, 50 or 60 years. They may not believe in divorce and may be unwilling to end the relationship. Other victims may have been in shorter relationship and still may not be willing to end a relationship. But there are victims who are willing to consider divorce or a separation.
  
  - When the abuser is a paid caregiver, often there is a fear of a new caregiver being worse or that there will not be a caregiver at all. Many older persons fear nursing home placement more than anything else.

- **How do the victim’s actions affect the investigation?**
  - Victims may choose not to tell the investigator everything or anything.
  - Victims may recant.
o Victims may seem to work harder to protect the abuser than themselves
o Victims may refuse to accept any services or interventions
o Victims who have cognitive impairments may be especially confused & uncertain about what to do or what they have previously agreed to do
o Older persons may be more concerned with preserving their independence than their safety.

• Is it frustrating for APS when victims don’t leave or take action?
  o It can be for workers who do not understand the dynamics of elder abuse or the many losses and concerns that can be associated with major life changes. Making decisions is often a process of small steps forwards and backwards.
TOPIC: WHY VICTIMS MIGHT STAY OR REFUSE HELP

Trainer’s Instruction: Display slide and briefly point out any reasons not already listed.

REASONS WHY VICTIMS MIGHT STAY OR REFUSE HELP

- Isolation: Many elder 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).
ACTIVE LEARNING ACTIVITY #8
LARGE GROUP EXERCISE

TIME ALLOTTED: 35 minutes

SLIDE 42

ACTIVITY: COMINGS & GOINGS

This exercise is designed to give participants a sense of the limited alternatives available to many older victims, and to demonstrate that each alternative often carries a significant cost in terms of either money or the goodwill of others.

Note: If anyone in the room is unable to move to various location throughout the room, or if they cannot see the signs or hear the directions, you must provide them with the information in a format accessible to them, e.g., by giving them the map, and allow them to make their choices verbally and to pay you directly with the money and goodwill slips.

Materials:
- Masking tape, paper clips, small boxes or manila envelopes
- Location signs
- Play money & goodwill slips divided into packets. There must be one packet for each participant. Each packet should contain varying amount of money (from one to six bills in each) and goodwill slips (from one to four in each).
- A bell, whistle, clicker or other noisemaker (if not available, the trainer can clap or whistle).

Before the training:
• Print out the signs found in Trainer Handout #9 in the appendices, in color if possible, as follows:
  o One each of the six location signs;
  o Two of the “closed” sign;
  o Multiple pages of the fake money and goodwill chits, depending on the size of your group.
  o After printing, cut into individual pieces and divide into packets with one to six bills in each and from one to four goodwill chits in each clipped together.

Over the lunch break:
• Put up the signs provided in Handout #9 in different locations around the room (home; relative’s home; motel, apartment; domestic violence shelter; and nursing home). Make sure there is room for at least several people to stand near each sign.
• Place small boxes, buckets or manila envelopes under/near each sign for participants to place their payments
• Give each participant a packet containing both money and goodwill chits.

Upon resumption of training read these instructions to the group:
• Each participant will be a 68 year old woman who faces a number of choices. You can see that several locations are indicated around the room. I will first read you a description of the woman’s situation and will provide other additional information about her throughout the exercise.
• You will see that each location (except HOME, which is ALWAYS FREE) exacts a price in either money or in others’ goodwill (you can only ask the same people for help so many times). The costs of each are shown on the signs.
• Every time the trainer rings the bell (clicks, claps, etc.) you must choose one of the available locations. If you want to stay where you are, you MUST either pay again (unless you’re home) or move to another location.
• Please do not speak to each other during this exercise. You are a woman alone facing your own choices.
• As in real life, each of you received a different amount of money and goodwill slips in your packet. If you run out of resources you MUST RETURN HOME.

  Note: The trainer may have to repeat one or more of these directions throughout the exercise, especially the “no talking” one!

To start: Everyone, please now move to location “HOME” and you will hear the first part of the case scenario (found in Trainer Handout #9).
At the conclusion of the exercise: Ask everyone to resume their seats and ask them how they felt as they were “coming and going” through their choices.

- Were they frustrated?
- Why did they make the choices they did?
- Did anyone try to cheat or steal; what happens with clients who do that?
- Did anyone want to retaliate?

**AND:**

- What did this tell them about the choices victims have and make?
- What did this tell them about the importance of collaboration in dealing with elder abuse cases?
TOPIC: VIDEO: JUST TO HAVE A PEACEFUL LIFE

Trainer says to group: This video shows an older victim in an abusive relationship making decisions about whether to stay with her husband or to leave for a “peaceful life.” Note that even though in many states Pat would not be eligible to be an APS client, there are many valuable lessons to be learned from her situation.

As you are viewing this video, ask the following:

- **What factors kept Pat from leaving permanently?** Trainer: Refer back to slide “why victims might stay,” P & C wheel & abuser tactics hand-out
  - Fear
  - Economic issues, including access to health insurance, her home, his pension or social security income
  - Health (his and hers)
  - Hope that things would get better
  - Belief that if she stayed for the children she could leave later, not realizing that she would get older and have health problems.

- **Would Pat be an APS client in your state/county?**
  - If not, the APS intake worker should know to refer her to the local domestic violence program, aging services programs, etc.

- **What interventions might have helped Pat?**
  - Support group with other older battered women
  - Peer counseling
  - Legal advocacy
  - In-home help for husband
Other services to reduce her isolation
- Benefits counseling re Medicare, Medicaid, Social Security, etc.

- Consider how collaboration with other agencies, such as the local domestic violence program, might help APS better understand and serve clients like Pat.

**Trainer’s instruction:**
- After the video allow 2 - 3 minutes for people to share their reactions.
- Distribute the evaluation forms and ask participants to complete them.
TOPIC: MODULE 8A SUMMARY

Trainer’s instruction: Review the training objectives on the slide.

In-class evaluation process – All evaluation documents can be found in the course evaluation guide

Ask participant to please take the time to complete the ID code assignment (see below), satisfaction survey and demographic survey.

Explain: We are NOT evaluating you and no one from your agency will see your individual responses. To keep your responses confidential, we are going to develop your personal ID code. Follow along with your ID Assignment Handout and write in your ID code on the Handout: YOUR IDENTIFICATION CODE. In order for us to track your evaluation responses while maintaining your anonymity, we need to assign you an identification code. We would like you to create your own identification code by answering the following questions:

1. What are the first three letters of your mother’s maiden name? Example: If your mother’s maiden name was Alice Smith, the first three letters would be: S M I. If the name has less than three letters, fill in the letters from the left and add 0 (zero) in the remaining space(s) on the right.

2. What are the first three letters of your mother’s First name? Example: If your mother’s maiden name was Alice Smith, the first three letters would be: A L I. If the name has less than three letters, fill in the letters from the left and add 0 (zero) in the remaining space(s) on the right.

3. What are the numerals for the DAY you were born? Example: If you were born on November 29, 1970, the numerals would be 2 9. If your birth date is the 1st through the 9th, please put 0 (zero) in front of the numeral (example 0 9).
**TOPIC: CONCLUSION OF TRAINING**

**Trainer’s instruction:**
- Thank the participants and ask if they have any questions.
- Collect the evaluation forms.
- Offer more information through the websites on the final slide.
- Wish the participants well in their APS work and state how valuable their work is.
APPENDICES

MODULE 8A DYNAMICS OF ELDER ABUSE

Handout #8 INTAKE REPORT ON NANCY (Trainer only has copy)
Handout #9 COMINGS AND GOINGS EXERCISE (Trainer only has copy)
TRAINER’s HANDOUT #8 (For Trainer Only)

Trainer’s Note: Read this intake report to the group before showing the “Nancy Part 1” video clip

INTAKE REPORT: NANCY

CLIENT INFORMATION

<table>
<thead>
<tr>
<th>NAME</th>
<th>AGE</th>
<th>ADDRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ruth Doe</td>
<td>84</td>
<td>W. Elm St. USA</td>
</tr>
<tr>
<td>CONDITION:</td>
<td></td>
<td>stroke victim; frail; incontinent; poor mobility</td>
</tr>
</tbody>
</table>

ALLEGED ABUSER INFORMATION

<table>
<thead>
<tr>
<th>NAME</th>
<th>AGE</th>
<th>ADDRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nancy Morris</td>
<td>60</td>
<td>SAME</td>
</tr>
<tr>
<td>CONDITION:</td>
<td></td>
<td>No known problems</td>
</tr>
</tbody>
</table>

REPORTER INFORMATION

<table>
<thead>
<tr>
<th>NAME</th>
<th>AGE</th>
<th>ADDRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Betty Johnson</td>
<td>75</td>
<td>Next Street Over, USA</td>
</tr>
<tr>
<td>REPORTER TYPE</td>
<td></td>
<td>Friend</td>
</tr>
</tbody>
</table>

REPORT

A long time friend and church member, Betty, visits Ruth regularly.

She said she saw bruises on Ruth when she recently helped her to the bathroom.

Ruth’s adult daughter, Nancy, is her live-in caregiver.

Betty asked Nancy about the bruises and said she was very vague and started talking about how difficult Ruth is to care for and how much Nancy has given up of her own life to do it.

Nancy has been discouraging Betty’s visits recently, saying her mother is too tired after she leaves.

Betty said she has delayed making this report because Nancy is a good churchwoman and has always been a loving daughter.
COMINGS AND GOINGS
LARGE GROUP EXERCISE

Includes:

- 6 location signs:
  - Home
  - Apartment
  - Relative's Home
  - Motel
  - Domestic Violence Shelter
  - Nursing Home

- 1 CLOSED sign (PRINT 2 copies)

- 1 page of fake $20 bills (PRINT multiple pages and cut into individual pieces)

- 1 page of goodwill chits (treasure chest Clipart) (PRINT multiple pages and cut into individual pieces)

- Exercise script

- Copy of map
HOME
ALWAYS “FREE”
APARTMENT FOR RENT
You and Your Cat
3 Green 1 Yellow
You and Your Cat

RELATIVE'S HOME

1 Yellow
Motel

You (sneak in cat)

2 Green
New Beginnings

Domestic Violence Shelter
Maximum Stay of 30 Days

You (no cat)

1 Yellow
SUNNY ACRES NURSING HOME

You (no cat)

You must need skilled care

No cards
You are a 68-year-old woman who has been married for 49 years. You are a homemaker who is active in church and enjoys time with your grandchildren. You have lived in your current home for 30 years. You tend a beautiful garden in the backyard and love your 10-year-old cat.

To Everyone
#1: Every Tuesday you play cards with your friends. This Tuesday as you prepare to leave, your husband starts to yell at you. He is so upset you call your friends and cancel your plans. You are concerned about your husband’s increasingly controlling behavior. What do you and your cat do?

To Those at Home
#2 A few weeks later you have plans to go to the annual church social. Your husband is not feeling well but you decide to go anyway. He becomes angry, grabs you hard on the arm and pushes you into the living room wall. You think he may have bruised your arm. What do you do?

To Those at Home
#3 A few months later you go shopping with your husband. He is unhappy because he feels you wasted money on an air purifier that your doctor recommended to help with your asthma. He argues with you on the way to the car and slams your hand in the car door. What do you do?

To Those Not at Home
#4 You left quickly so you need to buy some new clothes. You find that your husband has canceled your ATM and credit cards. If you want new clothes, it will cost you 1 green card. What do you do?

RING BELL “Remember, whenever the bell is rung, you must pay again or move to another location. If you run out of resources, return home for the rest of the exercise.”

Facilitators need to allow time for participants to make choice about paying again or moving. It often helps during these first few scenes to repeat the choices and the cost.

To Those at Home
#5 Several months later, your husband is angry that dinner is not ready precisely at 5 p.m. He pushes you and you fall down the stairs and break two ribs. You go to the hospital. He threatens to take your name off his company’s provided insurance if you don’t return home with him. Without insurance, leaving him costs three additional green cards of out of pocket money so you can get your medication. What do you do?
To Everyone
#6 You decide to get a divorce but find you have too many resources for free legal help. Do you get an attorney? If yes, it costs you five green cards.

To Those Not at Home
#7 You decide to talk to your pastor. Your pastor reminds you that you made a promise before God to stay in this marriage for better or for worse. What do you do?

RING BELL “Remember, whenever the bell is rung, you must pay again or move to another location. If you run out of resources, return home for the rest of the exercise.”

To Those at Home
#8 You have returned home from the hospital. Your husband now acts thoughtful, caring and supportive. Someone has called adult protective services. A worker comes to the home and offers to help you. She recommends family counseling and respite care for your husband. Accepting her help costs one yellow card. What do you do?

To Those Not at Home
#9 Your husband begins to stalk you. You see his car when you are shopping. You find footprints up to your bedroom window. You file for a restraining order. For those at your son’s, one night you overhear your daughter-in-law talking to your son about asking you to leave because she is afraid that your husband might hurt your grandchildren. What do you do?

RING BELL “Remember, whenever the bell is rung, you must pay again or move to another location. If you run out of resources, return home for the rest of the exercise.”

For those with an attorney, your attorney has interviewed all the necessary parties and now needs two more green cards to file any papers. What do you do?

To Those at Home
#10 Your husband is angry that you talked to “the government” who is now meddling in your personal business. One Friday night, he takes the shotgun out of the closet, lays it on the kitchen table, starts drinking and threatens to kill you. What do you do?

To Those at Home
#11 You hide his gun. He finds it, loads it and comes after you. You call 911. The sheriff comes, removes the bullets from the gun and the home and tells him to settle down. The sheriff tells you that jail is no place for an older man so he will not arrest your husband. What do you do?

To Those Not at Home
#12 Your son says you can no longer stay with them. The shelter says your time is up and you must leave. What do you do?

Note to Facilitator: Put the red CLOSED signs on the posters (with a little masking tape on the back) to remind everyone these options are no longer available throughout the exercise.

RING BELL “Remember, whenever the bell is rung, you must pay again or move to another location. If you run out of resources, return home for the rest of the exercise.”
To Those at Home
#13 At breakfast, you can’t find your cat. Your husband laughs and says, “We are better off without that Popsicle.” Later that morning you find the cat, barely alive, in your freezer. What do you do?

To Those Not at Home
#14 The increased stress has taken its toll and your asthma now requires ongoing daily medical assistance from skilled nurses. You cannot stay with relatives or at the shelter. You could move to or stay in the hotel for two green cards or apartment and pay 3 more green cards and 1 more yellow card for medical help if you have the resources. You could go to the nursing home, without your cat or husband and get the medical help you need. You could remain at home and have in-home services and your husband’s “help.” What do you do?

RING BELL “Remember, whenever the bell is rung, you must pay again or move to another location. If you run out of resources, return home for the rest of the exercise.”

Follow the exercise with time to discuss what people felt and experienced. Ask everyone to resume their seats and ask them how they felt as they were “coming and going” through their choices.

- Were they frustrated?
- Why did they make the choices they did?
- Did anyone try to cheat or steal; what happens with clients who do that?
- Did anyone want to retaliate?

Thank the group for their participation.
Comings and Goings Map
To use at seat

HOME
You, husband and your cat
No cards

RELATIVE’S HOME
You and your cat
1 yellow

MOTEL
You (sneak in cat)
2 green

DV SHELTER
You (no cat)
1 yellow

APARTMENT
You and your cat
3 green + 1 yellow

NURSING HOME
You (no cat)
Only eligible if your condition meets skilled nursing care needs
No cards