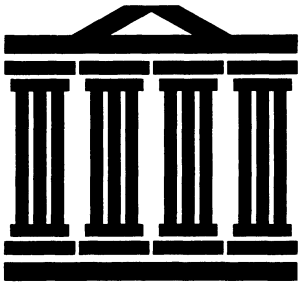
Improving the Police Response to Domestic Elder Abuse:



Police Executive
Research Forum

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

PERF, 2300 M Street NW, Suite 910, Washington, DC 20037
202/466-7820; fax 202/466-7826

Participant Training Manual

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

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

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

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Advisory Board

Sara Aravanis
National Eldercare Institute on Elder Abuse and State Long-Term Care Ombudsman Services

Roderic Burton
Department of Social Work and Sociology Tennessee State University

Robert Dowling
Virginia Department of Criminal Justice Services

Joy Duke
Virginia Department of Social Services Adult Protective Services Administration

Lisa Frisch
New York State Office for the Prevention of Domestic Violence

Dennis A. Gustafson
San Francisco Police Department

Donald G. Hopkins
Maryland Police and Correctional Training Commissions

Lillian Jeter
Charleston (SC) Police Department

Katrina Johnson
National Institute on Aging/National Institutes of Health

Frank Kowaleski
Hampton Roads (VA) Academy of Criminal Justice

Lisa Nerenberg
San Francisco Consortium for Elder Abuse Prevention

Mandie Patterson
Virginia Department of Criminal Justice Services

John Scheft
Office of the Massachusetts Attorney General/ Elderly Protection Project

John Schuyler
Maryland Police and Correctional Training Commissions

Chris Shoemaker
Aging and Adult Services Tallahassee, Florida

Karen Stein
College of Human Resources University of Delaware

Jane Tewksbury
Office of the Massachusetts Attorney General/ Family and Community Crime

Randy Thomas
South Carolina Criminal Justice Academy

Carol Thornhill
Administration on Aging

Rosalie Wolf
Institute on Aging Medical Center of Central Massachusetts

Grant Monitor: Duane Ragan, Office for Victims of Crime

Project Director: Martha Plotkin, Police Executive Research Forum

Author: Lisa Nerenberg, San Francisco Consortium for Elder Abuse Prevention

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Introduction

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

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

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

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

Why Law Enforcement Should Be Concerned with Elder Abuse

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

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

- First, law enforcement must be concerned about its response to elder abuse because it is the law. It is that simple. All states have legislation that in some way affects elder abuse victims, whether it be mandatory reporting laws, Adult Protective Services laws, enhanced penalties for crimes against elder citizens, domestic violence laws, or specific elder abuse and neglect laws (Hunzeker, 1990; NARCEA, 1991). Police are expected to detect and report abuse, or enforce other state mandates.

- Second, a response developed *for* law enforcement *by* law enforcement ensures that any new policies, practices, procedures, and training will be practical and effective on the street. For example, elder abuse legislation is pending on both the national and state levels — police should be involved in helping to shape their role and to develop means for achieving it.

- Third, police across the nation are shifting toward a more community-oriented approach to policing (Goldstein, 1990). A quality response to the needs of the elderly is going to be an integral part of any community-oriented effort and will bring the department closer to the citizens it serves.

- Fourth, the demographics on aging demand law enforcement attention to elder abuse.

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

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

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

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

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

- Fifth, police are already responding to calls involving elder abuse. In some communities law enforcement is the only 24-hour-a-day, 7-day-a-week service provider. A study conducted of older adults indicated that most respondents would first seek help from police if they were physically abused (AARP, 1981). But are police prepared to handle these calls? Do they understand what role they are to play to older persons in the service provision network? If they are to continue to be on the front line, they must be trained (Anderson and Theiss, 1987; Wolf, 1984).

- Sixth, police realize that elder abuse and other criminal victimization can have a devastating effect upon an elderly person, even if he or she receives only minor injuries (Stein, 1983). As violent crime victims, elderly persons are more likely to sustain serious injury than younger victims (Bachman, 1992). "Their inability to rebound from the physical and financial effects often associated with victimization makes the psychological impact of crime more profound for them than for younger victims" (Zevitz and Rettammel, 1989:2). It is not surprising that elderly persons, more than any other age group within society, fear being victimized by criminals (U.S. Department of Justice, 1987). Elderly persons' fears of victimization may be regarded as a type of secondary victimization. They alter their lifestyles to minimize their exposure to potential victimization. Many elderly persons have effectively withdrawn from society by staying at home and not participating in activities after dark (Jones, 1980). Unfortunately, this isolation may make older persons more vulnerable to other forms of elder abuse.

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

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Instructors' Bios

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Module I

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Elder Abuse: An Overview

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

Learning Objectives

1. Students will be able to identify the various types of abuse and understand the definitions used by police and social service workers in their states.

2. Students will learn that different types of abuse are often found together.

3. Students will be familiar with the national and local prevalence statistics on elder abuse.

4. Students will gain an understanding of the physical and psychological barriers that prevent many older people from reporting abuse.

5. Students will learn that the profile of abuser and victim may vary according to the type of abuse.

6. Students will be able to recognize the indicators of abuse.

7. Students will recognize social, economic, and cultural factors that may affect risk and influence whether victims seek help.

Session Schedule: Day 1*

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

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

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Activity 1: Introduction to Elder Abuse and Neglect

Introduction

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

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

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

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

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

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

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

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

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Activity 2: Types of Elder Abuse and Prevalence

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Types of Elder Abuse

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

Sexual: Nonconsensual sexual contact of any kind with an older person.

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

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

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

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

Self-Neglect: Failure of an older person to provide for his or her own essential needs.

Physical Abuse

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

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

Sexual Abuse

Sexual abuse includes forced sexual contact or sexual contact with an individual who is incapable of exercising consent because of physical or mental impairments. Some people in the field of elder abuse believe that many cases of sexual abuse go unreported because professionals fail to

recognize or identify sexual abuse. They attribute this oversight to the misperception that the elderly are not likely targets for sexual abuse and, consequently, fail to investigate situations in which sexual abuse is likely to have occurred. Additionally, if the older person is confused or nonverbal (conditions that actually increase their risk of abuse), he or she may be incapable of reporting. If the older person's mental capacity is unclear, his or her credibility and ability to exercise consent may be unclear as well.

Psychological Abuse

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

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

Financial Abuse

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

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

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

Active Neglect

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

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

Passive Neglect

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

Self-Neglect

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

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

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

Extent of the Problem

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

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

(If information is not provided by the trainer, students are encouraged to find out what their state laws are pertaining to elder abuse definitions [found in mandatory reporting laws], and what the incidence of abuse is in their states [often available from Adult Protective Services or the area agency on aging].)

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Activity 3: Profiles and Indicators of Abuse

Profiles of Victims, Abusers, and Circumstances Surrounding Abuse

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

Indicators of Abuse and Neglect

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

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

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

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

Physical Abuse

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

Abuse by spouses may continue from earlier stages of life, or it may begin in old age. The question arises as to whether these early-onset cases, which are sometimes referred to as "spouse abuse grown old,"

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should be treated like any other cases of spouse abuse. While traditional approaches to domestic violence may be effective in these cases, changes that occur as the parties age may alter the circumstances and needs. Abuse may cause greater injury to the older victim. Older victims may be less able to protect themselves or they may lack access to protections that were once available to them. For example, most battered women's shelters are poorly equipped to serve elderly victims, or they may not accept victims who are not self-sufficient.

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

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

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

Indicators of Physical Abuse

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

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

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

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- Bruises or welts
  - — Bruises in the shape of articles such as belts, buckles, or electrical cords
  - — Bilateral bruises (bruises which appear on opposite sides of the body) to the arms may indicate that the older person has been shaken, grabbed, or restrained. Bilateral bruises on the inner thighs may indicate rape or other types of sexual abuse
  - — "Wrap around" bruises (bruises which encircle the older person's arms, legs, or torso) may indicate that the person has been physically restrained
- Burns from cigarettes, appliances, or hot water
- Abrasions on arms, legs, or torso that resemble rope or strap marks may indicate inappropriate constraint
- Fractures, sprains, lacerations, or abrasions
- Injuries caused by biting, cutting, poking, punching, whipping, or twisting limbs
- Disorientation, stupor, or other effects of overmedication
- Internal injuries may be evidenced by unexplained reported pain, difficulty with normal functioning of organs, or bleeding from body orifices
- History of similar injuries and/or numerous or suspicious hospitalizations

Behavioral Indicators of Physical Abuse

The Victim

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

The Suspect

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

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- Is unreasonably critical of and/or dissatisfied with social and health care providers and changes frequently

Sexual Abuse

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

Indicators of Sexual Abuse

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

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

Behavioral Indicators of Sexual Abuse

The Victim and Suspect

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

Psychological Abuse

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

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Indicators of Psychological Abuse

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

Behavioral Indicators of Psychological Abuse

The Victim

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

The Suspect

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

Financial Abuse

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

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

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

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social contacts. To them, lonely, isolated older persons are easy targets for abuse. Older people with memory loss or those who are confused are particularly vulnerable.

Indicators of Financial Abuse

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

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

Behavioral Indicators of Financial Abuse

The Victim

- Gives implausible explanations about his or her finances
- Is unaware of or does not understand financial arrangements that have been made for him or her

The Suspect

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

Participant's Notes

Neglect (Active and Passive)

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

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

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

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

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

Indicators of Neglect

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

- Neglected bedsores
- Skin disorders or rashes
- Untreated injuries or medical problems
- Poor hygiene

Participant's Notes

- Hunger, malnutrition, or dehydration
- Pallor, or sunken eyes or cheeks
- Absence of necessities in home, including food, water, or heat
- Absence of prescribed medication
- Lack of clean bedding or clothing
- Unsanitary or unsafe living conditions
- Absence of needed dentures, eyeglasses, hearing aids, walkers, wheelchairs, braces, or commodes

Behavioral Indicators of Neglect

The Victim

- Is unresponsive or helpless
- Appears detached
- Exhibits hopelessness
- Expresses unrealistic expectations about his or her care (e.g., claims that his or her care is adequate when it is not, or insists that the situation will improve)

The Suspect

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

Self-Neglect

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

Indicators of Self-Neglect

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

Participant's Notes

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

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

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

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

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

1. What factors are cause for concern?
2. What specific evidence is there?

Participant's Notes

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

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

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

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

Participant's Notes

Activity 6: Questions and Discussion

Participant's Notes

References

Participant's Notes

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

National incidence data on elder abuse was drawn from:

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

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

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

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

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

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

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

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

Abuse indicators were adapted from:

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

The section on cultural factors affecting risk was drawn from:

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

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

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

Other suggested sources include:

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

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

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

Participant's Notes

Module II

Participant's Notes

Aging: An Overview

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

Learning Objectives

1. Students will learn what the future trends are regarding the aging population and what impact those trends will have on the demand for police services.

2. Students will learn the physical and psychological effects of normal aging.

3. Students will learn about physical and psychological impairments and illnesses associated with aging.

4. Students will be familiarized with the concept of functional capacity and how it is used in assessing the physical and mental needs of the elderly.

5. Students will learn how to more effectively communicate with older persons.

6. Students will learn about the cultural differences within the minority aging population.

Session Schedule: Day 1*

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

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

Participant's Notes

Activity 1: Introduction: The "Graying of America"

Participant's Notes

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

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

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

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

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

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

Aging Quiz

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

Participant's Notes

Activity 2: Aging Quiz

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

Answer: True

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

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

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

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

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

Answer: True

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

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

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

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

Answer: True

Participant's Notes

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

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

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

Answer: False

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

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

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

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

Answer: False

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

Participant's Notes

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

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

Answer: False

The majority of people over 65 continue to have both interest in, and capacity for, sexual relations. Studies have shown that the capacity for satisfying sexual relations continues into the 70s and 80s for healthy couples. Sex continues to play an important role in the lives of most men and women through the seventh decade of life.

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

Answer: False

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

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

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

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

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

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

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

Participant's Notes

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

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

Answer: False

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

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

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

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

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

Most dementia states are reversible with immediate and appropriate medical care. Some that are reversible, however, may become irreversible if left untreated. For this reason, distinguishing between those conditions that can be remedied and those that cannot is extremely important and may be done through complete and thorough assessments.

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

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

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

Answer: False

Participant's Notes

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

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

Answer: True

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

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

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

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

Answer: True

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

Participant's Notes

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

Answer: False

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

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

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

Answer: False

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

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

Answer: False

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

Participant's Notes

Activity 3: Physiological Changes Related to Aging

Participant's Notes

Normal Changes in Aging

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

Sensory Changes

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

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

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

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

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

Touch and pain. The elderly have reduced tactile sense. As a result, they experience less pain and may be less likely to notice injuries or

conditions such as heart attacks. Declines in the sensation of touch may result in a loss of balance and may increase the risk of falls.

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

Musculo-Skeletal Changes

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

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

Cognition

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

Diseases and Chronic Conditions of the Elderly

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

The most common chronic conditions that cause limited activity in individuals over 65 are arthritis, which affects 50 percent of the elderly;

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hypertension, which affects 39 percent; hearing impairment, which affects 30 percent; and heart disease, which affects 26 percent. More than 80 percent of the over-65 population have at least one chronic condition, and many have multiple conditions. Common conditions of the elderly include

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

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

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

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

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

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

Other Physical and Emotional Problems Associated with Aging

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

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

Incontinency: Inability to control the flow of urine (urinary incontinency) or fecal matter (fecal incontinency). Incontinency is extremely disabling and a major source of stress for the elderly and their caregivers. It also increases the chances that an older person will be

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placed in an institution. Fecal incontinency is almost entirely preventable with proper diagnosis and treatment.

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

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

Depression: Depression is the most frequently diagnosed form of psychopathology among the elderly. While women are more likely to report depression in middle age and early old age, men are more likely to suffer from clinically diagnosable depression at the age of 80 or above. Depression may be manifested in response to stressful life events.

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

Participant's Notes

Activity 4: Functional Ability

Participant's Notes

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

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

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

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

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

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

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

Activity 5: Communicating with Older Persons with Disabilities

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

Hearing-Impaired Persons

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

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

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

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

Effective Communication with Hearing-Impaired Adults

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

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

Participant's Notes

Communicating with a Person with Dementia/Alzheimer's Disease

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

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

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

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

Participant's Notes

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

Instructions

1. Select actors 1 and 2.

   Actor 1: a senior with a hearing loss
   Actor 2: an officer conducting an interview

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

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

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

3. Describe specific techniques that Actor 2 employed to ensure that Actor 1 understood what was being said.

4. Point out additional techniques that could have been employed.

5. Select another pair of actors.

6. Repeat exercise.

Participant's Notes

Activity 7: Minority Elderly in the United States

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

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

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

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

1. Older African-Americans

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

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

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

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

2. Older Hispanic/Latin Americans

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

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

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

3. Older Asian Americans

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

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

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

Participant's Notes

Activity 8: Conclusion

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

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

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

Participant's Notes

Participant's Notes

References

Participant's Notes

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

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

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

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

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

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

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

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

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

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

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

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

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

Information on minority elderly was drawn from the following sources:

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

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

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

Additional Resources:

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

Participant's Notes

Module III

Response and Prevention

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

Learning Objectives

1. Students will gain an understanding of law enforcement's roles and responsibilities in responding to abuse cases.

2. Students will be familiarized with their states' elder abuse reporting duties, where applicable.

3. Students will be familiarized with the charges associated with physical abuse, financial exploitation, and neglect.

4. Students will be familiarized with their states' civil protection codes that can be employed in elder abuse cases.

5. Students will be familiarized with their states' mental health codes and how they can be employed in elder abuse cases.

6. Students will be instructed about the special needs and considerations involved in handling elder abuse cases, from initial telephone contacts through closings of cases.

7. Students will develop skills in interviewing elderly victims, suspects, and witnesses.

8. Students will be able to identify diverse sources of information from which they can draw during abuse investigations.

Participant's Notes

Session Schedule: Day 2*

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

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

Participant's Notes

Activity 1: Introduction

The Role of Law Enforcement in Elder Abuse Cases

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

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

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

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

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

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

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

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

Elder Abuse Reporting Laws

Review copies of your state's abuse reporting laws.

Crimes Associated With Elder Abuse

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

Civil Protection Codes

Review copies of your state's civil protection codes.

Mental Health Codes

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

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Activity 3: Investigating Abuse

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

The primary goals of the investigation are

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

Initial Response to Elder Abuse

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

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

Determining Whether an Emergency Response Is Needed

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

- Is the abuse in progress?
- What kind of abuse is occurring?
- What is the victim's name and age?
- What is the victim's current location?
- Is the victim injured or suffering from a medical emergency?

— If so, what is the nature and extent of the injury or medical emergency?

— If it is not a medical emergency, what facts warrant an immediate non-medical response? What is at risk?

- What is the victim's physical and mental condition (e.g., disabled, confused)?
- Will the victim await the police's arrival?
  — If not, where will officers be able to locate the victim?
- Is the caller the victim, a witness, a neighbor, or another relation?
- What is the caller's name, telephone number, address, and current location?
- Is there a suspect currently on the scene?
  — If not, is the suspect's current location known?
- What is the suspect's name and description?

What Are Emergency Situations?

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

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

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

Contacting Other Agencies

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

- Are police required to report to APS or other agencies (or to conduct joint investigations) under state reporting laws?

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

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

Initial On-Site Response

The responding patrol officer's role is to defuse, assess, and stabilize the immediate situation and preserve the crime scene. This may include effecting forced entry, providing emergency care, removing the victim or offender, checking on the older person's well-being, taking preliminary statements, preserving evidence, and arresting the offender. The officer may be called to conduct a co-investigation with an APS worker. Officers should not assume that they are relieved of their responsibilities to collect and preserve evidence or conduct an investigation just because an APS or other service provider is on the scene. Their assistance may also be needed to help other professionals perform their jobs (e.g., assisting an APS worker in gaining access to interview a victim when the alleged abuser is preventing him or her from doing so).

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

Forced Entry

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

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

Assessment of the Situation

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

- Define the problem

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

Arrest and Emergency Removal of Suspects

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

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

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

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

Emergency Removal of the Victim

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

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

Special considerations should also be taken into account before removing victims from their homes. Removing a victim from his or her home environment can be physically and emotionally traumatic. Additionally, it is often difficult to find facilities that are able to

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accommodate impaired elderly victims. Battered women's shelters, for example, are usually unable to meet the needs of severely impaired older women.

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

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

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

When emergency removal is needed, it should be carried out in collaboration with other service providers who can address any needs of the victim that may result from the removal. This may include arranging for transportation, finding appropriate placements, and securing the victim's home. In most communities, APS serves as a conduit to other community resources and should be contacted first for assistance. Other community services are discussed in Module IV. The victim's family or physician or another responsible, interested person should be notified. Court action may be required to effect an involuntary removal.

Arrangement for In-Depth Investigation

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

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

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

Participant's Notes

Interviewing Victims, Suspects, and Witnesses

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

General Guidelines for Interviews/Interrogations

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

Interviewing the Victim

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

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

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

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

Techniques for Interviewing Victims

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

Participant's Notes

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

Interviewing the Suspect

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

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

Techniques for Interviewing Suspects

- Advise the suspect of his or her rights, if appropriate.
- Encourage the suspect to relate the incident in his or her own words.
- Note the suspect's attitude or demeanor during the interview.
- Determine the relationship between the suspect, victim, and witnesses.
- Look for behavioral indicators of abuse.

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

Interviewing Witnesses

Techniques for Interviewing Witnesses

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

Using Translators

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

Collecting and Preserving Evidence

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

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require careful investigation and the marshalling of all circumstantial evidence.

As with other types of cases, the officer should preserve evidence when it is present. Evidence includes physical objects or conditions that establish the facts of the case. In abuse cases, evidence may include injuries, instruments used to inflict the abuse, or conditions of victims' homes. In financial exploitation cases, evidence may include bank statements, powers of attorney, deeds, and indicators of the victim's mental capacity (such as reports from doctors). The relationship between the evidence and the abuse incident must be clear. Evidence should be gathered as quickly as possible to avoid the possibility of the suspect's concealment or destruction of it. Do not fail to note indicators of what is missing, such as empty refrigerators or cabinets, or bare walls that reveal outlines of missing art objects. Evidence should be collected in a fashion consistent with department policy. Evidence collection teams may be employed.

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

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

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

Where to Get Information

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

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

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have different requirements for releasing information. Some will need the victim's consent, a search warrant, or a subpoena.

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

- Social histories of the victim and his or her family
- Information about the victim's functional capacity and care needs
- Expertise in arranging for health and social services

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

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

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

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

Guardians, Conservators, or Lawyers: Some older people with mental impairments have been placed under guardianship or conservatorship (the terms vary from state to state). This involves a court process in which a judge appoints another individual or agency to assume responsibility for the older person's finances or personal care. The conservator or guardian may be a friend or relative, or he or she may be a banker, lawyer, or professional conservator. The conservator or

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guardian may be the public guardian if the older person does not have reliable family members willing to serve or if he or she lacks the funds to hire a private conservator or guardian. The conservator or guardian (assuming he or she is not the alleged abuser) may be able to

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

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

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

Special Considerations in Collecting Evidence

In collecting evidence, the officer should consider the following:

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

Special Considerations in Investigating Financial Exploitation

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

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

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

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

Securing the Estate and Recovering Losses

During an investigation, the victim's estate may be extremely vulnerable. If the suspect is aware that an abuse investigation is in progress, he or she may quickly attempt to withdraw funds or transfer property before it is too late. If the victim is incapable of acting on his or her own behalf, officers should initiate action to secure the estate or notify others who can do so. They may contact banks or other financial

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institutions to inform them that a criminal investigation is in progress. Financial institutions are often willing to put administrative holds on victims' accounts for brief periods pending the outcomes of investigations.

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

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

Closing the Case

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

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

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

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

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

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

Referrals

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

Participant's Notes

Activity 4: Investigation Activity

Case 1, Mrs. Meyers

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

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

1. How would you begin the investigation?
2. What sources of information are available?
3. What types of evidence would you collect?
4. What are the possible criminal charges?
5. Are you required to report or cross-report the situation to other agencies?

Participant's Notes

Case 2, Mrs. Jones

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

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

1. How would you begin the investigation?
2. What types of evidence would you collect?
3. What are the possible criminal charges?
4. Are you required to report or cross-report the situation to other agencies?

Participant's Notes

References

Heisler, Candace J. and Jane E. Tewksbury. "Fiduciary Abuse of the Elderly: A Prosecutor's Perspective." *Journal of Elder Abuse and Neglect,* Vol. 3(4): 23–40, 1991.

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

Trapp, Lois. "Financial Abuse." *Serving the Victim of Elder Abuse.* San Francisco Consortium for Elder Abuse Prevention. San Francisco, 1986.

Additional Resources

Police Executive Research Forum. *Managing Persons with Mental Disabilities: A Curriculum Guide for Law Enforcement.* 1989.

Wright-Benedetti, Bonnie. *Colorado Guidelines for Cooperation Between Law Enforcement and Adult Protection Services: A Training Manual.* Colorado Department of Social Services. 1992. (An excellent example of a state-specific training program.)

To order, contact:

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

Participant's Notes

Module IV

Participant's Notes

The Aging Services Network

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

Learning Objectives

1. Students will become familiar with the full scope and function of Adult Protective Services (APS) programs and their role in elder abuse cases.

2. Students will become familiar with the roles, outlooks, and techniques engendered by other agencies in the aging services network.

3. Students will be able to identify diverse resources in the community.

4. Students will learn how to make referrals to community agencies.

Session Schedule: Day 2*

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

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

Participant's Notes

Activity 1: Introduction

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

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

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

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Activity 2: Community Resources

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

Adult Protective Services (APS)

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

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

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

The majority of situations reported to APS involve self-neglect. These situations evolve when an impaired older person fails to provide for his or her own care or permit others to do so. The person may be living in a squalid environment or may neglect his or her personal health, hygiene, or safety. In these cases, APS may provide assistance with the impaired

Participant's Notes

person's consent. They may also intervene if the person's immediate safety is at serious risk and he or she is incapable of acting on his or her own behalf. If the situation is not an emergency and the person understands the risks, APS respects his or her right to make decisions about how to live. At times, APS workers are under pressure from third parties who believe that APS "ought to do something" about these situations. APS workers often find themselves in the position of defending competent individuals' rights to make their own decisions.

Long-Term Care Ombudsman

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

Area Agencies on Aging

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

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

Services for Victims, Their Families, and Abusers

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

Participant's Notes

Case Management

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

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

Mental Health Services

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

Mental Status Assessments

In many abuse cases, the victim's mental status is unclear. In these situations, it is often necessary to have a mental health professional perform a mental status assessment to determine whether the victim is capable of exercising consent, transacting business, or making other decisions. Mental status assessments range from short, simple tests to lengthy, comprehensive evaluations. Assessments may be performed by APS workers, psychologists, social workers, mental health workers, or others.

Crisis Intervention

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

Because it is usually easier for people in crisis to rely on old behaviors rather than learn new ones, crisis intervention in abuse cases often involves encouraging victims to build on their strengths and past experiences to cope with the abuse situations. This may be accomplished by asking them to describe past crises and how they handled them. If the action or coping behavior worked in the past, it may be applied to the current situation. For example, if there has been a history of physical abuse, the victim

Participant's Notes

may have an "escape plan" that he or she has used in the past, such as going to stay with a friend when he or she is frightened. If the abuse is likely to occur again, it is particularly important for the victim to be prepared. It may even be helpful to role-play or rehearse what he or she will do if the abuse recurs.

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

Counseling

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

Legal Services

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

Education

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

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

Participant's Notes

Support Services

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

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

Support Groups

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

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

Respite Care

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

Services for Abusers

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

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

Participant's Notes

Shelters

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

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

Financial Management

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

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

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

Representative payeeships may be set up after the onset of incapacity and may be appropriate for clients of moderate means. They do present some risks, however, and should be used cautiously. There are minimal accounting requirements and few safeguards, although Social Security can require an accounting from the rep payee and investigate allegations of fund misuse.

Power of Attorney: A power of attorney (POA) allows an individual (called the "principal") to delegate certain stated powers to someone else, who is then called the "attorney-in-fact." The power of attorney specifies exactly what legal and/or financial responsibilities are being transferred. To be valid, the POA must be enacted while the principal is still mentally competent. It may be revoked at any time and is valid only for as long as the principal continues to have capacity. A durable power

Participant's Notes

of attorney differs from a standard power of attorney in that it is not affected by any subsequent incapacity of the principal. If the person who gave the durable power of attorney later becomes incapacitated, the power of attorney survives until the death of the principal.

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

Victims' Services Units

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

Participant's Notes

Activity 3: Finding Services in Your Community

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

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

Participant's Notes

Activity 4: Developing a Resource Guide

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

Participant's Notes

Activity 5: Making Social Service Referrals

Participant's Notes

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

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

Eligibility Criteria for Aging Services

Identifying Information: This includes the older person's name and how he or she can be reached. Some agencies may also want the older person's Social Security number or date of birth.

Age: Many agencies have age eligibility criteria. While most "aging" services define elderly as age 60 and over, some agencies use 58, 62, or 65 years as defining points.

Income: While many services for the elderly that are funded by the federal government are free, some have income eligibility requirements. Some services are available without charge to low-income seniors who qualify for supplemental security income (SSI) or Medicaid (if they receive SSI, they are also eligible for Medicaid). Other agencies use sliding fee scales. This means that fees are based on income, and thus it is necessary to obtain more precise information about the older person's financial status.

Functional Ability: Many agencies base eligibility on functional ability, that is, they need to know the precise nature of the older person's abilities and needs. Some, like adult day health programs, have very specific functional criteria and will conduct assessments before admitting clients. Others may simply need to know whether the client is ambulatory (can walk) or has the mental capacity to consent to services.

Activity 6: Multidisciplinary Teams

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

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

Participant's Notes

Activity 7: Case Exercise

Case Example

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

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

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

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

Participant's Notes

Participant's Notes

Module V

Participant's Notes

Legal, Ethical, and Practice Principles

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

Learning Objectives

1. Students will be familiarized with the legal concepts of police power and parens patria.

2. Students will learn the concepts of autonomy, privacy, confidentiality, informed consent, and least restrictive alternatives.

3. Students will become familiar with other principles that guide decision-making in abuse cases.

4. Students will learn what factors are taken into account in making decisions for individuals who are incapable of acting on their own behalf.

5. Students will acquire skills in analyzing the ethical considerations that are raised in specific abuse cases.

6. Students will gain an understanding of, and appreciation for, the diverse perspectives and standpoints assumed by service providers and law enforcement in handling elder abuse cases.

Session Schedule: Day 2*

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

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

Participant's Notes

Activity 1: Introduction

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

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

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

Participant's Notes

Activity 2: Legal Principles

The United States Constitution and, in particular, the Bill of Rights, ensure that adults have the freedom to exercise control over their own lives. They safeguard people against undue interference by government, defining and protecting the right to determine one's own behavior and pursue one's own destiny.

There are, however, situations in which the law grants authority to restrict the actions of individuals in order to protect the public's health and safety. Two legal doctrines authorize intervention into peoples' lives: police power and parens patria. In this section, we will see how these doctrines justify intervention in elder abuse situations.

Police Power

Police power assumes the right and responsibility of government to make and enforce laws necessary for the health, safety, welfare, and morals of the public. It seeks to protect the interests of society in general, rather than those specific to the individual. It assumes that everyone must be held to a common code of conduct. When vulnerable adults are physically abused, financially exploited, or neglected to the extent that their health and safety are in danger, the government takes on the role of accuser and penalizer. Police power allows the government

- To protect people from bodily harm;
- To protect people from loss or damage to property or financial interests;
- To protect people from mental or emotional harm; and
- To protect people from nuisances and annoyances by others.

Because the penalties associated with police power are so severe, (convicted criminals stand to lose personal liberty, property, or even life itself), this power is exercised with extreme caution to ensure that individuals are not mistakenly punished. Those accused of crimes are entitled to due process, which includes the right to counsel, the right to a court-appointed lawyer if they are indigent, the right to cross-examine witnesses, the right to appeal, etc. The standard of proof required to convict an individual of a crime is "beyond a reasonable doubt," the highest standard of proof defined under the law.

Parens Patria

Parens patria, which means "the state as parent," gives the state "parental" control over individuals who cannot manage for themselves. It is the legal principle that allows government to protect individuals who are disabled or limited in their ability to care for themselves. It enables government to become a substitute decision-maker by seeing to the best interests of the individual. It is used to justify intrusions into people's lives to protect them from themselves or from events beyond their control. It allows the government to:

Participant's Notes

- Maintain and preserve the personal property and assets of persons who are unable to care for their own property through guardianship and conservatorship;
- Treat mental disorders through involuntary commitment for treatment;
- Prevent self-inflicted bodily harm such as suicide attempts; and
- Provide custodial care for persons who suffer from untreatable conditions and cannot care for themselves, such as placement of persons with developmental disabilities in group homes.

Because parens patria also carries with it the potential for depriving people of their freedom and property, it, too, is exercised with extreme caution. The need for protection must be convincingly demonstrated through civil proceedings, including the need for guardianships, conservatorships, or mental health commitments. Efforts are made to find the least restrictive interventions necessary to protect the individual and the community.

Participant's Notes

Activity 3: Ethical Principles

In addition to the fundamental legal principles that define the circumstances in which interventions are authorized by law, ethical principles also guide decision-making in abuse cases. Ethical principles address conduct that is not covered by law or about which the law is unclear. Ethics involve the application of values that are considered good, responsible, and necessary for achieving a high quality of life. They are concerned with what behavior is right or wrong, and not necessarily with what behavior is legal or illegal. The following ethical principles are important in protective services:

Autonomy: This is the view that adults have the right to choose their own lifestyles and live by their chosen values as long as they understand the implications of what they are doing and they do not infringe upon the rights of others. These personal choices take precedence over community norms, agency policies, and third-party interests. Adults are free to live as they choose, even if their chosen lifestyles are unconventional, nonconformist, or dangerous.

Privacy: This is the view that an individual's personal affairs should not be revealed to others or intruded upon by others. Federal, state, and local laws honor privacy by prohibiting unwarranted intrusions on a person's way of life.

Confidentiality: This is the view that information obtained about clients and their circumstances should be held in secret in the course of professional service. Nothing that could cause embarrassment or other personal damage should be revealed to a third party without the client's informed consent. This is to protect clients from stigma or retaliation. When a person reveals information about a danger to him- or herself or to others, however, confidentiality may be violated to protect the endangered person.

Informed Consent: This is the right of the individual to exercise self-determination in agreeing to options or decisions that affect his or her life. It assumes that consent is only free if the person has been made aware of all of the implications of consenting.

Least Restrictive Alternatives: Alternative options are often available to solve problems or stop abuse. In selecting options, priority should be given to those that are the least restrictive to the person's autonomy and freedom. For example, older individuals may lose the ability to balance their checkbooks but may still make good decisions about how they want to spend their money. Options for assisting people with their finances fall along a continuum from informal money management (e.g., help with paying bills) to conservatorship of estate, which transfers responsibility for all financial decisions to another person. While conservatorship of

Participant's Notes

estate would undoubtedly solve the problem of the person who could not balance his or her checkbook, it would be unnecessarily restrictive if the person had the capacity to perform other tasks. In this case, limited money management might be more appropriate.

Participant's Notes

Activity 4: Practice Principles

The legal and ethical principles described above provide a general framework for decision-making. Those who work with the elderly have gone further in defining how these guiding principles can be interpreted in everyday practice. The following practice principles, for example, were adopted by one police department to provide greater clarity about how ethical concerns may be applied to specific situations.

1. Do no harm. Take no action that exacerbates the situation and increases the risk to the older person. Make no promises that cannot be fulfilled.

2. Respect the older person's right to make decisions. If mentally competent, the older person has the right to reject unwanted intrusions into his or her life, including benevolent intrusions. The older person has the right to privacy and the right to decide whether or not to accept help.

3. Respect the older person's right to confidentiality. Information about the individual's situation should only be shared with other professionals as it pertains to assisting the individual and as authorized by the individual or guardian. Follow the dictates of your own profession.

4. Maintain the family unit whenever possible. Experience shows that the family provides the best care for the older person. First seek solutions, like support services, that maintain the integrity of the family. However, if the abuse is a long-standing family pattern or the result of pathological conditions that endanger the older person, it may be necessary to separate the abuser and the victim.

5. Document the situation. Clearly and objectively detail, in written form, information pertaining to the older person's situation. This will help you in case you are later asked for information, and it will help others to assess the type and extent of abuse — whether or not legal action is taken.

Participant's Notes

Activity 5: Surrogate Decision-Making

Because abuse cases often involve older individuals who lack the capacity to make decisions, or whose capacity is unclear, it is important to have a basic understanding of the ethical principles involved in acting on behalf of an impaired person.

Individuals who are incapable of acting in their own best interests are often assigned "surrogate decision-makers," including conservators or guardians. In making decisions for impaired individuals, surrogate decision-makers rely on two standards to guide them: "substitute judgment" and "best interest."

Substitute judgment refers to decisions based on what is known or believed to be the wishes or preferences of the impaired person. Using this standard, the surrogate decision-maker makes decisions based on what he or she knows or believes that the impaired person would do. Decisions may be based on what impaired persons have stated or demonstrated to be their preferences in the past.

The best-interest standard refers to decisions based on what is believed to be the individual's best interest. The decision-maker uses his or her own judgment (or that of others) to decide what is best for the impaired person.

Even when it has been determined that an individual is incapable of exercising judgment or consent, efforts should be made to protect his or her wishes. Consequently, substitute judgment should be used whenever possible in making decisions about impaired individuals.

There are, however, many situations in which this is not possible. The surrogate decision-maker may not have enough information about the impaired person's wishes to know what he or she would do. The impaired person may never have had capacity (he or she may have been impaired since birth or at a young age), or it may be impossible to respect his or her wishes for practical reasons (there are insufficient resources to provide what the person would want).

Participant's Notes

Activity 6: Discussion of Legal, Ethical, and Practice Principles Using Case Examples

Case 1, Mrs. Anderson

A woman calls the police about her neighbors, Mr. and Mrs. Anderson. The neighbor is concerned because Mrs. Anderson has severe mental disabilities and is confined to bed. She does not think that Mr. Anderson is capable of taking care of his wife. Sergeant Stern investigates and finds Mrs. Anderson in poor condition. She is unresponsive to his questions and does not seem to know where she is. In talking to the neighbor and the Andersons' physician, Sergeant Stern learns that Mrs. Anderson had a fall recently and may have broken her hip. She has not been treated. The physician is concerned because the last time he examined Mrs. Anderson, she was beginning to develop bedsores.

Sergeant Stern talks to Mr. Anderson, who is also in poor health. Mr. Anderson claims that he is taking good care of his wife and that it is nobody else's business. He does not want to discuss his wife's care and refuses to hire anyone to help him.

Sergeant Stern contacts the Andersons' daughter, Betty, who files for, and is granted, conservatorship. She has her mother hospitalized and treated for the bedsores and hip injury. Although Betty believes that her mother would be better off in a nursing home, she knows that her mother has frequently said in the past that she never wanted to be placed in one. As an alternative, Betty hires home care for her mother so that she can continue to live at home.

Questions

1. What legal, ethical, or practice principles may be applied to this case?
2. Are Mr. Anderson's rights being violated in this situation?
3. What additional actions should be taken?

Participant's Notes

Case 2, Mrs. Jones

Mrs. Jones has a 29-year-old daughter who is an alcoholic. The daughter is unemployed and frequently asks her mother for money. When she does not get it, she threatens her mother with violence. The conflicts have escalated and the daughter recently hit her mother with a board. She suffered injuries, resulting in her hospitalization. There were several witnesses, one of whom called the police. Sergeant Lewis took the report. He discovered that Mrs. Jones has a restraining order against her daughter. This allowed him to take her daughter into custody.

Mrs. Jones does not want her daughter to go to jail. APS has also been involved in the past, and Mrs. Jones calls her APS worker to ask for his help in getting the charges dropped. The social worker tells Mrs. Jones that he will see what he can do.

Questions

1. What legal, ethical, or practice principles may be applied to this case?

2. What can the APS worker do to help protect Mrs. Jones's autonomy?

Participant's Notes

Case 3, Mr. Blakely

APS receives a call from Superior Gas Company. A customer, Mr. Blakely, is not paying his gas bills and the company is threatening to turn off the gas.

An APS worker investigates. He finds out that Mr. Blakely is living with his 24-year-old daughter, June. June cashes her father's Social Security check for him every month and keeps half for herself. By the end of each month, Mr. Blakely is out of food and frequently cannot pay his bills. Mr. Blakely refuses to have anyone else cash his checks for him. He knows that his daughter is taking his money, he recognizes that his health is being compromised, and he understands that his gas may be cut off if the situation continues. After lengthy discussion, Mr. Blakely refuses to change his mind and the APS worker closes the case.

Questions

1. What legal, ethical, or practice principles apply to this case?
2. What future developments might change the obligation/responsibility to intervene?
3. What additional actions should the APS worker take?

Participant's Notes

Activity 7 (Optional): Video — *Difficult Choices: Ethical Issues in Casework*

Participant's Notes

Activity 8: Conclusion

The legal, ethical, and practice principles raised in this module reflect values that are intrinsic to our way of life. They protect the welfare, safety, property, and civil rights of the individual and society at large.

While these rights and protections apply to all adults, it is particularly important to emphasize them when we talk about elder abuse and neglect. It is not uncommon to encounter situations in which an older person's health or safety is in jeopardy, yet he or she refuses to take actions to improve the circumstances. In their desire to help, law enforcement officers and other professionals may infringe on personal freedom to ensure safety. In doing so they must consider that, for many Americans, freedom is just as important as safety or security. As individuals age, they may lose control over many aspects of their lives. For them, the right to control their own lives and destinies is particularly precious.

One way of guarding against overly intrusive tendencies and biases when intervening in an elder abuse case is to ask ourselves, "Would I treat this person differently if he/she were 40 instead of 80?" Those who work with elderly people must apply the same standards to them as they would to younger adults. To do otherwise would be to infringe upon the elderly's autonomy and civil rights.

Participant's Notes

References

The section on ethical principles was adapted from:

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

Practice principles were from the Scottsdale, Arizona, Police Department, 1987.

Additional Resources:

The video that is included as an optional activity (activity 7) is from:

Elder Abuse and Neglect in the Family. University Center on Aging, University of Massachusetts Medical Center. 1986.

Tape #3 — *Difficult Choices: Ethical Issues in Casework* (21 minutes)

To order, contact:

National Committee for the Prevention of Elder Abuse
c/o Institute on Aging
The Medical Center of Central Massachusetts
119 Belmont Street
Worcester, Massachusetts 01605

Participant's Notes

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Resources

National Resources

Administration on Aging
330 C Street, S.W.
Room 4755
Washington, D.C. 20201

American Association of Retired Persons
Criminal Justice Services
601 E Street, N.W.
Washington, D.C. 20049

American Bar Association
Commission on Legal Problems of the Elderly
1800 M Street, N.W.
Suite 200 South
Washington, D.C. 20036

American Public Welfare Association
810 First Street, N.E.
Suite 500
Washington, D.C. 20002

American Society of Law Enforcement Trainers
P.O. Box 361
Lewes, Delaware 19958

Clearinghouse on Abuse and Neglect of the Elderly
College of Human Resources
University of Delaware
Newark, Delaware 19716

Gray Panthers
2025 Pennsylvania Avenue, N.W.
Suite 821
Washington, D.C. 20006

International Association of Chiefs of Police
1110 North Glebe Road
Suite 200
Arlington, Virginia 22201

International Association of Directors of Law Enforcement Standards and Training
c/o Darrel Hart
4491 Cerillos Road
Santa Fe, New Mexico 87505

National Aging Resource Center on Elder Abuse
810 First Street, N.E.
Suite 500
Washington, D.C. 20002

National Association of Adult Protective Services Administrators
c/o Adult Protective Services
P.O. Box 149030, W-509
Austin, Texas 78714

National Association of Area Agencies on Aging
1112 16th Street, N.W.
Suite 100
Washington, D.C. 20036

National Association of State Units on Aging
1225 I Street, N.W.
Suite 725
Washington, D.C. 20005

National Committee for the Prevention of Elder Abuse
c/o Institute on Aging
Medical Center of Central Massachusetts
119 Belmont Street
Worcester, Massachusetts 01605

National Conference on State Legislatures
1560 Broadway
Suite 700
Denver, Colorado 80202

National Council of Senior Citizens
1331 F Street, N.W.
Washington, D.C. 20004

National Crime Prevention Council
1700 K Street, N.W.
2nd floor
Washington, D.C. 20006

National Institute on Aging Information Center
9000 Rockville Pike
Bethesda, Maryland 20892

National Ombudsman Resource Center
1224 M Street, N.W.
Suite 301
Washington, D.C. 20005

National Senior Citizens Law Center
1815 H Street, N.W.
Suite 700
Washington, D.C. 20006

National Sheriffs' Association
1450 Duke Street
Alexandria, Virginia 22314

Older Women's League
666 Eleventh Street, N.W.
Suite 700
Washington, D.C. 20001

Police Executive Research Forum
2300 M Street, N.W.
Suite 910
Washington, D.C. 20037

San Francisco Consortium for Elder Abuse
Prevention
Mount Zion Institute on Aging
3330 Geary Boulevard
2nd floor
San Francisco, California 94118

Victim Services
2 Lafayette Street
3rd Floor
New York, New York 10007

For a more complete listing of federal, state, and local agencies and non-profit associations, consult the Directory of Aging Resources, available from Business Publishers, Inc., 951 Pershing Drive, Silver Spring, Maryland 20910. Area agencies on aging and other local resources should also be consulted for additional services in your region.

National Center on Elder Abuse

The National Center on Elder Abuse (NCEA), established in October 1993 by a cooperative agreement grant (No. 90-AM-0660) awarded to the American Public Welfare Association (APWA) by the Administration on Aging (AoA), is operated by a consortium of the APWA, the National Association of State Units on Aging (NASUA), the University of Delaware, and the National Committee for the Prevention of Elder Abuse (NCPEA).

The purpose of NCEA is to develop and provide information, data, and expertise to federal, state, and local agencies, professionals, and the public on a timely basis. NCEA seeks to assist interested organizations and individuals in their efforts against elder abuse, neglect, and exploitation by conducting training workshops, producing newsletters, operating an information clearinghouse, engaging in research, and developing and disseminating technical reports of national significance.

For information regarding elder abuse, neglect, and exploitation, write to the National Center on Elder Abuse (NCEA), 810 First Street, N.E., Suite 500, Washington, D.C. 20002, or call (202) 682-2470 or (202) 682-0100.

NCEA Staff

American Public Welfare Association (APWA)

Toshio Tatara, Ph.D.
Director,
National Center on Elder Abuse
and Director,
Research and Demonstration Department, APWA

Susan R. Stein, M.A.
Research Analyst

David McNair, B.S.
Project Secretary

National Association of State Units on Aging (NASUA)

Sara Aravanis, M.S.S.A.
Associate Director for Elder Rights, NASUA

Loree Cook-Daniels, M.S.
Program Analyst

Doreen Coates
Administrative Assistant

University of Delaware

Karen F. Stein, Ph.D.
Director, Clearinghouse on Abuse and Neglect of the Elderly (CANE)
and Editor, *NCEA EXCHANGE*

Eileen Castle
Assistant Editor

National Committee for the Prevention of Elder Abuse (NCPEA)

Rosalie Wolf, Ph.D.
President, NCPEA

Additional Video Resources

Elder Abuse and Neglect in the Family. University Center on Aging, University of Massachusetts Medical Center. 1986.

Tape #1 — *The Hidden Sorrow: An Overview* (24 minutes)

Tape #2 — *In Pursuit of a Life Without Violence: Intervention Strategies* (26 minutes)

Tape #3 — *Difficult Choices: Ethical Issues in Casework* (21 minutes)

To order, contact:

National Committee for the Prevention of Elder Abuse
c/o Institute on Aging
The Medical Center of Central Massachusetts
119 Belmont Street
Worcester, Massachusetts 01605

Breaking the Silence (9:32 minutes)

To order, contact:

Metropolitan Washington Council of Governments
777 North Capitol Street, N.E., Suite 300
Washington, D.C. 20002-4201
(202) 962-3255

Elder Abuse: 5 Case Studies (each case study runs 5 to 10 minutes)

To order, contact:

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

An Informative Video for Health Care Professionals (25 minutes)

To order, contact:

Orange County Area on Aging
18552 MacArthur Boulevard, Suite 425
Irvine, California 92715
(714) 863-0323

Lifeline Series: *Mandated Reporter* (27 minutes)

Segment 1: Overview of the problem and profiles of victims and abusers

Segment 2: Types of abuse

Segment 3: Reporting

To order, contact:

California Attorney General's Office
In California (916) 638-8383
Outside California 1-800-982-1420

The Golden Years (60 minutes)

To order, contact:

Great Plains National
P.O. Box 80669
Lincoln, Nebraska 68501
1-800-228-4630

In Crime's Wake Series: *Elder Abuse: Hidden From View* (10 minutes)

To order, contact:

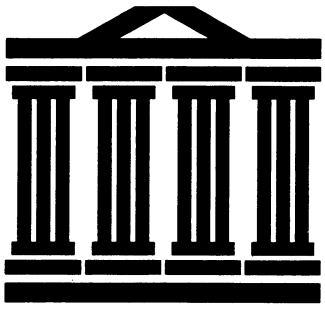
Victim Services
Public Affairs Unit
2 Lafayette Street
Third Floor
New York, New York 10007

Elder and Dependent Adult Abuse (31 minutes)

To order, contact:

Lieutenant Castro
Los Angeles County Sheriff's Office
Media Resources Unit
(310) 946-7807

Improving the Police Response to Domestic Elder Abuse:



Police Executive
Research Forum

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

PERF, 2300 M Street NW, Suite 910, Washington, DC 20037
202/466-7820; fax 202/466-7826

Model Roll Call Training Bulletin

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

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

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

ADVISORY BOARD

Sara Aravanis
National Eldercare Institute on Elder Abuse and State Long Term Care Ombudsman Services

Roderic Burton
Department of Social Work and Sociology Tennessee State University

Robert Dowling
Virginia Department of Criminal Justice Services

Joy Duke
Virginia Department of Social Services Adult Protective Services Administration

Lisa Frisch
New York State Office for the Prevention of Domestic Violence

Dennis A. Gustafson
San Francisco Police Department

Donald G. Hopkins
Maryland Police and Correctional Training Commissions

Lillian Jeter
Charleston (SC) Police Department

Katrina Johnson
National Institute on Aging/ National Institutes of Health

Frank Kowaleski
Hampton Roads (VA) Academy of Criminal Justice

Lisa Nerenberg
San Francisco Consortium for Elder Abuse Prevention

Mandie Patterson
Virginia Department of Criminal Justice Services

John Scheft
Office of the Massachusetts Attorney General/ Elderly Protection Project

John Schuyler
Maryland Police and Correctional Training Commissions

Chris Shoemaker
Aging and Adult Services Tallahassee, Florida

Karen Stein
College of Human Resources University of Delaware

Jane Tewksbury
Office of the Massachusetts Attorney General/Family and Community Crime

Randy Thomas
South Carolina Criminal Justice Academy

Carol Thornhill
Administration on Aging

Rosalie Wolf
Institute on Aging Medical Center of Central Massachusetts

Grant Monitor: Duane Ragan, Office for Victims of Crime
Project Director: Martha Plotkin, Police Executive Research Forum
Author: Tony Narr, Police Executive Research Forum

ROLL-CALL TRAINING BULLETIN FOR THE LAW ENFORCEMENT RESPONSE TO VICTIMS OF DOMESTIC ELDER ABUSE

I. Introduction

It is estimated that over 1.5 million elderly persons are abused by family members or other caregivers in domestic settings every year. Even more disturbing is the fact that only one in 14 cases may be reported. The staggering prevalence of abuse and the devastating effect it has on elderly victims demand that the police establish clear and thorough directives to guide call-takers, dispatchers, officers, supervisors, and investigators through the complex tasks for which they are responsible.

Abuse of older persons by their friends, family members, caregivers, or other trusted persons is a very complex problem, requiring a multidisciplinary response tailored to the specific circumstances and individual needs of the elderly victim. Domestic elder abuse is often the result of problems that officers alone cannot redress. The police are in the unique position of being responsible for the criminal investigation of such cases, while working jointly with social services organizations to ensure the provision of a network of services. To properly respond to complaints of suspected elder abuse and play an effective part in any comprehensive strategy to prevent, identify, detect, and react to instances of elder abuse, we as law enforcement officers must fully understand our role and be trained to act in concert with other protective, investigative, regulatory, enforcement, and social service agencies.

II. Definitions

A. **Types of Abuse** — Domestic elder abuse is not limited to physical assault. It may be present in any of the following forms. In addition, abusive behavior is not usually limited to one type of abuse; police should always look for indicators of more than one form of victimization.

Physical Abuse — nonaccidental use of force that results in bodily injury, pain, or impairment (e.g., slapping, burning, cutting, bruising, improper physical restraining).

Sexual Abuse — nonconsensual sexual contact of any kind (e.g., forcing sexual contact or forcing sex with a third party).

Emotional or Psychological Abuse — willful infliction of mental or emotional anguish by threat, humiliation, intimidation, or other abusive conduct (e.g., name-calling, treating like a child, frightening, isolating).

Active Neglect — willful failure by the caregiver to fulfill the caretaking obligation or duty (e.g., abandonment, willful deprivation of food, water, heating, clean clothing and bedding, eyeglasses or dentures, or health-related services).

Passive Neglect — non-willful failure to fulfill caretaking obligations. Abandonment or denial of food or health-related services because of inadequate caregiver knowledge, infirmity, or doubt about the value of prescribed services (e.g., rashes and bedsores, malnutrition, dehydration, unsanitary or unsafe living conditions).

Self-Neglect — the result of an older adult's inability, due to physical and/or mental impairments or diminished capacity, to perform essential self-care tasks (e.g., providing

essential food, clothing, shelter, and medical care; obtaining goods and services necessary to maintain physical health, mental health, emotional well-being, and general safety; and/or managing financial affairs).

Fiduciary (Financial or Material) Exploitation — illegal or improper use of an older person's funds, property, or resources (e.g., theft, fraud, false pretenses, embezzlement, conspiracy, forgery, falsification of records, coerced property [house, car] transfers, or denial of access to assets).

III. Signs and Symptoms

A. **Typical Conditions** — There are no definitive profiles of victims or abusers. There are, however, factors that officers should look for in abuse cases. The following factors may be of value in identifying at-risk relationships. When these factors are observed along with indicators of abuse, further investigation should ensue.

Personality Traits of Abusers. These may be indicated by emotional problems, drug and alcohol abuse, or previous psychiatric hospitalization.

Transgenerational Family Violence. A history of domestic violence (elder, spousal, or child abuse).

Web of Dependency. A poor relationship between an elderly person and a caregiver, a caregiver's dependency on an elderly person, a bad temperament, hostility, or resentment in an elderly person or caregiver, or a caregiver's frustration with an elderly person's increased dependency for emotional, physical, and financial support may lead to abuse.

Social Isolation. Aging and reduced mobility are often accompanied by loss of contact with friends, family, and the outside world. This isolation may hide the effects of violence, exploitation, neglect, and very often, self-neglect.

Physical Isolation. Confinement to room or bed. Being inappropriately restrained physically or being left alone for long periods.

Internal and External Stressors. Abusive relations between caregivers and elderly victims are often inflamed by economic difficulties, marital conflicts, deaths and illnesses of close friends or relatives, and other stressors. In some cases, caregivers may be elderly persons themselves. Some middle-aged caregivers may be providing care and/or support to their children as well as their parents. Caregivers who are overextended, unaware of outside resources, and unable to cope with overwhelming responsibilities may resort to neglect or abuse.

IV. Indicators of Elder Abuse

A. **Indicators of Physical Abuse** — Elderly persons may frequently exhibit signs of falls and accidents. These same signs may be indicators of physical abuse, especially when victims or suspects attempt to conceal their presence or offer inconsistent or irrational excuses for injuries. Investigators should consider the presence of any injury in their assessment of physical abuse cases. Injuries such as bruises, welts, burns, friction burns, and fractures, especially in varying stages of healing, are examples of indicators of abuse and should be considered together with an assessment of the abuser/victim relationship and other observations.

Victim. Indicators of abuse are not limited to visible wounds or injuries. The behavior of victims may reflect traits often associated with elder abuse. Presence of fear, agitation,

denial, contradictory statements, or refusal to talk openly should alert officers to a potential abuse situation. Behavior of this type is not conclusive but should serve to direct the focus of further investigation.

Suspect. Officers may also observe behavioral indicators of abuse in suspects. A suspect may conceal a victim's injuries or offer inconsistent explanations for them and discount the victim's assertions of cruelty or violence. A suspect may have a history of making threats or demeaning the victim. There may be a history of mental problems, institutionalization, or substance or alcohol abuse, or the suspect may have been a victim of abuse as a child. Sometimes a suspect is dependent on the victim's income or assets. Individually, none of these indicators or characteristics constitutes evidence of wrongdoing on the part of a relative or caregiver. However, when one or more indicators are present along with injuries and other (victim) behavioral indicators, further investigation is warranted.

B. **Indicators of Sexual Abuse** — Physical indicators of sexual elder abuse should direct officers to search for other corroborating evidence. Many of these indicators cannot be identified without medical examination. Indicators may include sexually transmitted disease, evidence of current or previous genital and/or anal injury or pain, other frequent unexplained physical illness or abnormality (urinary retention, constipation, painful urination or defecation, or fecal soiling), psychosomatic pain, or evidence of pornography, prostitution, or other inappropriate sex-role relationships.

Victim. The embarrassment of recounting forced sexual activity often results in the refusal of an elderly victim to report and describe the crime. Behavioral indicators are often present in cases of sexual abuse. They may include inappropriate, unusual, or aggressive sexual behavior, self-exposure, sexual curiosity, fear and mistrust of others, distress when being changed or bathed, depression, self-destructive or anti-social behavior, or other irregular behavior. Many of these indicators may result from non-abuse-related causes and should only serve to suggest to the officer that further investigation may be appropriate.

Suspect. An individual who is sexually abusing or exploiting an elderly person he or she is caring for may take extreme measures to ensure the activity is concealed. This may be exhibited through overprotectiveness, dominance, hostility toward others, and social isolation.

C. **Indicators of Emotional Abuse** — There is usually a lack of physical evidence in cases of emotional abuse. Often emotional abuse accompanies other abuse and neglect. Officers should look for signs of inappropriate confinement or restraint, food deprivation, or poor hygiene.

Victim. Although the presence of the following behavioral indicators may be reflections of abuse, they may also be symptoms of emotional disorders, dementia, or other medical conditions. Officers must be mindful of this but be careful not to arbitrarily attribute these symptoms to aging rather than possible abuse. Symptoms include sleep, eating, or speech disorders, depression, helplessness or hopelessness, isolation, fearfulness, agitation or anger, confusion, low self-esteem, or an inordinate need for attention and affection.

Suspect. Emotional abuse of an elderly person may stem from the suspect's own low self-esteem and his or her unrealistic expectations of the victim. The suspect may exhibit irrational behavior, threaten the victim, call the victim names, speak poorly of the victim, treat the victim like an infant, restrict the victim, or ignore the victim and his or her needs.

D. **Indicators of Neglect** — It is common to observe a combination of indicators when neglect (including self-neglect) exists. Neglect may be found in varying levels and may be recent or long-standing. Care should be taken to photograph and document evidence that will likely change with better care. Neglect may be indicated by the presence of untreated bedsores,

injuries, skin disorders or rashes, poor hygiene, hunger, malnutrition, dehydration, pallor, or sunken eyes and cheeks. Officers should attempt to determine the presence (or absence) of adequate food, heat, clean bedding and clothing, prescribed medicines, and unsanitary or unsafe living conditions.

Officers should be aware of noncriminal influences (poverty, family background/culture, education, and ignorance) that may contribute to the appearance of neglect but are consistent with normal living conditions for that elderly person's family. For example, there is a vast difference between infrequent bathing habits and dirty, infected wounds resulting from neglect. Action should be guided by the elderly person's wishes and understanding of consequences and the likelihood of harm if he or she remains in those conditions. This is not to suggest that a caregiver's responsibility to provide adequate care is diminished when these conditions exist.

Victim. Continued neglect or self-neglect may lead to a number of the following behavioral characteristics. The presence of aggressiveness, detachment, self-imposed isolation, refusal of help, unresponsiveness or helplessness, dependent behavior, or inability to care for him- or herself may justify further investigation to determine whether neglect exists.

Suspect. When neglect results from the action or lack of action of a caregiver, officers may observe evidence of substance or alcohol abuse, mental illness or developmental disability, depression, hostility, apathy, lack of concern for the victim, and/or lack of necessary skills to provide the needed care.

E. **Indicators of Fiduciary Abuse** — As some elderly persons experience decreased mobility (loss of driving ability and personal mobility), they become dependent on others to assist with and sometimes take over their financial matters. Although this increases the opportunity for abusive practices, caregivers and others (lawyers, bankers, etc.) may need to conduct legitimate financial business or handle funds in order to provide care to the person. The presence of the following activities may justify closer examination.

- Unusual volume or type of banking activity or activity inconsistent with victim's ability (e.g., use of ATM by a bedridden victim)
- Excessive concern of another over cost of caring for the victim or reluctance to spend money or pay bills
- Recent expressions of interest in a victim who has known assets
- Recent changes in ownership of victim's property
- Will drawn or power of attorney granted by an incompetent victim
- Inappropriate actions by a caregiver in the victim's financial affairs
- Caregiver with no means of support
- Placement, care, or possessions of victim inconsistent with victim's estate
- Missing items (silver, art, jewelry)
- Victim's isolation from friends and family by caregiver

V. Specific Violation(s)

A. **Laws and Ordinances** — Officers need to be familiar with laws and ordinances that can be applied to acts of domestic elder abuse.

NOTE: *Reporting requirements and the array of criminal charges that can be applied to domestic elder abuse violations vary from state to state. Each department should customize the following section to reflect requirements and alternatives. Assistance may be obtained from the offices of prosecuting attorneys and the local Adult Protective Services (APS).*

- **State Laws and Local Ordinances.**
- **Adult Protective Service Laws** — Local legislation providing specific protection for elderly or other dependent adults.
- **Elder Abuse Laws** — Specific legislation that defines what acts constitute criminal abuse, neglect, and exploitation and apply only to the elderly.
- **Mandatory Reporting Laws** — State requirements for the reporting of incidents involving the abuse, neglect, and exploitation of elderly persons. Requirements include what is to be reported, to whom, and by whom.
- **Domestic Violence Laws** — Laws that apply to domestic situations regardless of victim's age may be applicable depending on the relationship between the victim and the suspect. These laws may stipulate mandatory arrest or permit arrest not initiated by the victim. Some have been expanded to include violence, neglect, or exploitation perpetrated by a caregiver against an elderly person.
- **Regular Penal Code (assault, battery, rape, murder, theft, fraud, embezzlement, etc.)** — These decisions should be made in consultation with prosecutors.
- **Protection Orders** — Restraining orders, ex parte orders, etc., may have been filed. If not, they may be appropriate. Threats and harassment may also constitute the violation of anti-stalking laws.
- **Mental Health Laws** — Mental commitments and emergency mental commitments should be considered when the suspect or the victim exhibits certain behavior that constitutes a danger to self or others. APS personnel should be instrumental in these decisions when related to alleged elder abuse.
- **Noncriminal Acts** — A proactive, nonenforcement response may be instrumental in preventing future abuse or contributing to enhanced quality of life for the persons involved. Issues that could be resolved through zoning or licensing action, etc., should be addressed through referral after consultation with APS.

VI. Departmental Policy and Procedures

NOTE: *Each department should include its own policy statement and include or attach individual procedures to be followed by departmental personnel in the handling of domestic elder abuse cases. Domestic elder abuse should be declared a priority-response call for service.*

VII. Providing for the Needs of the Victim

A. **The Victim's Ability to Exercise Self-Determination** — A person's age does not render him or her incapable of making informed decisions concerning care options, residency, desire to prosecute or not prosecute an abuser, or any issue normally handled by other individuals. When a competent older person prefers to exercise reasonable options, officers should comply. A competent elderly victim, unlike a child abuse victim, has the right to refuse services and assistance. However, serious abuse and instances when the officer has reason to believe the victim is being coerced should be investigated and appropriate action should be taken, regardless of the victim's desires.

When the capacity of an elderly victim is in question, officers should consult with the victim's family members and friends or physician or clergyman, as well as APS personnel, to evaluate the victim's judgment and ability to make sound decisions. The determination of competency and guardianship may need to be resolved in the courts. Officers must remember that if a guardian has been appointed by a court, that guardian, and not the older person, makes the decisions about finances, living situations, etc. If the guardian is the suspected abuser, temporary protective custody may be in order until court review of the guardianship.

B. **Disabilities, Mental Impairments, Special Needs, etc.** — Physical disabilities and mental impairments may limit the options for alternative care. Not all disabilities are visible, and officers should inquire of victims or family, friends, physicians, etc., as to the disabilities and medical or special needs of the victim. Information of this type will assist APS personnel should relocation of the victim be necessary.

In most instances, officers will be unfamiliar with the elderly victim's special needs. Officers should consider the victim's level of competency, assess any impairments, and communicate appropriately. Nonverbal or non-English-speaking persons may require a translator's assistance. Officers should make every effort to preserve the dignity and self-respect of elderly victims, recognizing the rights of competent elderly persons to make their own decisions about their living conditions, provided they do not pose a danger to themselves or others.

C. **Removing the Victim or Arresting the Abusive Caregiver** — The care of an older person most often rests with a family member. Many times there simply are no alternative caregivers. When the victim is incapable of self-care or is afraid to be alone, the only other apparent option may be placement in a health care or nursing facility. Every effort should be made to refer the victim to services providing caregiving alternatives that best supplant those that will be disrupted.

Adapting to change is a stressor, particularly for elderly persons. When there is little likelihood of danger to the victim, there are few advantages to involuntary changes in residency.

The suspect may be a close relative and the only caregiver available to provide for the victim's needs. The victim may voluntarily continue to reside with the abusive caregiver after he or she is arrested. When the cause for abuse is determined to be a correctable shortcoming of the caregiver, the preferred solution may include education, counseling, or supplemental support or resources, rather than arrest of the caregiver and/or institutional care for the victim.

In instances when the abuse involves serious intentional injury or harm, or when the victim wishes to prosecute or has other care options available, the preferred solution should be the arrest of the offender. Criminal or noncriminal resolutions should be joint decisions of the competent victim, police, prosecutors, and APS personnel.

VIII. Victim/Witness Assistance

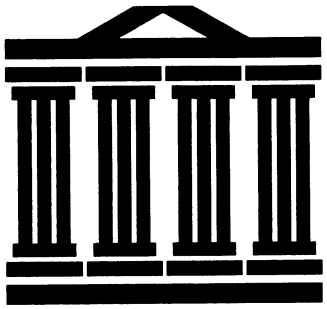
A. **Maintain Open Lines of Communication with Victims and Witnesses** — Victims and witnesses should be kept abreast of the status of the case and upcoming trials. Changes in the arrest status, charge dismissal, trial dates, witness accounts, etc., should be transmitted to victims as soon as possible. Learning details from another source will embarrass the victim, erode confidence in the police, lead to distrust, and possibly result in the refusal to cooperate in the future. Provide the case number and the name and telephone number of a contact person to call for case status or in the event of threats. Appropriate measures (protection orders or confidential relocation) should be taken when there is reason to believe the victim is in danger.

B. **Provide Mentally Capable Victims and Witnesses (or Appropriate Guardians) with Information About Applicable Immediate and Long-Term Referral Services.**

NOTE: *Local referral information (agency names, locations, and telephone numbers) should be included here for the following and for other appropriate services within the jurisdiction.*

- Counseling
- Medical attention
- Compensation programs
- Emergency financial assistance
- Victim advocacy
- APS and other human or social service departments
- Legal assistance
- Translators
- Ombudsman services

Improving the Police Response to Domestic Elder Abuse:



Police Executive
Research Forum

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

PERF, 2300 M Street NW, Suite 910, Washington, DC 20037
202/466-7820; fax 202/466-7826

Model Procedures

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

In the preparation of these procedures, the Police Executive Research Forum reviewed much written material related to domestic elder abuse. Materials were contributed by too many agencies to acknowledge individually. However, special thanks must be extended to the Office of the Attorney General of the State of California for permission to extract information from its publication, "Guidelines for the Investigation of Elder and Dependent Adult Abuse."

ADVISORY BOARD

Sara Aravanis
National Eldercare Institute on Elder Abuse and State Long Term Care Ombudsman Services

Roderic Burton
Department of Social Work and Sociology Tennessee State University

Robert Dowling
Virginia Department of Criminal Justice Services

Joy Duke
Virginia Department of Social Services Adult Protective Services Administration

Lisa Frisch
New York State Office for the Prevention of Domestic Violence

Dennis A. Gustafson
San Francisco Police Department

Donald G. Hopkins
Maryland Police and Correctional Training Commissions

Lillian Jeter
Charleston (SC) Police Department

Katrina Johnson
National Institute on Aging/ National Institutes of Health

Frank Kowaleski
Hampton Roads (VA) Academy of Criminal Justice

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John Scheft
Office of the Massachusetts Attorney General/ Elderly Protection Project

John Schuyler
Maryland Police and Correctional Training Commissions

Chris Shoemaker
Aging and Adult Services Tallahassee, Florida

Karen Stein
College of Human Resources University of Delaware

Jane Tewksbury
Office of the Massachusetts Attorney General/Family and Community Crime

Randy Thomas
South Carolina Criminal Justice Academy

Carol Thornhill
Administration on Aging

Rosalie Wolf
Institute on Aging Medical Center of Central Massachusetts

Grant Monitor: Duane Ragan, Office for Victims of Crime
Project Director: Martha Plotkin, Police Executive Research Forum
Procedures Author: Tony Narr, Police Executive Research Forum

PROCEDURES FOR THE LAW ENFORCEMENT RESPONSE TO CASES OF DOMESTIC ELDER ABUSE

Law Enforcement Agency Responsibility

Calls for service related to domestic elder abuse are generally received at the department's telecommunications center. However, reports of elder abuse (usually nonemergency calls) could be directed to other personnel.

Personnel who are recipients of information regarding possible elder abuse should attempt to determine if conditions exist that constitute a police or medical emergency. Before suspected emergencies are transferred to the telecommunications center, personnel taking the call should attempt to obtain and record the following information:

- the caller's name;
- the caller's telephone number;
- the nature of the abuse;
- the location of the abuse;
- the current location of the victim; and
- the victim's name.

The caller should be informed that the purpose for obtaining his or her name and telephone number is strictly to permit a call-back if the call is lost when transferred to telecommunications or if responding officers cannot locate the victim. The call taker should then place a follow-up call to the telecommunications center to ensure the transferred call was received.

Nonemergency reports of elder abuse or calls to check on the welfare of an elderly person also warrant immediate, though not emergency, response. Reports of elder abuse should be given the same priority as reports of assault, sexual assault, child abandonment or other serious matters that justify prompt police response.

Persons calling to report nonemergency situations that may involve elder abuse are often directed to the unit responsible for investigating cases of elder abuse. If an investigator cannot respond immediately, the information should be redirected and acted upon by patrol officers without delay.

I. Telecommunications Personnel Responsibilities

A. Receipt of Suspected Elder Abuse Call.

1. Solicit Information to Determine if Priority Police Response and/or Emergency Medical Service (EMS) Is Warranted.

B. Arrange for Appropriate Police/EMS Response.

1. Dispatch Police Response.

2. Ensure Dispatch of EMS.

C. Explain the Police Response and Needs.

D. Provide Referral Information.

II. Patrol Officer's Responsibility

A. Initial Response.

When calls are identified as in-progress emergencies, response should be consistent with other priority calls. The emotional distress often related even to nonemergency calls is so significant to the elderly victim that all calls should be handled without delay.

Either as the first responder to arrive or when called to assist APS, EMT personnel, or others already on the scene, officers may be called upon to effect forced entry. Entry should be immediate when required to save a life or property or when authorized by court order.

B. Provide Emergency Care.

C. Defuse and Stabilize the Immediate Situation.

1. Identify Victim, Suspects and Witnesses.
2. Preserve the Crime Scene.
3. Obtain Preliminary Statements from the Victim and Witnesses.

D. Assess and Define the Nature of the Problem.

1. Types of Abuse.

   a. **Physical Abuse** - nonaccidental use of force that results in bodily injury, pain or impairment (e.g., slapped, burned, cut, bruised, improperly physically restrained).

   b. **Sexual Abuse** - nonconsensual sexual contact of any kind (e.g., forcing sexual contact or forcing sex with a third party).

   c. **Emotional or Psychological Abuse** - willful infliction of mental or emotional anguish by threat, humiliation, intimidation or other abusive conduct (e.g., name-calling, treating as a child, frightening, isolating).

   d. **Active Neglect** - willful failure by the caregiver to fulfill the caretaking obligation or duty (e.g., abandonment, willful deprivation of food, water, heating, clean clothing and bedding, eyeglasses or dentures, or health-related services).

   e. **Passive Neglect** - nonwillful failure to fulfill caregiving obligations. Abandonment or denial of food or health-related services because of inadequate caregiver knowledge,

infirmity or disputing the value of prescribed services (e.g., rashes and bedsores, malnutrition, dehydration, unsanitary or unsafe living conditions).

f. **Self-Neglect** - the result of an older adult's inability, due to physical and/or mental impairments or diminished capacity, to perform essential self-care tasks (e.g., providing essential food, clothing, shelter and medical care; obtaining goods and services necessary to maintain physical health, mental health, emotional well-being and general safety; and/or managing financial affairs).

g. **Fiduciary (Financial or Material) Exploitation** - illegal or improper use of an older person's funds, property or resources (e.g., theft, fraud, false pretenses, embezzlement, conspiracy, forgery, falsifying records, coerced property [house, car] transfers or denial of access to assets).

2. Identify Specific Violation(s). Consult with Adult Protective Services (APS).

   a. State Laws and Local Ordinances.

   - **Adult Protective Service Laws** - Legislation providing specific protection to elderly or other dependent adults.
   - **Elder Abuse Laws** - Specific legislation that defines what acts constitute criminal abuse, neglect, exploitation and apply only to the elderly. The age of applicability should be included. Some elder abuse legislation is sensitive to the extraordinary impact of crime perpetrated against the elderly and therefore prescribes more severe penalties for violators.
   - **Mandatory Reporting Laws** - State requirements for the reporting of incidents involving the abuse, neglect and exploitation of elderly persons. Requirements include what is to be reported, to whom and by whom.
   - **Domestic Violence Laws** - Laws that apply to domestic situations regardless of victim's age may be applicable depending on the relationship between the victim and the suspect. These laws may stipulate mandatory arrest or permit arrest not initiated by the victim. Some have been expanded to include violence, neglect or exploitation perpetrated by a caregiver against an elderly person.
   - **Regular Penal Code (assault, battery, rape, murder, theft, fraud, embezzlement, etc.)** - Despite the victim's age and the victim-suspect relationship, elder abuse may constitute the commission of numerous felonies and misdemeanors. Their application should not be overlooked. Serious crimes are no less serious because they are committed against the elderly. A rape may constitute elder abuse, but it is still (and should be treated as) a felony. These decisions should be made in consultation with prosecutors. Input from the victim and APS personnel should be considered.
   - **Protection Orders** - Officers should inquire as to any restraining orders, ex parte orders, etc., that may have been filed. These orders may be used to remove the abuser or victim from the home, to mandate counseling, reimbursement or other remedial measures. In some rare instances, threats and harassment against elderly persons may constitute a violation of Anti-Stalking laws.
   - **Mental Health Laws** - Mental commitments and emergency mental commitments should be considered when the suspect or the victim exhibits certain behavior that constitutes a danger to self or others. APS personnel should be instrumental in these decisions when related to alleged elder abuse.

- **Noncriminal Acts** - Issues might be resolved by referral to a mediator, family counseling, a caregiver support group, the local area agency on aging or possibly through licensing action, etc. Any such proposal should be reached in consultation with APS.

E. Assess Impact of Potential Actions and Formulate an Action Plan.

1. Make On-Scene Arrest(s) When Appropriate.

F. Determine "Immediate Need" Service Providers When Abuse Is Suspected.

1. Patrol Supervisor.
2. Investigative Personnel. Investigations should be conducted jointly or coordinated with APS.
3. Evidence Collection Personnel.
4. Protective Service Agencies. Response should be requested whenever abuse is suspected or when removal of the elderly person is a consideration.

G. Report Incident.

Every allegation of elder abuse should be documented.

1. Written Departmental Report of Incident.
2. Formal, Written Cross-Report to Investigative Personnel and Protective Service Agencies.

III. Supervisory Responsibilities

A. Ensure the Provision of Resources Identified by the Responding Officer(s).

1. Internal Needs - investigators, evidence collection, victim services, etc.
2. External Agencies - APS should be requested to respond.

B. Determine Need for "Emergency" Removal of the Victim or Abuser.

When circumstances require the police to effect an emergency, temporary removal (emergency hospitalization, arrest of caregiver, severe health or safety hazard) prior to APS response, APS and the victim's family or physician or other responsible interested person should be notified. Unless conditions dictate immediate removal, the following factors should be considered:

1. Level of Threat in Current Environment.
2. Impact of Removing the Victim or the Abusive Caregiver.

3. Effects of Removal From Familiar Surroundings.

4. The Victim's Ability to Exercise Self-Determination. The age of a person does not render that person incapable of making informed decisions.

5. Disabilities, Mental Impairments, etc.

6. Maintain Sensitivity to Victim's Needs. Nonverbal or non-English speaking persons may require the assistance of a translator. Officers should make every effort to preserve the dignity and self-respect of the elderly victim.

IV. Investigator's Responsibility

A. Assume Investigative Responsibility.

The investigator is responsible for the overall investigation and should consider the following:

1. Physical Evidence. When a crime scene exists, it should be photographed and processed as any major crime.

2. Typical Signs and Symptoms. There are no definitive profiles of victims or abusers. There are, however, factors that officers should look for in abuse cases.

3. Indications of Elder Abuse. These include physical and behavioral indicators that may be exhibited by victims and/or abusers.

4. Detailed Interviews of the Victim and Witnesses. Every effort should be made by police and APS or other social service investigators to coordinate investigations, thereby eliminating multiple stressful and embarrassing interviews. Investigators should respect the victim's dignity and keep the number of persons present during sensitive interviews to a minimum.

5. Statement of Suspects.

6. Corroborating Information.

7. Arrests - Evaluate Propriety and Likely Effects. When the cause for abuse is determined to result from a correctable shortcoming of the caregiver, the preferred resolution may include education, counseling or supplemental support or resources.

B. Case Presentation for Court.

1. Assistance to Prosecutors.

2. Privacy and Confidentiality. The dignity of elderly victims should be respected at all times. Unnecessary publicity should be avoided.

C. Victim/Witness Assistance.

1. Maintain Open Lines of Communications With Victims and Witnesses.

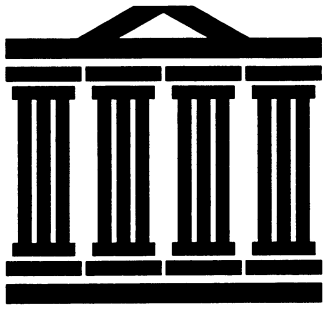
2. Ensure Appropriate Protective Custody. Victims who have been removed from an abusive environment should be secure from retaliation. Appropriate measures (protection orders or confidential relocation) should be taken when there is reason to believe the victim is in danger.

3. Provide Mentally Capable Victims and Witnesses (or Appropriate Guardians) With Information About Applicable Immediate and Long-Term Referral Services.

NOTE: *Local referral information (agency names, locations and telephone numbers) should be included here for the following and other appropriate services within the local jurisdiction.*

- Counseling
- Medical attention
- Compensation programs
- Emergency financial assistance
- Victim advocacy
- APS and other human or social service departments
- Legal assistance
- Translators
- Ombudsman services

Improving the Police Response to Domestic Elder Abuse:



Police Executive
Research Forum

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

PERF, 2300 M Street NW, Suite 910, Washington, DC 20037
202/466-7820; fax 202/466-7826

Model Response and Investigative Protocol

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

In the preparation of this protocol, the Police Executive Research Forum reviewed much written material describing the current law enforcement response and investigative practices related to domestic elder abuse. Materials were contributed by too many agencies to acknowledge individually. However, special thanks must be extended to the Office of the Attorney General of the State of California for permission to extract information from its publication, "Guidelines for the Investigation of Elder and Dependent Adult Abuse."

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

ADVISORY BOARD

Sara Aravanis
National Eldercare Institute on Elder Abuse and State Long Term Care Ombudsman Services

Roderic Burton
Department of Social Work and Sociology Tennessee State University

Robert Dowling
Virginia Department of Criminal Justice Services

Joy Duke
Virginia Department of Social Services Adult Protective Services Administration

Lisa Frisch
New York State Office for the Prevention of Domestic Violence

Dennis A. Gustafson
San Francisco Police Department

Donald G. Hopkins
Maryland Police and Correctional Training Commissions

Lillian Jeter
Charleston (SC) Police Department

Katrina Johnson
National Institute on Aging/ National Institutes of Health

Frank Kowaleski
Hampton Roads (VA) Academy of Criminal Justice

Lisa Nerenberg
San Francisco Consortium for Elder Abuse Prevention

Mandie Patterson
Virginia Department of Criminal Justice Services

John Scheft
Office of the Massachusetts Attorney General/ Elderly Protection Project

John Schuyler
Maryland Police and Correctional Training Commissions

Chris Shoemaker
Aging and Adult Services Tallahassee, Florida

Karen Stein
College of Human Resources University of Delaware

Jane Tewksbury
Office of the Massachusetts Attorney General/Family and Community Crime

Randy Thomas
South Carolina Criminal Justice Academy

Carol Thornhill
Administration on Aging

Rosalie Wolf
Institute on Aging Medical Center of Central Massachusetts

Grant Monitor: Duane Ragan, Office for Victims of Crime
Project Director: Martha Plotkin, Police Executive Research Forum
Protocol Author: Tony Narr, Police Executive Research Forum

LAW ENFORCEMENT RESPONSE AND INVESTIGATIVE PROTOCOL FOR CASES OF DOMESTIC ELDER ABUSE

Law Enforcement Agency Responsibility

Calls for service related to domestic elder abuse are generally received at the department's telecommunications center. However, reports of elder abuse (usually nonemergency calls) could be directed to other personnel.

Personnel who are recipients of information regarding possible elder abuse should attempt to determine if conditions exist that constitute a police or medical emergency. Before suspected emergencies are transferred to the telecommunications center, personnel taking the call should attempt to obtain and record the following:

- the caller's name;
- the caller's telephone number;
- the nature of the abuse;
- the location of the abuse;
- the current location of the victim; and
- the victim's name.

Information may be offered by persons who wish to remain anonymous. There is usually no obligation for a caller to identify himself or herself. It is better to accept an anonymous report than to have a caller terminate the call because of pressure to identify himself or herself.

NOTE: *Some jurisdictions have enacted mandatory reporting laws that require the reporting of elder abuse by certain persons, such as physicians, nurses, health practitioners, social service personnel, caregivers and law enforcement personnel. Each department should cite any such law in existence and identify those who are mandated reporters. See II. D. 2. of this protocol.*

The caller should be informed that the purpose for obtaining his or her name and telephone number is strictly to permit a call-back if the call is lost when transferred to telecommunications or if responding officers cannot locate the victim. The call taker should then place a follow-up call to the telecommunications center to ensure the transferred call was received.

Nonemergency reports of elder abuse or calls to check on the welfare of an elderly person also warrant immediate, though not emergency, response. Reports of elder abuse should be given the same priority as reports of assault, sexual assault, child abandonment or other serious matters that justify prompt police response.

Calls for service that involve elder abuse are not always easily identified as such when first received by the police. Reports of house fires, noise (loud T.V., radio, etc.) or complaints about elderly neighbors who are "troublesome" or fail to take care of their property may all turn out to be instances of self-neglect or other forms of elder abuse. Officers should not overlook the signs of elder abuse when investigating other allegations of violence such as child or spousal abuse.

Persons calling to report nonemergency situations that may involve elder abuse are often directed to the unit responsible for investigating cases of elder abuse. If an investigator cannot respond immediately, the information should be redirected and acted upon by patrol officers without delay.

I. Telecommunications Personnel Responsibilities

A. Receipt of Suspected Elder Abuse Call.

1. **Solicit Information to Determine if Priority Police Response and/or Emergency Medical Service (EMS) Is Warranted.** If possible, information that should be obtained by call-takers includes the following:

   a. Is the abuse in-progress?
   b. What kind of abuse is occurring?
   c. What is the current location of the victim?
   d. Is the victim injured or suffering from a medical emergency?
   e. If so, what is the nature and extent of injury or medical emergency?
   f. What is the name and age of the victim?
   g. Will the victim await the arrival of police?
   h. If not, where will officers be able to locate the victim?
   i. Is the caller the victim, a witness, neighbor, other relationship?
   j. What is the name, telephone number, address and current location of the caller?
   k. Is the victim alone or is a suspect, witness or other person currently on the scene?
   l. If the suspect is gone, is the suspect's current location known?
   m. What is the suspect's name and description?

B. Arrange for Appropriate Police/EMS Response.

1. **Dispatch Police Response.** The dispatch of police officers should be consistent with that of other in-progress and nonemergency calls. When telecommunications equipment permits the capture of prior incident or premise history, relative information should be transmitted to responding officers.

   Calls to assist Adult Protective Services (APS) or other human services agencies with entry should be promptly dispatched to officers. The patrol supervisor should be informed of the call.

2. **Ensure Dispatch of EMS.** Whenever a medical emergency is indicated or suspected, priority response by the EMS should be activated.

C. Explain the Police Response and Needs.

The caller should be informed of the nature of the response (police, ambulance, fire equipment, etc.) as well as any special instructions (unlock door, turn on outside lights, etc).

D. Provide Referral Information.

Due to the 24-hour-a-day access the public has to its police or sheriff's department, many people call the police for advice or for information regarding services that may be available through other agencies. In these cases, if it has been determined that there is no need for police or other emergency services, the caller should be provided with information regarding services that may

be available through the police department and other agencies and the telephone numbers of those agencies.

NOTE: *Telecommunications personnel should be provided with the names and telephone numbers of the APS and local social service departments as well as referral agencies that can provide victim/witness assistance with counseling, medical attention, compensation programs, emergency financial assistance, victim advocacy, legal assistance and shelter care. This information should be available to the public as well as police department personnel 24 hours a day. For additional guidance with regard to telecommunications responsibilities, see standards 41.1.4, 55.2.1 and 81.2.17 of the Commission for the Accreditation of Law Enforcement Agencies, Inc. (CALEA).*

II. Patrol Officer's Responsibility

A. Initial Response.

When calls are identified as in-progress emergencies, response should be consistent with other priority calls. The emotional distress often related even to nonemergency calls is so significant to the elderly victim that all calls should be handled without delay.

Either as the first responder to arrive or when called to assist APS, EMT personnel or others already on the scene, officers may be called upon to effect forced entry. Entry should be immediate when required to save a life or property or when authorized by court order. When the need for emergency entry is not evident, officers should seek supervisory guidance.

When the request for police presence on the scene of a case of suspected elder abuse is made by APS or any other agency empowered to investigate elder abuse, the role of the officer may be significantly abbreviated. However, officers should not assume that the presence of personnel from these other agencies negates the need for crime scene protection, evidence collection, interviewing witnesses, etc. In these instances the officer should provide, or make arrangements for, the assistance jointly determined to be appropriate. The officer should prepare a report documenting the details of the incident, the names of APS or other personnel on the scene and the action taken.

B. Provide Emergency Care.

Pending the arrival of the EMS, officers must be prepared to address life-threatening medical emergencies.

C. Defuse and Stabilize the Immediate Situation.

Officers must quickly assess the situation, ensure the immediate safety of all persons and reassure the victim that the situation will be resolved.

1. **Identify Victim, Suspects and Witnesses.** Officers should identify the roles and relationships of the persons on the scene. If it does not distress the victim, persons should be separated prior to individual interviews.

2. **Preserve the Crime Scene.** In cases of suspected abuse or other crimes where evidence may be present, all persons should be removed and the scene preserved until photographed and processed. Evidence, injuries or conditions, the appearance of which may change before evidence technicians arrive, should be immediately photographed.

3. **Obtain Preliminary Statements from the Victim and Witnesses.** Frequently it is wrongfully assumed that elderly persons are incapable, and they are denied the dignity of reporting the problem to the officer. Allow elderly victims to provide information. Ask open-ended questions that encourage further discussion. Dialogue of this type affords the officer an opportunity to begin assessing the validity of the complaint and to determine if there are concerns regarding the competency of the victim. Information and observations gathered by the officer will later be useful to investigators and APS personnel. A victim's complaint(s) of abuse should not be discounted solely on the basis of his or her apparent incompetency. Nor should a victim's inability or unwillingness to cooperate be the sole reason to discount a complaint. Such behavior may actually be an indicator of abuse. Preliminary victim and witness statements are intended to guide the officer in the early stages of investigation and can be oral. Formal written statements can be obtained later in the investigation. No written or custodial statement should be taken from the suspect(s) prior to their "advice of rights."

D. Assess and Define the Nature of the Problem.

The nature and extent of abuse cannot usually be fully determined by the preliminary investigation. Officers should assess the available information to determine the type(s) of abuse that may have taken place or the potential for abuse in the future that might be eliminated by immediate intervention or appropriate referral.

1. **Types of Abuse.** Abusive behavior is not usually limited to one form of abuse. Furthermore, as clear distinctions do not always exist among forms of abuse, they may overlap. Officers should be familiar with the signs, symptoms, indicators and evidence of various forms of abuse and they should evaluate victims, suspects and possible crime scenes for their presence.

NOTE: *State statutes may incorporate definitions of abuse that vary from those listed below. In those instances, the appropriate substitutions should be made. Local APS and social service agencies may have other "working definitions," particularly in the noncriminal area, with which officers should be familiar.*

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a. **Physical Abuse** - nonaccidental use of force that results in bodily injury, pain or impairment (e.g., slapped, burned, cut, bruised, improperly physically restrained).

b. **Sexual Abuse** - nonconsensual sexual contact of any kind (e.g., forcing sexual contact or forcing sex with a third party).

c. **Emotional or Psychological Abuse** - willful infliction of mental or emotional anguish by threat, humiliation, intimidation or other abusive conduct (e.g., name-calling, treating as a child, frightening, isolating).

d. **Active Neglect** - willful failure by the caregiver to fulfill the caretaking obligation or duty (e.g., abandonment, willful deprivation of food, water, heating, clean clothing and bedding, eyeglasses or dentures, or health-related services).

e. **Passive Neglect** - nonwillful failure to fulfill caretaking obligations. Abandonment or denial of food or health-related services because of inadequate caregiver knowledge, infirmity or disputing the value of prescribed services (e.g., rashes and bedsores, malnutrition, dehydration, unsanitary or unsafe living conditions).

f. **Self-Neglect** - the result of an older adult's inability, due to physical and/or mental impairments or diminished capacity, to perform essential self-care tasks (e.g., providing essential food, clothing, shelter and medical care; obtaining goods and services

necessary to maintain physical health, mental health, emotional well-being and general safety; and/or managing financial affairs).

NOTE: *Whether active, passive or self-induced, neglect can have a severe effect on older persons, leading to serious physical problems or death.*

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g. **Fiduciary (Financial or Material) Exploitation** - illegal or improper use of an older person's funds, property or resources (e.g., theft, fraud, false pretenses, embezzlement, conspiracy, forgery, falsifying records, coerced property [house, car] transfers or denial of access to assets).

2. **Identify Specific Violation(s).** Often the determination of whether criminal prosecution is an appropriate response to the identified abuses and which specific law applies, can only be made after considerable investigation and consultation with APS and prosecutors.

   a. **State Laws and Local Ordinances.**

NOTE: *Applicable state and local laws and ordinances should be listed by title and code or section number. Copies of the laws and ordinances should be attached for ready reference.*

- **Adult Protective Service Laws** - Legislation providing specific protection to elderly or other dependent adults.
- **Elder Abuse Laws** - Specific legislation that defines what acts constitute criminal abuse, neglect, exploitation and apply only to the elderly. The age of applicability should be included. Some elder abuse legislation is sensitive to the extraordinary impact of crime perpetrated against the elderly and therefore prescribes more severe penalties for violators.
- **Mandatory Reporting Laws** - State requirements for the reporting of incidents involving the abuse, neglect and exploitation of elderly persons. Requirements include what is to be reported, to whom and by whom.

NOTE: *Currently 45 states/jurisdictions have mandatory reporting laws. Police are usually mandated reporters. The remaining states encourage voluntary reporting of suspected abuse, neglect and exploitation. Departments not governed by mandatory reporting laws should adopt a policy of reporting all cases of suspected abuse to the appropriate APS or social service agency.*

- **Domestic Violence Laws** - Laws that apply to domestic situations regardless of victim's age may be applicable depending on the relationship between the victim and the suspect. These laws may stipulate mandatory arrest or permit arrest not initiated by the victim. Some have been expanded to include violence, neglect or exploitation perpetrated by a caregiver against an elderly person.

NOTE: *There may be considerable overlap between elder abuse laws and domestic violence laws.*

- **Regular Penal Code** (assault, battery, rape, murder, theft, fraud, embezzlement, etc.) - Despite the victim's age and the victim-suspect relationship, elder abuse may constitute the commission of numerous felonies and misdemeanors. Their application should not be overlooked. Serious crimes are no less serious because they are committed against the elderly. A rape may constitute elder abuse, but it is still (and should be treated as) a felony. These decisions should be made in consultation with prosecutors. Input from the victim and APS personnel should be considered.

- **Protection Orders** - Officers should inquire as to any restraining orders, ex parte orders, etc., that may have been filed. These orders may be used to remove the abuser or victim from the home, to mandate counseling, reimbursement or other remedial measures. In some rare instances, threats and harassment against elderly persons may constitute a violation of Anti-Stalking laws.
- **Mental Health Laws** - Mental commitments and emergency mental commitments should be considered when the suspect or the victim exhibits certain behavior that constitutes a danger to self or others. APS personnel should be instrumental in these decisions when related to alleged elder abuse.
- **Noncriminal Acts** - Persons providing personal and financial care for an older person may draw criticism from family members and others. Allegations of misconduct may not constitute a criminal offense despite their offensive nature and devastating impact on the victim.

  Police officers do not generally become involved in the enforcement of noncriminal violations. However, such action may be instrumental in the resolution of the problem for which the police have been called. A proactive, nonenforcement response may be instrumental in preventing future abuse or contribute to enhanced quality of life for the persons involved. Issues might be resolved by referral to a mediator, family counseling, a caregiver support group, the local area agency on aging or possibly through zoning or licensing action, etc. Any such proposal should be reached in consultation with APS.

E. Assess Impact of Potential Actions and Formulate an Action Plan.

Elder abuse investigations may be complex and lengthy. They should be conducted in conjunction with APS agencies. The effect of action taken and solutions proposed should be considered. Immediate measures to protect persons or property and steps to preserve evidence and detain fleeing suspects must be taken.

1. **Make On-Scene Arrest(s) When Appropriate.** Nonexigent arrests may be premature before further investigation and consultation with APS personnel. Arrest of an abuser (especially when the abuser is a caregiver or family member) may leave an elderly victim without necessary support and may result in institutionalization. The effect of such an arrest on the victim should be considered and weighed against the assessed risk and the competent victim's desires. In no way does this denigrate the seriousness of domestic elder abuse, nor does it suggest that arrest is never the preferred action. The present and future safety of the victim is paramount.

F. Determine "Immediate Need" Service Providers When Abuse Is Suspected.

When officers suspect abuse and it is apparent that an in-depth investigation is appropriate, support personnel should be notified to respond.

1. **Patrol Supervisor.** Upon confirmation of a case of suspected abuse, officers should notify the patrol supervisor.

2. **Investigative Personnel.** In all cases where abuse is suspected, in-depth investigation is warranted. Investigations should be conducted jointly or coordinated with APS.

3. **Evidence Collection Personnel.** Officers and investigators should assess the presence of a crime scene, obvious conditions, wounds or injuries to the victim **(do not overlook sexual assault)** or

other specific articles of physical evidence to determine the need for evidence collection personnel.

4. **Protective Service Agencies.** Many jurisdictions have established APS agencies to address the health and safety of elderly and dependent adults. Where no specific agency exists, assistance may be sought from state or local human services departments or the area agency on aging. Response should be requested whenever abuse is suspected or when removal of the elderly person is a consideration.

G. Report Incident.

Every allegation of elder abuse should be documented.

1. **Written Departmental Report of Incident.** Initial police reports of elder abuse should include

   a. Name, address, telephone number and relationship to the victim of the person making the report;
   b. Name, address, telephone number and age of the alleged victim;
   c. Current location of the victim;
   d. Names, addresses and telephone numbers of those persons providing care to the victim;
   e. Type of abuse and other alleged crimes;
   f. Victim's condition/nature and extent of injuries, neglect or loss;
   g. Date(s), time(s) and location(s) of alleged abuse(s);
   h. Names, addresses and telephone numbers of witnesses;
   i. Details of the allegations;
   j. Corroborating information or observations in support of the allegations; and
   k. Names of agencies and personnel requested and on the scene.

2. **Formal, Written Cross-Report to Investigative Personnel and Protective Service Agencies.** Follow-up investigations should be jointly conducted or coordinated by police investigators and APS or other social services personnel. Copies of all police reports generated as a result of alleged elder abuse should be formally transmitted to the following personnel:

   a. The criminal investigative unit responsible for investigation of elder abuse cases;
   b. The appropriate APS or social service agencies; and
   c. Other agencies or personnel as mandated by state, local or departmental reporting requirements.

NOTE: *In larger police departments it should be the responsibility of the records unit to transmit such reports to outside agencies. It may be useful to have officers indicate "COPY TO APS" or other appropriate wording on the face of the report to ensure a copy is sent. In smaller departments, officers or supervisors may be required to make and forward the copy personally.*

III. Supervisory Responsibilities

NOTE: *Individual departments may wish to customize this portion of the protocol by inserting specific titles or rank.*

A. Ensure the Provision of Resources Identified by the Responding Officer(s).

Usually the patrol supervisor is the ranking officer on the scene. This official should coordinate police activities and the need for external resources. This is not intended to prohibit telecommunications personnel or the initial officer on the scene from requesting emergency assistance such as EMS, fire department, etc.

1. **Internal Needs** - Proper police handling of an elder abuse case may require the support of investigators, evidence collection personnel, special units or personnel assigned to handle victim services, etc. Supervisors should concur with the request for support services, calling in off-duty personnel.

2. **External Agencies** - APS should be requested to respond. Other human or social service departments and, on occasion, the prosecutor may be requested. Some support services (evidence, victim's services, etc.) may not be available from within the department. The supervisor should approve the request for any outside resource.

B. Determine Need for "Emergency" Removal of the Victim or Abuser.

Victims suffering from serious neglected illness, injury or intolerable conditions should receive immediate in-home care or be placed in the appropriate temporary care setting.

An investigation to determine the propriety of removal of the victim or an abuser (particularly when the abuser is the primary or only caregiver) should be a joint effort between the police and APS. Removal of the abuser rather than the victim is preferred. However, the desires of the victim should be considered. Court action may be required to effect an involuntary removal. The decision to pursue such action should rest with APS personnel. Police and APS should coordinate other needs and activities that may result from the removal. These may include transportation of the victim and securing the premises.

When circumstances require the police to effect an emergency, temporary removal (emergency hospitalization, arrest of caregiver, severe health or safety hazard) prior to APS response, APS and the victim's family or physician or other responsible interested person should be notified. Unless conditions dictate immediate removal, the following factors should be considered:

1. **Level of Threat in Current Environment.** Officers should consider the victim's present environment and the level of threat to the victim if he or she remains. The level of the threat may be reduced or abated completely through the action taken by the police and APS.

    - History and severity of abuse
    - History of specific threats
    - Likelihood or fear of continued abuse or retaliation
    - Victim's ability to protect self
    - Victim's ability to summon help

- Health or safety threats
- Unanswered need for medical care
- Lack of capable care or protection

2. **The Victim's Ability to Exercise Self-Determination.** The age of a person does not render that person incapable of making informed decisions related to care options, residency, desire to prosecute or not prosecute an abuser or any decision normally left to other individuals. When a competent older person prefers to exercise reasonable options, officers should comply. The competent elderly victim, unlike a child abuse victim, has the right to refuse services and assistance. In cases of serious abuse or when the officer has reason to believe the victim is being coerced to make certain decisions, an investigation should be initiated regardless of the victim's desires.

   When the decisional capacity of an elderly victim is in question, officers should consult with other family members and friends, the victim's physician or clergy, as well as APS personnel, to evaluate the victim's judgment and ability to make sound decisions. The determination of competency and guardianship may need to be resolved in the courts before action (other than emergency care) can be taken. Officers must remember that if a guardian has been appointed by a court, that guardian, not the older person, makes the decisions about finances, living situation, etc. If the guardian is the suspected abuser, temporary protective custody may be in order until court review of the guardianship.

3. **Impact of Removing the Victim or the Abusive Caregiver.** The care of an older person most often rests with a family member. Many times there simply are no alternative caregivers. When it becomes necessary to safeguard an elderly victim from an abusive caregiver, alternative care options that are the least disruptive and do not require removal of the victim should be fully explored. Every effort should be made to refer the victim to services that can provide caregiving alternatives that best supplant those that will be disrupted. When the victim is not capable of self-care and emergency in-home care is not an option or when the victim is afraid to be alone, the only other apparent option may be placement in a health care or nursing facility.

4. **Effects of Removal From Familiar Surroundings.** Adapting to change is a stressor, particularly for elderly persons. When there is little likelihood of danger to the victim, there are few advantages to involuntary changes in residency.

5. **Disabilities, Mental Impairments, etc.** Physical disabilities and mental impairments may limit the options for alternative care. Not all disabilities are visible and officers should inquire of victims or family, friends, physicians, etc. as to the disabilities and medical or special needs of the victim. Information of this type will assist APS personnel in the development of an appropriate action plan.

6. **Maintain Sensitivity to Victim's Needs.** In most instances, officers will not be familiar with the special needs of the elderly victim. Officers should consider the victim's level of competency, assess any impairments and communicate appropriately. Nonverbal or non-English speaking persons may require the assistance of a translator. Officers should make every effort to preserve the dignity and self-respect of the elderly victim, recognizing the rights of competent elderly persons to make their own decisions about their living conditions provided they do not pose a danger to themselves or others.

IV. Investigator's Responsibility

A. Assume Investigative Responsibility.

Patrol officers will generally conduct the preliminary investigation that leads to the request for an investigator and an in-depth follow-up investigation. Except in those instances when the investigator is also the first responder, the investigator's arrival does not negate the patrol officer's responsibility for a preliminary investigation and the initial police report.

The investigator is, however, responsible for the overall investigation and should consider the following:

1. **Physical Evidence.** When a crime scene exists, it should be photographed and processed as any major crime. Areas to be considered include:

   a. Condition of the victim or wounds (medical examination of the victim [for old and recent injuries or evidence of sexual assault] may be warranted);

NOTE: *It may be necessary for the officer to arrange for nonemergency transportation to a medical facility for an evidentiary medical examination.*

---

   b. Weapons, restraints or instruments causing injuries;
   c. Living conditions/health and safety hazards (kitchen, bedroom, bath);
   d. Clothing, bedding and towels;
   e. Biological evidence (body fluids, food samples);
   f. Sexual aids, pornographic materials; and
   g. Personal papers (letters, telephone/address books, bank and financial statements, computer files and disks, and legal documents) belonging to the victim and the suspect(s)

2. **Typical Signs and Symptoms.** There are no definitive profiles of victims or abusers. There are, however, factors that officers should look for in abuse cases. The following factors may be of value in identifying at-risk relationships, which when observed in conjunction with indicators of abuse, should trigger further investigation.

   a. **Personality Traits of Abusers.** These may include emotional problems, drug and alcohol abuse or previous psychiatric hospitalization.

   b. **Transgenerational Family Violence.** A history of domestic violence (elder, spousal or child abuse).

   c. **Web of Dependency.** A poor relationship between an elderly person and a caregiver or adult child, dependency of a caregiver or adult child on an elderly person, bad temperament or hostility by an elderly person, caregiver or adult child, resentment, or a caregiver's frustration resulting from an elderly person's increased dependency for emotional, physical and financial support may lead to abuse.

   d. **Social Isolation.** Aging and reduced mobility are often accompanied by loss of contact with friends, family and the outside world. This isolation can hide the effects of violence, exploitation, neglect and very often self-neglect.

   e. **Physical Isolation.** Confinement to one's room or bed. Inappropriate physical restraint or being left alone for long periods.

f. **Internal and External Stressors.** Abusive relations between caregivers and elderly victims are often inflamed by economic difficulties, marital conflicts, deaths and illnesses of close friends or relatives and other stressors. In some cases, caregivers may be elderly persons themselves. Some middle-aged caregivers may be providing care and/or support to their children as well as their parents. Caregivers who are overextended, unaware of outside resources and who find themselves unable to cope with overwhelming responsibilities may resort to neglect or abuse.

3. **Indications of Elder Abuse.**

a. **Indicators of Physical Abuse.** Elderly persons may frequently exhibit signs of falls and accidents. These same signs may be indicators of physical abuse, especially when victims or suspects attempt to conceal their presence or offer inconsistent or irrational excuses for injuries. Investigators should consider the presence of any injury in their assessment of physical abuse cases. The following injuries are examples of indicators of abuse and should be considered together with an assessment of the abuser/victim relationship and other observations.

- Bruises or welts
  - in the shape of articles such as belts, buckles, electric cords or other definite shapes or patterns
  - discoloration causing bilateral stripes on upper arms, or clustered on other body parts
- Burns
  - caused by cigarettes, caustics, hot objects
  - friction from ropes, chains or other physical restraints
- Other injuries or conditions
  - fractures, sprains, lacerations and abrasions
  - injuries caused by biting, cutting, poking, punching, whipping or twisting of limbs
  - disorientation, stupor or other effects of deliberate overmedication
- Multiple injuries
  - in various stages of healing

b. **Behavioral Indicators of Physical Abuse (Victim).** Indications of abuse are not limited to visible wounds or injuries. The behavior of victims can reflect traits often associated with elder abuse. Presence of these indicators is not conclusive and should serve only to direct the focus of the investigation.

- Easily frightened or fearful
- Exhibiting denial
- Agitated or trembling
- Hesitant to talk openly
- Implausible stories

- Confusion or disorientation
- Contradictory statements, not due to mental dysfunction

c. **Behavioral Indicators of Physical Abuse (Suspect).** Individually none of these indicators or characteristics constitutes evidence of wrongdoing on the part of a relative or caregiver. However, when one or more indicators are present along with injuries and other (victim) behavioral indicators, further investigation is warranted.

- Concealment of victim's injuries
- Inconsistent explanation for victim's injuries
- History of making threats
- History of mental problems or institutionalization
- History of substance or alcohol abuse
- Victim of abuse as a child
- Dependent on victim's income or assets
- Demeaning comments about the victim
- Discounting the victim's assertions of cruelty or violence

d. **Indicators of Sexual Abuse.** Physical indicators of sexual elder abuse should direct investigators to search for other corroborating evidence. Many of these indicators cannot be identified without medical examination. Indicators may include the following:

- Sexually transmitted diseases
- Genital and/or anal infection, irritation, discharges or bleeding, itching
- Bruising, scarring or pain
- Frequent, unexplained physical illness
- Painful urination and/or defecation
- Urinary retention, constipation or fecal soiling
- Difficulty walking or sitting due to anal or genital pain
- Psychosomatic pain such as stomach or headaches
- Inappropriate sex-role relationship between victim and suspect
- Physical evidence of pornography or prostitution

e. **Behavioral Indicators of Sexual Abuse (Victim).** The embarrassment of recounting forced sexual activity often results in the refusal of an elderly victim to report and describe the crime. The following indicators are often present in (but not limited to) cases of sexual abuse.

- Inappropriate, unusual or aggressive sexual behavior
- Self-exposure
- Curiosity about sexual matters
- Intense fear reaction to an individual or to people in general

- Extreme upset when assisted with bathing or other physical caregiving
- Self-destructive behavior (head-banging, self-biting)
- Antisocial behavior (lying, stealing, verbal aggression)
- Mistrust of others
- Direct or coded disclosure of sexual abuse
- Depression or poor self-esteem
- Eating disturbances (overeating or undereating)
- Fears, phobias, compulsive behavior
- Bedwetting and other regressive behavior
- Sleep disorders (nightmares, fear of sleep, excessive sleeping)

f. **Behavioral Indicators of Sexual Abuse (Suspect).** An individual who is sexually abusing or exploiting an elderly person he or she is caring for may take extreme measures to ensure the activity is concealed. This may be exhibited through such behaviors as the following:

- Overprotectiveness
- Dominance
- Hostility toward others
- Social isolation

g. **Indicators of Emotional Abuse.** There is usually a lack of physical evidence in cases of emotional abuse. Often emotional abuse accompanies other abuse and neglect. Officers should look for

- Signs of inappropriate confinement or restraint
- Signs of deprivation of food or hygiene

h. **Behavioral Indicators of Emotional Abuse (Victim).** Although the presence of the following behavioral indicators may be reflections of abuse, they may also be symptoms of emotional disorders, dementia or other medical conditions. Officers must be mindful of this, but be careful not to arbitrarily attribute these symptoms to aging rather than possible abuse.

- Sleep, eating or speech disorders
- Depression
- Helplessness or hopelessness
- Isolation
- Fearfulness
- Agitation or anger
- Confusion

- Low self-esteem
- Seeking attention and affection

i. **Behavioral Indicators of Emotional Abuse (Suspect).** Emotional abuse of an elderly person may stem from the suspect's own low self-esteem and his or her unrealistic expectations of the victim. The suspect may exhibit irrational behavior and

- Threaten the victim
- Call the victim names
- Speak poorly of the victim
- Treat the victim as an infant
- Use restrictive treatment
- Ignore the victim and his or her needs

j. **Indicators of Neglect.** It is common to observe a combination of indicators when neglect (including self-neglect) exists. Neglect may be found in varying levels and may be recent or long-standing. Care should be taken to photograph and document evidence that will likely change with better care. Indicators of neglect include, but are not limited to, the following:

- Neglected bedsores
- Skin disorders or rashes
- Untreated injuries or medical problems
- Poor hygiene
- Hunger, malnutrition, dehydration
- Pallor, sunken eyes or cheeks
- Inadequate supply of food
- Absence of or failure to provide prescribed medication
- Lack of clean bedding or clothing
- Inadequate heating
- Unsanitary or unsafe living conditions
- Lack of required dentures, hearing aids or eyeglasses

NOTE: *There are noncriminal influences (poverty, family background/culture, education and ignorance) that may contribute to the appearance of neglect but are consistent with normal living conditions for that elderly person's family. The need for action should be guided by the elderly person's wishes and understanding of consequences and the likelihood of harm if he or she remains in those conditions. This is not to suggest that a caregiver's responsibility to provide adequate care is diminished when these conditions exist. For example, there is a vast difference between infrequent bathing habits and dirty, infected wounds resulting from neglect.*

k. **Behavioral Indicators of Neglect (Victim).** Continued neglect or self-neglect may lead to a number of the following behavioral characteristics. Existence of these conditions justify further investigation, but in themselves they do not constitute adequate evidence of neglect.

- Aggressiveness
- Nonresponsiveness or helplessness
- Inability to care for self
- Dependent behavior
- Refusal of help
- Self-imposed isolation
- Detachment

l. **Behavioral Indicators of Neglect (Suspect).** When neglect results from the action or lack of action of a caregiver, one or more of the following characteristics may be present.

- Substance or alcohol abuse
- Mental illness
- Developmental disability
- Hostility toward others
- Apathetic/passive/detached/unresponsive
- Depression or irrational behavior
- Lack of concern for the victim
- Lack of necessary skills

m. **Indicators of Fiduciary Abuse.** As some elderly persons experience decreased mobility (loss of driving ability and personal mobility), they become dependent on others to assist with and sometimes take over their financial matters. Although this increases the opportunity for abusive practices, caregivers and others (lawyers, bankers, etc.) may have a need to conduct legitimate financial business or handle funds in order to provide care to the person. The presence of the following activities may justify closer examination.

- Unusual volume or type of banking activity or activity inconsistent with victim's ability (e.g., use of ATM by a bedridden victim)
- Excessive concern by another over cost of caring for the victim or reluctance to spend money or pay bills
- Recent expressions of interest in a victim who has known assets
- Recent changes in ownership of victim's property
- A will drawn or power of attorney granted by an incompetent victim
- Inappropriate actions by a caregiver in the victim's financial affairs
- A caregiver with no means of support
- Placement, care or possessions of victim inconsistent with victim's estate
- Missing items (silver, art, jewelry)
- Caregiver isolates victim from friends and family

4. **Detailed Interviews of the Victim and Witnesses.** Some elderly victims are reluctant to report abuse for fear of automatic removal to an institution. Victims who have reported abuse must be reassured that legal remedies and removal procedures are not automatically invoked, but only when determined to be necessary as a result of a joint police and APS investigation, in which the victim's needs and desires are given priority.

   It may be difficult for elderly persons who have been abused to admit their vulnerability, particularly when the abuser is a family member or loved-one or when sexual abuse is alleged. Every effort should be made by police and APS or other social service investigators to coordinate investigations, thereby eliminating multiple stressful and embarrassing interviews. Investigators should respect the victim's dignity and keep the number of persons present during sensitive interviews to a minimum.

   The reluctance of victims to disclose the details of abuse by friends, family, caregivers or other trusted persons sometimes results in undetected crimes. Therefore, interviews with victims, witnesses and suspects should also focus on the detection of yet unreported abuse and abusers. When victims are mentally or physically incapable of providing information, investigators may have to rely initially on statements of witnesses, the suspect and other evidence.

5. **Statement of Suspects.** Whenever caregivers or other persons are determined to be suspects in an abuse case or other criminal matter, they must be advised of their constitutional rights before any further questioning takes place. Explore possible explanations for allegations, suspicious activity, evidence (e.g., restraints, etc.), injuries to victims, living conditions and behavior of the victim. Determine the existence of any other victims, witnesses or suspects and the relationships that may exist between all parties. Determine if the suspect had the opportunity and access to the victim necessary to commit the alleged act(s). Written statements should be obtained. If available, video and audio equipment may be employed.

6. **Corroborating Information.** The investigator should attempt to corroborate all information relating to allegations of wrongdoing as well as the details of victim, witness and suspect statements. Investigative resources that may prove to corroborate information include:

   a. Statements of other knowledgable persons involved (friends, neighbors, family, clergy, physicians, victim's attorney and banker, etc.)

   b. Physical evidence

   c. Opportunity and access

   d. Medical examinations (victim)

   e. Medical history (victim)

   f. Pharmaceutical records

   g. Criminal history (suspect)

   h. Employment history (suspect)

   i. APS records

   j. Facility licensing records

   k. Individual certification (professional caregivers)

l. Other social services records

m. Health department, other regulatory agency or zoning records (care-related violations in the past)

n. Real property records (ownership changes in real estate and automobiles)

o. Legal records (conservatorship, power of attorney, durable power of attorney, will, living will, trusts, etc.)

p. Financial and bank records

q. Reports of past allegations or crimes

r. EMS records (prior ambulance calls)

7. **Arrests - Evaluate Propriety and Likely Effects.** The suspect may be a close relative and the only caregiver available to provide for the continued needs of the victim. The victim may voluntarily continue to reside with the abusive caregiver after he/she is arrested. When the cause for abuse is determined to result from a correctable shortcoming of the caregiver, the preferred resolution may include education, counseling, or supplemental support or resources rather than arrest of the caregiver. This is especially true when a caregiver's arrest necessitates institutionalization of the victim.

   In instances when the abuse involves serious intentional injury or harm, or when the victim wishes to prosecute or has other care options available, the preferred solution should be the arrest of the offender.

   Criminal or noncriminal resolutions should be a joint decision of the competent victim, police, prosecutors and APS personnel.

B. Case Presentation for Court.

Investigators should prepare a formal case report of the investigation including evidence, witness statements and corroborating information. Throughout the proceedings, investigators will be expected to consider the following:

1. **Assistance to Prosecutors.** Additional corroboration or follow-up investigation may be needed to successfully prosecute.

2. **Privacy and Confidentiality.** The dignity of elderly victims should be respected at all times. Unnecessary publicity should be avoided.

C. Victim/Witness Assistance.

1. **Maintain Open Lines of Communications With Victims and Witnesses.** Victims and witnesses should be kept abreast of the status of the case and upcoming trials. Changes in the status of arrests, dismissal of charges, trial dates, witness accounts, etc., should be transmitted to victims as soon as possible. Learning details from another source will embarrass the victim, erode confidence in the police, lead to distrust and could result in the refusal to cooperate in the future. Provide the case number and the name and telephone number of a contact person to call for case status or in the event of threats.

2. **Ensure Appropriate Protective Custody.** Victims who have been removed from an abusive environment should be secure from retaliation. Appropriate measures (protection orders or confidential relocation) should be taken when there is reason to believe the victim is in danger.

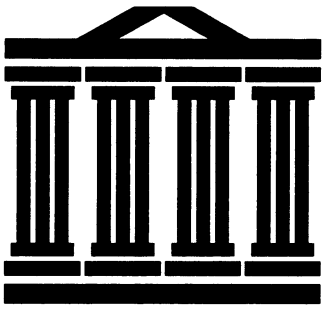
   Victims who were not removed and who are thought to be in a safe environment should still be regularly contacted to ensure they are not victims of retaliation. Though most often the responsibility of APS, investigators should ensure that contact is maintained prior to prosecution.

3. **Provide Mentally Capable Victims and Witnesses (or Appropriate Guardians) With Information About Applicable Immediate and Long-Term Referral Services.**

NOTE: *Local referral information (agency names, locations and telephone numbers) should be included here for the following and other appropriate services within the local jurisdiction.*

- Counseling
- Medical attention
- Compensation programs
- Emergency financial assistance
- Victim advocacy
- APS and other human or social service departments
- Legal assistance
- Translators
- Ombudsman services

Improving the Police Response to Domestic Elder Abuse:



Police Executive
Research Forum

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

PERF, 2300 M Street NW, Suite 910, Washington, DC 20037
202/466-7820; fax 202/466-7826

Model Policy

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

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

ADVISORY BOARD

Sara Aravanis
National Eldercare Institute on Elder Abuse and State Long Term Care Ombudsman Services

Roderic Burton
Department of Social Work and Sociology Tennessee State University

Robert Dowling
Virginia Department of Criminal Justice Services

Joy Duke
Virginia Department of Social Services Adult Protective Services Administration

Lisa Frisch
New York State Office for the Prevention of Domestic Violence

Dennis A. Gustafson
San Francisco Police Department

Donald G. Hopkins
Maryland Police and Correctional Training Commissions

Lillian Jeter
Charleston (SC) Police Department

Katrina Johnson
National Institute on Aging/ National Institutes of Health

Frank Kowaleski
Hampton Roads (VA) Academy of Criminal Justice

Lisa Nerenberg
San Francisco Consortium for Elder Abuse Prevention

Mandie Patterson
Virginia Department of Criminal Justice Services

John Scheft
Office of the Massachusetts Attorney General/ Elderly Protection Project

John Schuyler
Maryland Police and Correctional Training Commissions

Chris Shoemaker
Aging and Adult Services Tallahassee, Florida

Karen Stein
College of Human Resources University of Delaware

Jane Tewksbury
Office of the Massachusetts Attorney General/Family and Community Crime

Randy Thomas
South Carolina Criminal Justice Academy

Carol Thornhill
Administration on Aging

Rosalie Wolf
Institute on Aging Medical Center of Central Massachusetts

Grant Monitor: Duane Ragan, Office for Victims of Crime
Project Director: Martha Plotkin, Police Executive Research Forum
Policy Author: Tony Narr, Police Executive Research Forum

MODEL POLICY FOR THE LAW ENFORCEMENT RESPONSE TO VICTIMS OF DOMESTIC ELDER ABUSE

General Commitment

I. Introduction

Abuse of older persons by their friends, family members, caregivers or other trusted persons is not a new phenomenon. Nor is it a new expectation of the public that police officers and sheriff's deputies will sometimes respond to and handle these complaints. More recently it has been recognized that domestic elder abuse is a very complex problem, requiring a multidisciplinary response tailored to specific circumstances and the individual needs of the elderly victim.

Every department should recognize that elder abuse is often the result of problems that officers alone cannot redress. In order for law enforcement officers to play an effective part in any comprehensive strategy to prevent, identify, detect and react to instances of elder abuse, they must fully understand their role and be trained to act in concert with other protective, investigative, regulatory, enforcement and social service agencies.

Written directives should be in place to provide all law enforcement personnel with the guidance necessary to properly respond to complaints of suspected elder abuse. Directives should focus on the need to coordinate the efforts of the many agencies that can contribute to positive solutions. The role of each such agency must be clearly stated.

II. Purpose

The purpose of the following policy is to provide direction to the members of the department in order to prevent and intervene in incidents of domestic elder abuse.

III. Policy

A. Introduction

It is estimated that over 1.5 million elderly persons are abused by family members or other caregivers in domestic settings every year. Even more disturbing is the fact that only one in 14 cases may be reported. As the problem gains recognition, the police must also realize their role in identifying, detecting, reacting to and, when possible, preventing domestic elder abuse. The staggering prevalence of abuse and the devastating effect it has on elderly victims demands that the police establish clear and thorough directives to guide call-takers, dispatchers, officers, supervisors and investigators through the complex tasks for which they are responsible. Police are in the unique position of being responsible for the criminal investigation of such cases, while working jointly with Adult Protective Services (APS) and other social service organizations to ensure the provision of a network of services.

B. Policy Statement

It shall be the policy of the _____ Department to treat reports of violence against elderly persons as high priority criminal activity which is to be fully investigated regardless of the relationship between the victim and the

suspect(s). It is further the policy of the department to identify and assume law enforcement's role in preventing, identifying, detecting and reacting to the incidence of elder abuse, neglect and exploitation and to ensure that call-takers, dispatchers, responding officers (or deputies), investigators and supervisory personnel understand their individual roles, duties and responsibilities. The department's commitment to respond to reports of suspected elder abuse will include, but is not limited to, the following:

1. recognition of the signs, symptoms and indications of violence, other abuse, neglect or exploitation perpetrated against elderly persons;

2. participation in a multidisciplinary response and coordinated investigation with APS and a network of other agencies aimed at breaking down the barriers older persons face when seeking to report and eliminate abuse. This should include regularly updated agreements defining the role of each participating agency;

3. expedient and full reporting to appropriate agencies on any case of confirmed or suspected abuse, neglect or exploitation against an elderly person, including cases of noncriminal neglect;

4. implementation of solutions that do not result in increased risk to the older person and do not exacerbate the situation;

5. commitment to treat all persons with dignity and respect;

6. recognition and respect for the older person's right to self-determination, that is, a competent person's right to make his or her own decisions, including the right to privacy and to refuse well-intended intervention;

7. provision of rapid access to information about and referral to support systems or agencies, including translators, that provide services useful to victims of elder abuse;

8. promotion of education and periodic retraining of personnel as to specific roles, duties, responsibilities and how each individual contribution can lead to an effective solution; and

9. in order to ensure a continued effective response strategy, an annual review of the department's overall response to the problem of domestic elder abuse, an examination of the handling of individual incidents and an evaluation of the policy, procedure and protocol to identify areas that may need revision. Reviews of this type should include input from APS and/or other agencies participating in the multidisciplinary approach.

Improving the Police Response to Domestic Elder Abuse:

Police Executive
Research Forum

Prepared by the
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as a resource for law enforcement agencies

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Literature Review

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Project Director: Martha Plotkin, Police Executive Research Forum
Authors: Martha Plotkin, Police Executive Research Forum,
with Angela Moore, University of Maryland at College Park

Law Enforcement: The Hidden Service Provider

Introduction

Abuse of older persons by their family members and other caregivers is not a new phenomenon. The dream of many Americans, to grow old with dignity in the care of loved ones, has become a nightmare for a growing number of older adults across this country. Though victims of this tragic crime have spoken publicly about their abuse and neglect for nearly 15 years, and cases have been documented for decades, this form of mistreatment has failed to gain the sympathy, attention, and remedial action that spouse abuse and child abuse have received.

Elder abuse can be committed in a number of different settings. Nursing homes, boarding homes, older persons' own residences, family settings, and other long-term care facilities are among the contexts in which abuse can be committed. The literature review that follows concentrates on the issues related to domestic elder abuse, although the principles may apply to other settings as well.

Domestic elder abuse[1] is a complex problem that requires a multi-disciplinary response tailored to the particular needs of the elder victim. The effectiveness and appropriateness of applying traditional domestic violence responses to the abuse of older persons in non-institutional settings are being questioned by researchers seeking to meet the unique needs of the victim of elder abuse (Stein, 1991[a]; Pillemer and Finkelhor, 1989; Phillips, 1988).

The complexity of the elder abuse problem calls for a comprehensive strategy with components ranging from prevention and early detection to strict enforcement, and involving such community workers as social service providers, adult protective service agencies, health care professionals, prosecutors, and law enforcement. An effective strategy for dealing with the elder abuse problem must involve law enforcement and must ensure that they are trained to act in concert with other service providers in their communities.

As with other forms of domestic mistreatment, such as child abuse and spouse abuse, law enforcement is expected to respond appropriately to domestic abuse of the elderly. Law enforcement is sometimes the first to respond to an incident later found to involve abuse or neglect of an elderly person. However, most police have had little or no training on responding to elder abuse, and only recently have been involved in the development of programs and training to redress the problem.

To identify means for improving the law enforcement response to domestic elder abuse and to fill current gaps in law enforcement training, the Office for Victims of Crime (OVC) awarded a grant to the Police Executive Research Forum (PERF) to collect and assess training and technical assistance materials, policies, procedures, protocols, and practices related to the current law enforcement response to elder abuse. These materials served as the basis, in part, for the development of model products and resources used in a pilot training program for law enforcement practitioners. While the OVC training is designed to be state-specific, it is also meant to provide police trainers in other states with an easy-to-tailor format. In developing model training and materials the following considerations were taken into account:

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

First, there must be recognition that police are currently involved in elder abuse cases, whether or not they choose to be. They are often called on by APS and others to investigate potential cases of abuse, and are sometimes the first to respond to domestic disturbances. Officers and deputies are in a unique position to prevent, detect, and respond to elder abuse if properly trained in these tasks.

Second, because of the increase in the older American population, discussed more fully in the following section, law enforcement can expect to get increasingly more calls for service involving the elderly. Law enforcement has a responsibility to provide quality service to all segments of their communities — the elderly population is no exception. To serve the elderly, law enforcement must first understand their needs and problems.

Third, elder abuse cannot be dismissed as "just another type of domestic violence." Arrest, removal, and other salutary policies have a different impact on the elderly person than a child abuse or spouse abuse victim, and must be instituted only when they do not exacerbate the problem. Traditional domestic violence training and materials are a good starting point for elder abuse prevention and response, but they cannot be employed in elder abuse situations without modification.

Fourth, because elder abuse is a complex problem, a multi-agency, community-oriented approach must be advocated by law enforcement trainers. At a time when most agencies are looking for new ways to improve their effectiveness while developing stronger ties with the communities they serve, training curricula and materials must be designed to give agencies the flexibility to meet local needs and build on community organizational strengths.

In order to assess current training and other police efforts related to responding to victims of domestic elder abuse, a review of the research was necessary. The following section summarizes highlights from the elder abuse literature relevant to how police respond to the problem.

Understanding Domestic Elder Abuse: A Review of the Literature for Police Practitioners

The mistreatment of many older adults by their loved ones and caregivers has become a frightening reality for millions of older persons in the United States. While most families provide proper care to older relatives, often in stressful circumstances, many families that care for older relatives are too frequently ill-suited or ill-prepared to deal with the responsibility.

The literature review that follows considers the research done on the scope and nature of the elder abuse problem. The discussion focuses only on abuse of elderly persons in a non-institutional setting, though there is a great deal of information that is applicable to long-term care facilities. While the review of the literature is not exhaustive, it provides the reader with a context in which to view the police response to this tragic problem.

Scope of the Problem

Before law enforcement acts to redress a problem, they, like all public officials, want to know the extent of the problem. There have been many efforts to identify the frequency and severity of the elder abuse problem in this country. It has been estimated that "[o]nly one in eight cases of elder abuse gets reported, and over 1.5 million, or about 5 percent of the elderly population, are abused by their loved ones annually" (House Select Committee on Aging, Subcommittee on Health and Long-Term Care, 1990). The current prevalence of elder abuse is said to be staggering compared with levels reported in the early 1980s (see, e.g., House Subcommittee on Health and Long-Term Care, *Elder Abuse: A National Disgrace*, 1985; House Select Committee on Aging, *Elder Abuse: An Examination of a Hidden Problem*, 1981; and the Subcommittee on Human Services of the Select Committee on Aging, 1980). Based on a 1990 survey of all state human service departments, the House Select Committee on Aging determined that elder abuse is up 50 percent from 1980.[2]

Researchers have corroborated that there are large numbers of abused elderly in our communities (see, e.g., Gelles and Straus, 1979; Pillemer and Finkelhor, 1986). The small number of studies on the prevalence of elder abuse concurs with the national estimates of abuse, suggesting that elder abuse is suffered by between 4 and 5 percent of all older persons (Block and Sinnott, 1979; Gioglio and Blakemore, 1983; Pillemer and Finkelhor, 1988; Podnieks et al., 1990; Kivela et al., 1992).

The results of these prevalence studies not only provide a glimpse into the abuse and neglect in this country, but highlight the difficulties in making a precise assessment of the problem. The inability to obtain an accurate picture of the prevalence and nature of the problem is due, in part, to the following factors:

- Lack of a uniform definition of elder abuse and neglect
- Limitations on research

2 The reader should be cautioned that the foregoing congressional estimates of the scope of the elder abuse problem are believed by some researchers to be misleading because they are not based on reliable data on the number of existing cases. Without an accurate baseline regarding all cases, no accurate assessment can be made of the proportion of cases reported. Further, while there is evidence that reported cases have increased, there is no evidence as yet that the actual number of cases has increased.

- Lack of reporting

Lack of a Uniform Definition

> Lack of a standard definition of elder abuse is a pervasive criticism of the current literature and a major impediment to validating the scope of elder abuse (Anderson and Theiss, 1987).

The study of elder abuse and neglect is hindered by the lack of a clear and accepted definition of what constitutes maltreatment. (For a more extensive discussion on this issue, see, e.g., Pillemer, 1988; Hudson, 1989.) Some observers would classify a particular incident as one of abuse, while another observer may not perceive the same incident as abuse at all. In some cases, researchers will record a single incident as mistreatment, while other researchers count only a pattern of abuse. To further complicate matters, categories of abuse may be combined or considered separately, such as the decision to consider unintentional and intentional neglect as one form of abuse or two. There is also some debate as to whether "domestic" elder abuse includes abuse by someone other than a regular caregiver or family member, such as a gardener or home repair person. Finally, some studies define "elderly" as over 60, while others use age 65 or some other designation. Clearly, no definitive statements about prevalence in the United States can be made if there is no nationally accepted definition of elder abuse.

The decision to institute a uniform definition of abuse has been the subject of ongoing debate (Pedrick-Cornell et al., 1981; Callahan, 1982; Douglass and Hickey, 1983; Giordano and Giordano, 1984; Johnson, 1986; Wolf, 1988). Those who favor the development of a uniform definition believe it would help in efforts to ascertain better prevalence data and stimulate action (Secretary's Elder Abuse Task Force, 1992). Yet others believe that the need for a uniform definition is not as important as focusing on the effects of abuse (Stein, 1991[a]).

Recent studies suggest that the definition of elder mistreatment may be subjective; that is, what the professionals and the state define as abuse or neglect may not be considered so by the older person, which may explain the reluctance of persons to report or accept services.[3]

It is evident that police need unambiguous definitions and a clear understanding of what constitutes abuse, neglect, and exploitation if they are to act as detectors, enforcers, and referral agents, especially in states where police are mandated to report suspected cases of abuse. Many states have legislation that define various types of abuse. In addition, there are widely accepted definitions of abuse and neglect that have emerged in the elder abuse literature. These categories include (National Aging Resource Center On Elder Abuse, 1992; Wolf et al., 1986):

- **Physical Abuse** — non-accidental use of physical force that results in bodily injury, pain, or impairment (e.g., slapped, bruised, cut, burned, physically restrained improperly).
- **Sexual Abuse** — non-consensual sexual contact of any kind with an older person (e.g., forced sexual contact or forced sex with a third party).
- **Emotional or Psychological Abuse** — willful infliction of mental or emotional anguish by threat, humiliation, intimidation, or other verbal or nonverbal abusive conduct (e.g., called names, treated as a child, frightened, humiliated, intimidated, threatened, isolated).

3 For more information on studies regarding subjective definitions, see, e.g., Gebotys et al., 1992; Kivela et al., 1992; and Johns et al., 1991.

- **Financial or Material Exploitation** — illegal or improper use of funds, property, or resources of an older person (e.g., cash stolen, deeding of property committed, fraud, unfulfilled promises of lifetime care in exchange for assets, access to assets limited).[4]

- **Active Neglect** — willful failure by the caregiver to fulfill his/her caretaking obligation or duty (e.g., deliberate abandonment or denial of food or health-related services, deprived of dentures, eyeglasses).

- **Passive Neglect** — non-willful failure to fulfill a caretaking obligation (e.g., abandonment, denial of food or health-related services because of inadequate knowledge, infirmity, or the value of prescribed services disputed).[5]

- **Self-Neglect** — the result of an older adult's inability, due to physical and/or mental impairments or diminished capacity, to perform essential self-care tasks (e.g., provide essential food, clothing, shelter, and medical care; obtain goods and services necessary to maintain physical health, mental health, emotional well-being, and general safety; and/or manage financial affairs) (Virginia Department of Social Services, 1991).[6]

Hudson (1989) suggests that a clear distinction between abuse and neglect be made, and precise definitions for each form of maltreatment be developed. These definitions should not include attributes such as dependence or impairment because independent unimpaired elders can be abused. Moreover, elder abuse and neglect need to be distinguished from pain, injury, and suffering not due to mistreatment.[7] Figure 1 shows the relationship between elder mistreatment, neglect, and crime.

For the purposes of these materials, it is also necessary to define what is meant by a "caregiver" in the domestic elder abuse context. A caregiver is "a person who has the care, custody, or control of, or who stands in a position of trust with, a dependent adult" (California Penal Code 368 (e)). The person can provide care on a temporary or permanent basis, and includes, but is not limited to, a relative, household member, or day care worker. Police should also be aware that many state statutes addressing elder abuse apply to dependent adults of any age.

Limitations on Research

Another obstacle to obtaining a realistic picture of the elder abuse problem in this country is the lack of sufficient national studies. Many of the research studies on elder abuse have used very small samples or are incapable of being generalized for other reasons, including the lack of participation from the surveyed elderly population; the limitations of service provider records; and the lack of control group comparisons (Stein, 1991[a]; New York State Division of Criminal Justice Services, 1991). While early studies were useful in helping to identify areas for further study (Rathbone-McCuan, 1978, 1980; Steinmetz, 1978), they raised as

4 Wilber (1990:89) contends that material abuse of the elderly is "one of the murkiest definitional areas," and asserts that material abuse is not receiving sufficient research attention.

5 "In most situations passive neglect is the tragic result of well-meaning family members ... who assume the care of a frail and dependent older person but who are incapable of meeting that person's needs" (Douglass, 1988:5).

6 Self-neglect usually occurs as a result of the older person's physical or mental impairment, or in a situation where the older person is socially isolated. It may or may not be considered a crime. (For further discussion, see Mixson, 1991.)

7 Police should be aware that a majority of the state Adult Protective Service systems are restricted to responding to dependent or impaired persons and, although they often stretch the definition to include psychological dependence, they do exclude a category of mistreated persons who are referred to police and private agencies.

many questions as they answered. More recent research has improved upon the methodological weaknesses of earlier studies, yet there is no doubt that additional research still must be conducted (Breckman and Adelman, 1988; Pillemer and Finkelhor, 1989).

It is not uncommon to find conflicting results in research that addresses elder abuse issues. For example, some studies have found that psychological abuse is the most prevalent form of abuse (Block and Sinnott, 1979; Sengstock and Liang, 1982; Lau and Kosberg, 1979); other studies propose that physical abuse is most prevalent (O'Malley et al., 1979); and still others contend that financial exploitation (Gioglio, 1982), unintentional neglect (Douglass, 1988; National Aging Resource Center On Elder Abuse, 1992), or self-neglect (Stein, 1991; Virginia Department of Social Services, 1991) is most common. According to the United States Senate Special Committee on Aging (1991), physical violence, negligence, and financial exploitation are the most common forms of elder abuse, followed by denial of basic constitutional rights and psychological abuse. In a recent survey of state adult protective services and aging agencies that provided information on substantiated reports of elder abuse, it was found that neglect was the most common form of domestic elder abuse, followed by physical abuse and financial exploitation (self-neglect was considered separately) (Tatara, 1993:21).

Figure 1
TAXONOMY AND DEFINITIONS
by Delphi Panel of Elder Mistreatment Experts

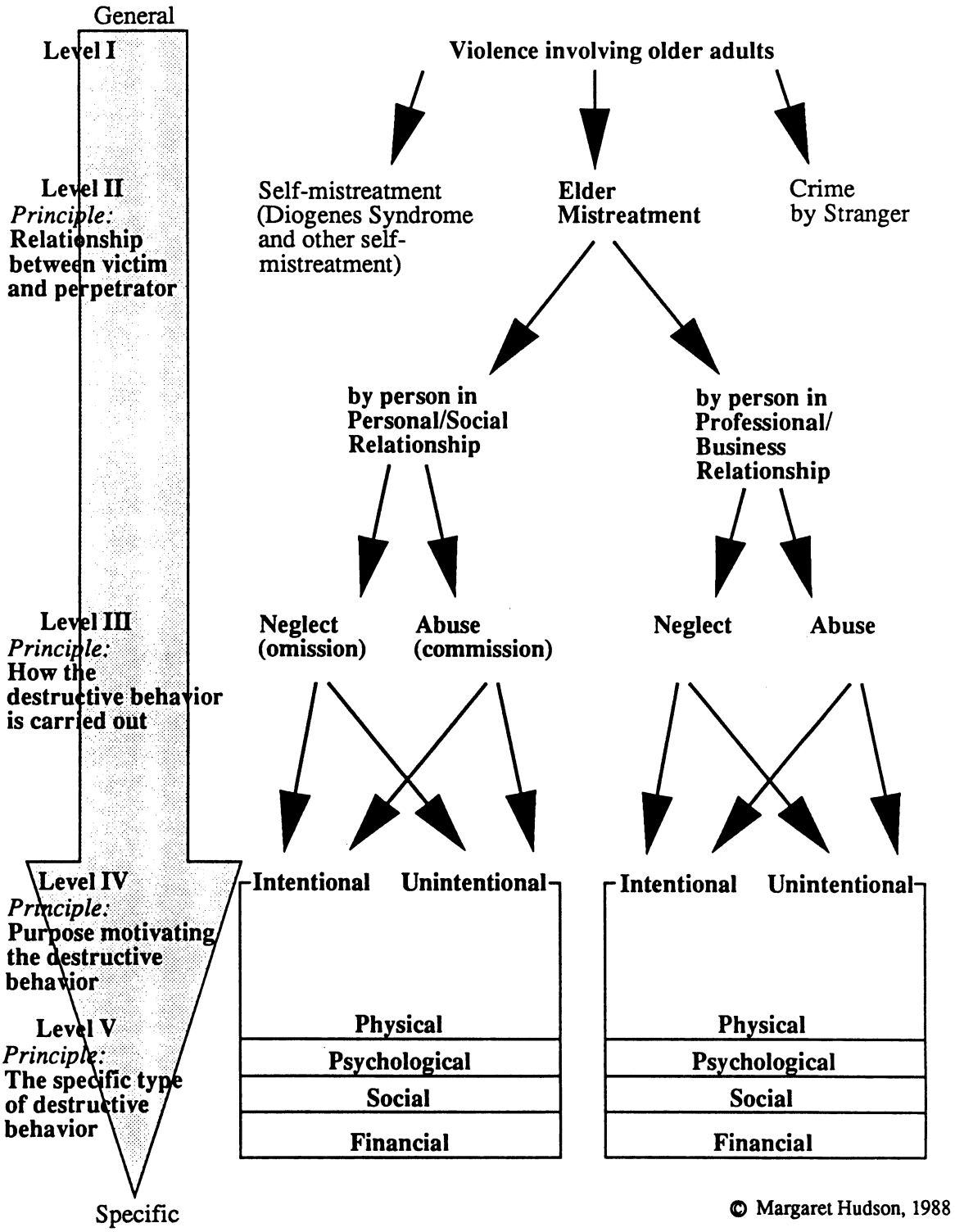

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Figure 2
THEORETICAL DEFINITIONS
by Delphi Panel of Elder Mistreatment Experts

Level II	**Elder Mistreatment**	Destructive behavior that is directed toward an older adult, occurs within the context of a relationship connoting trust and is of sufficient intensity and/or frequency to produce harmful physical, psychological, social and/or financial effects of unnecessary suffering, injury, pain, loss and/or violation of human rights and poorer quality of life for the older adult.
	Personal/Social Relationship	Persons in close personal relationships with an older adult connoting trust and some socially established behavioral norms, e.g., relatives by blood or marriage, friends, neighbors, any "significant other."
	Professional/Business Relationship	Persons in a formal relationship with an older adult that denotes trust and expected services, e.g., physicians, nurses, social workers, nursing aides, bankers, lawyers, nursing home staff, home health personnel, landlords, etc.
Level III	**Elder Abuse**	Aggressive or invasive behavior/action(s), or threats of same inflicted on an older adult and resulting in harmful effects for the adult.
	Elder Neglect	The failure of a responsible party(ies) to act so as to provide, or to provide what is prudently deemed adequate and reasonable assistance that is available and warranted to ensure that the older adult's basic physical, psychological, social, and financial needs are met, resulting in harmful effects for the older adult.
Level IV	**Intentional**	Abusive or neglectful behavior or acts that are carried out for the purpose of harming, deceiving, coercing or controlling the older adult so as to produce gain for the perpetrator (often labeled "active" abuse/neglect in the literature).
	Unintentional	Abusive or neglectful behavior or acts that are carried out, but NOT for the purpose of harming, deceiving, coercing or controlling the older adult, so as to produce gain for the perpetrator (often labeled "passive" abuse/neglect in the literature).
Level V	**Physical**	Behavior(s)/action(s) in which physical force(s) is used to inflict the abuse; or available and warranted physical assistance is not provided, resulting in neglect.
	Psychological	Behavior(s)/action(s) in which verbal force is used to inflict the abuse; or available and warranted psychological/emotional assistance/support is not provided, resulting in neglect.
	Social	Behavior(s)/action(s) that prevents the basic social needs of an older adult from being met; or failure to provide available and warranted means for meeting an older adult's basic social needs can be met.
	Financial	Theft or misuse of an older adult's funds or property; or failure to provide available and warranted means by which an older adult's basic material needs can be met.

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Elder abuse literature also suffers from a lack of sufficient research on minority populations (Cazenave, 1983). For example, African-Americans represent the largest minority group among the elderly population. However, several researchers indicate that studies of elder abuse that include blacks as part of their samples have not had an adequate representation of older African-Americans (Urban League, 1989; Griffin and Williams, 1992). Studies that include other minority groups also indicate inadequate sampling of members from that population (Hall, 1987). The deficiency in studies of older African-Americans may also be related to the fact that most samples have come from agency files.

Because demographics indicate that the elderly population is growing faster among ethnic populations than among whites, additional research on minority populations is surely warranted (Spencer, 1988). "In the face of these statistics, the lack of quality research and data on elders of color stands out as a glaring concern" (American Society on Aging, 1992:1).

While the research that has been conducted to date is limited, there are useful findings that can help guide police and other first-responders in addressing suspected cases of abuse. If there is one certainty that can be drawn from the often-conflicting research results, it is that there are no definitive answers to questions about the nature and scope of the problem, only guidelines for investigation on a case-by-case basis.

Lack of Reporting

The estimates for the prevalence of elder abuse are also likely to be inaccurate because abuse routinely goes unreported to law enforcement or social service agencies. According to the House Select Committee on Aging (1990), elder abuse is less likely than child abuse to be reported. Some researchers estimate that the number of unreported cases is even higher than the congressional figures quoted earlier. These researchers estimate that only about 1 of every 14 domestic elder abuse incidents (excluding self-neglect) is reported (Pillemer and Finkelhor, 1988). There are many reasons for this lack of reporting. Older persons may not report incidents of abuse or neglect to the authorities because of fear of institutionalization, reprisal, shame, embarrassment, limited access to reporting authorities, or fear of losing their homes or self-determination, to name a few (Subcommittee on Health and Long-Term Care, 1985; Greenburg and Ruback, 1985; Douglass, 1988; Heisler, 1991). Victims of elder abuse may view the criminal justice system as unresponsive to their needs, with its complicated court procedures, delays, and potential threat to their rights to determine their own future. For example, victims may fear a court will rule unfavorably on their mental competency or will incarcerate their only caregiver, however inadequate, leaving them without necessary support.

There are data that show reporting of cases may be on the increase, however. A study of state adult protective services (APS) and aging agencies conducted by NARCEA (1992) found that elder abuse reports increased substantially during the period of their study, 1986–1988. In 1986, 117,000 cases of elder abuse were reported to APS and aging agencies; in 1987 there were 128,000 reported cases of elder abuse; and by 1988 the number of reports had risen to 140,000.

In 1991, a survey was sent to state APS and aging agencies to collect summary information on cases reported during 1990 and 1991 in all 50 states, the District of Columbia, Guam, Puerto Rico, and the Virgin Islands. Based on information returned from 52 jurisdictions, it was estimated that approximately 211,000 reports were made in 1991, and 227,000 reports in 1992, nationwide of all types of elder maltreatment occurring in domestic settings (Tatara, 1993). Unfortunately, it is

difficult to determine if the increase in reporting is related to an increase in the prevalence of actual elder abuse cases and an increase in the elderly population, or if the number of cases has remained the same and reporting has increased.

These estimates do not reflect the actual number of victims because multiple reports may be made for a single victim, or a single report may be made involving a number of victims. "Overall, from FY86 to FY91, there was an increase of 94.0% in the count of domestic elder abuse reports received nationwide" (Tatara, 1993:13). The study concludes that for fiscal year 1991, there were an estimated 735,000 elder abuse victims in domestic settings in the United States, excluding self-neglecting elders; only a small proportion of these victims were reported to authorities (Tatara, 1993:30). This estimate is based on the previously mentioned research by Pillemer and Finkelhor that only 1 of 14 elder abuse victims (not including those who self-neglect) is reported to authorities.

The failure to report incidents of elder abuse has particular significance for law enforcement. Police may be asked to intervene if APS or other service providers receive a report of abuse. Or, police may be called directly to the home by a neighbor asking police to do a "wellness check" or by a victim or witness to respond to a potential abuse incident. But, given the low rate of reporting of elder abuse, police must also be trained to detect an elder abuse incident requiring investigation, and must work in partnership with other agencies, educate citizens, and alleviate the barriers that older adults face in reporting. For example, law enforcement agencies must ensure that citizens understand that if the police are called to respond to a report of elder abuse, the victim will not be automatically removed to an institution (Kinnon and MacLeod, 1991). Police must be ready to use legal remedies and removal procedures only when appropriate. They must also be trained to work closely with protective services workers who are more experienced in looking for social remedies to elder abuse.

Correlates of Elder Abuse

There are probably as many suggested causes for elder abuse as there are studies (see, e.g., Fattah and Sacco, 1989; Pillemer and Finkelhor, 1989; Wolf and Pillemer, 1989; Kosberg, 1988; Callahan, 1988; Breckman and Adelman, 1988). The lack of consensus on issues such as causation is particularly important in considering how police will be taught to detect signs of abuse, identify at-risk individuals, report to appropriate APS authorities, intervene appropriately, and understand other aging issues, so they can properly apply that understanding to their prevention, detection, and enforcement duties. Several causal factors have consistently been cited in elder abuse research, though the list is far from exhaustive. These presumed causes of elder abuse come under the following general categories (McDonald et al., 1991):

- Personality trait of the abuser
- Transgenerational family violence
- Web of dependency
- Social isolation
- Internal and external stressors

Personality Traits of the Abuser

The personality traits theory attributes abuse to the psychopathological characteristics of the abuser (Pillemer and Finkelhor, 1988). Several studies have

found abusers disproportionately suffer from emotional problems (see Johnson, 1992 for a comprehensive review of these studies); and Pillemer and Finkelhor (1988) found many abusers have experienced psychiatric hospitalization.

Substance abuse by the caregiver may also be a factor in maltreatment of an older person. Several researchers have indicated a tendency toward drug or alcohol abuse on the part of individuals who mistreat the elderly (e.g., Fattah and Sacco, 1989; Pillemer and Suitor, 1988; Anetzberger, 1987; Quinn and Tomita, 1986; Pillemer, 1986; King, 1984). Alcohol and/or drug abuse may lower inhibitions against violent conduct and provide an excuse for violent behavior (Pillemer, 1985). Substance abuse may result in neglect of duties if the caregiver is unwilling or unable to fulfill his or her responsibilities. Material exploitation may also occur when the caregiver uses the elder victim's finances to support his or her drug or alcohol habits (Anderson and Theiss, 1987).

Transgenerational Family Violence

Another theory suggests that elder abuse is highly correlated with violence learned within the home. When parents or guardians are abusive to their children, their children in turn learn to be abusive (O'Malley, 1983). According to this theory, adult children who are abusive to their parents in later life may have been mistreated during their formative years.

> Such arguments provide evidence of the parallels between theories of elder mistreatment and theories of child abuse since it is frequently maintained that parents who were battered as children are more likely to batter their own children (Fattah and Sacco, 1989:238).

For elder abuse, this cycle of violence possesses elements of retaliation and imitation (Pillemer, 1986). To date, however, there have been no data to support the cycle of violence theory in the context of elder abuse.

There are other forms of domestic violence that must be considered as well. Spousal abuse that has spanned several decades may now be classified as elder abuse, as both the victim and abuser have aged.

Web of Dependency

Stress resulting from caregiver responsibilities is another factor commonly cited as a cause of elder abuse. A caregiver may become increasingly frustrated as the elderly person becomes more dependent for financial, emotional, and/or physical support. In some cases a caregiver is lending support to an individual with whom he or she has never had a positive relationship. The abuser or victim may have a hostile or bad temperament. The abuser may view the relationship as inequitable and exhibit resentment toward the elderly person, particularly if the caregiver holds unrealistic expectations of what the elderly person can do. Caregivers may also be unprepared or ill-suited to give necessary support to an older person, especially if the older person has physical or mental impairments that are unlikely to improve.

One study (Pillemer, 1985:145) tested this relationship between demands of dependent elders, caregiver stress, and abuse to determine if stress resulting from care of the elderly person contributed to abuse.

> The most striking finding was that dependency was a major factor in physical abuse — but it was the dependency of the abuser on the elder, not the other way around.

Pillemer suggests that abusers become frustrated due to powerlessness in controlling or improving their lives or living financially independent of the older person.

Social Isolation

Aging may be accompanied by decreases in productivity, loss of independence and mobility, and a loss of contact with friends. Isolation may also result from ageism — the belief that an elderly person is not able to contribute once he or she reaches some arbitrary age. The older person may be belittled based on stereotypes of the elderly (i.e., considered senile), even though the individual has no significant physical or mental impairments.

Isolation is often associated with unintentional neglect, but may also be related to other forms of violence since the risk of discovery is reduced. Confinement, violence, and exploitation may be hidden from sight when a caregiver denies the elderly person the right to meet with friends and conduct personal business. Self-neglect is also not uncommon when an elderly person is isolated and does not have a primary caregiver or health care services (Anderson and Theiss, 1987).

Internal and External Stressors

A host of factors such as death of a relative or close friend, debilitating illness, and marital conflict directly related to caregiving responsibilities may produce stress and contribute to abusive relations between the caregiver and the elderly person. Economic problems may also be a major cause of stress in families. Physical violence and financial exploitation are the major forms of abuse that may result if these types of stresses are present (McDonald et al., 1991). An abuser also may be unaware of available resources or be ill-prepared to cope with caregiver responsibilities. In some cases, caregivers are in their 60s or 70s and are caring for still older family members. Caregivers may also be looking after both older adults and children. Cases of neglect may be due to the failure of a caregiver to recognize or fully meet the needs of a dependent elderly person.

Techniques of Neutralization

The inability to draw causal inferences of elder abuse is further hindered by the reality that perpetrators often deny abuse is happening at all by utilizing techniques of neutralization. These techniques of neutralization include, but are not limited to, denial of responsibility on the part of the abuser, denial of injury to the victim, attribution of blame to the victim for the maltreatment, condemnation of those who disapprove of the abuse, and rationalization that the abuse is only a minor deviation in an otherwise good relationship (Tomita, 1990). Often the victim also denies that abuse is occurring because of the pain associated with accusing a loved one, pride, and fear of institutionalization, to name a few reasons.

Characteristics of Victims and Perpetrators

Although research limitations make it difficult to determine the prevalence and cause of abuse, researchers have used case records from various sources to develop profiles of victims and perpetrators. It is important to remember, however, that because the characteristics of victims, abusers, and situations that are usually described are based on agency reports, they reflect only those cases that are brought to the attention of official groups. They differ quite substantially from the characteristics reported in the prevalence studies. While some patterns of a "typical" victim and abuser have emerged, it is important to note that elder abuse can happen to anyone. No class, ethnic group, or gender is immune. The

characteristics of victims and abusers may vary according to the type of abuse, and the context within which it was committed.

Victims

Several researchers report that the "typical" abused elderly person is a white woman who is between 75 and 85 years old is lower or middle class (usually lower); lives with the abuser, who is a close relative; suffers from a mental or physical disability; and is dependent upon the caregiver (Langley, 1981; Sengstock and Barrett, 1986; Pillemer and Finkelhor, 1988; Podnieks, 1989). The abused elderly person may also suffer from substance abuse (Morse, 1988) or some form of psychopathology (O'Malley et al., 1979). Other research studies suggest that it is not uncommon for the victim to have dependencies other than financial (e.g., psychological, emotional), to be coercive toward his or her caregiver, and to be experiencing excessive stress (Steinmetz, 1988).

Yet, the following studies support the contention that victim characteristics may vary according to the type of abuse committed. In a study of 30 state APS agencies, it was found that of the 1,684 cases collected, 79 percent involved self-neglecting clients. Generally, self-neglecting clients were found to be over 64; 66 percent were women; and most had annual incomes under $12,000, with more than half earning less than $6,000 annually. In addition, 62 percent of elderly APS clients who self-neglect live alone; most clients of 65 or more had some disease and/or impairment, with the likelihood of a physical impairment increasing with age; and 64 percent of self-neglecting clients exhibited symptoms such as confusion, wandering, and depression, though not diagnosed as mental impairment (Virginia Department of Social Services, 1991).[8]

In contrast to the profile of self-neglecting older adults, a study of case records in Delaware revealed that advanced age, gender, and geographic location were not significantly associated with the reporting of initial allegations of financial exploitation to APS or in the substantiation of complaints. The study also suggested that "the majority of other characteristics cited in the literature (poor physical health, poor emotional health, low income) were associated with reporting behavior, but not with whether the complaints were substantiated." The study did support other literature regarding the prevalence of substance abuse and lack of family supports (Stein and Kushman, 1992).

Abusers

Since women are reportedly more likely than men to assume the caregiving role, the majority of abusers are expected to be women (Yaffe, 1988). However, this expectation has not always been borne out by the research. While some studies suggest that the majority of abusers are women (Block and Sinnott, 1979; Gioglio and Blakemore, 1983; Sengstock and Barrett, 1986), other studies suggest that the majority of abusers are men (Chen et al., 1982; Anetzberger, 1987; Seeherman, 1989; Berman, 1990). Despite these seemingly contradictory findings, there is some consensus on perpetrator characteristics. The typical perpetrator reportedly suffers from psychopathology and/or substance abuse, is of low economic status and financially dependent upon the victim, is experiencing excessive stress such as job loss, and is related to the abuser (Block and Sinnott, 1979; Dolon and Blakely, 1989; Wolf and Pillemer, 1989; Seeherman, 1989). Over two-thirds of elder abuse perpetrators are related to the victim (National Aging Resource Center On Elder Abuse, 1992).

8 While police will not be expected to respond to self-neglect as a crime, they must recognize that its effects on the victim are just as devastating as intentional neglect inflicted by a caregiver, and respond appropriately with effective referrals.

There still is much debate regarding the relationship of victim to abuser. Pillemer and Finkelhor (1988) found that a large proportion of the elderly abuse victims studied were mistreated by their spouses (58%). Only 25 percent of the perpetrators in such cases were adult children. The researchers concede that

> the key dynamic is that an elder is most likely to be abused by the person with whom he or she lives. Many more elders live with their spouses than their children. Since spouses are more likely to be present in an elderly person's household, their opportunities for abusive behavior appear to be greater (p. 55).

As suggested above, several researchers have found that both the causes of elder maltreatment and the characteristics of victims and abusers vary depending on the type of abuse involved (Johnson, 1992; Dolon and Blakely, 1989; Steinmetz, 1988; Anetzberger, 1987; Wolf et al., 1986). For example, Wolf et al. (1986) found that victims of physical and psychological abuse tended to be functionally independent, whereas victims of active and passive neglect were dependent upon their caregiver to carry out functions essential to daily living (e.g., bathing, dressing, food shopping). It was reported that perpetrators of physical and psychological abuse typically had a history of mental illness and suffered from drug or alcohol abuse; perpetrators of active and passive neglect seldom experienced psychological impairments. The research findings presented by Steinmetz (1988) indicated that psychological abuse was more likely to occur when the elderly person was emotionally dependent upon the caregiver, and the caregiver was married. Physical abuse was associated with a host of factors such as the elderly person's dependency on the caregiver for physical, emotional, social, and financial support; caregiver stress resulting from the demands of the elderly person; and financial problems experienced by the caregiver. Anetzberger (1987:22) found that structural or contextual factors such as "insufficient respite, inadequate social support, insufficient income, health problems, crowded living conditions, caregiver role incompetence ... and perception of the elder as interfering with the independence needs of the caregiver" can lead to physical abuse or neglect of an elderly person. Because the circumstances surrounding caregiving relationships largely dictate the kind and frequency of potential abuse, it is clear that the victim and perpetrator profiles found in the literature *cannot* be used by police to assume that only white, frail, elderly women are victims of abuse.

Cultural Differences

Police must be aware of cultural differences that relate to elder abuse. Elder abuse exists in minority populations, though the extent of this abuse is still undetermined. The few studies on abuse and neglect within the American Indian population have consistently found that victims are poor, dependent upon their abuser, and are experiencing some mental impairment. The abusers were relatively young, unemployed, living with the elderly person they cared for, and had no caregiving assistance from other family members. Caregiver personal problems (distinct from caregiving responsibilities) were strongly associated with physical abuse. Low income was associated with neglect; higher income was related to psychological and physical abuse. Neglect was the most prevalent form of abuse, followed by economic exploitation. Alcohol and drug abuse was reported as a major problem for both victims and perpetrators (Brown, 1989; Great Lakes Inter-Tribal Council, 1988; Yakima Indian Nation, 1987).

Little research exists that specifically examines the type and extent of elder abuse among Hispanic populations. Hall (1987) conducted a study that included a small subsample of Hispanics. Hall found that Hispanic victims were likely to be

female, poor, without an identified caregiver, and without medical care. Females were found to experience multiple forms of abuse, but men were likely to neglect themselves. Elders over age 85 were twice as likely as those under 75 to be abused. Many of the conditions found to be risk factors in the elder abuse and neglect literature primarily pertaining to whites were experienced by Hispanic elderly persons as well (Pippidis and Stein, 1990). Such factors include poverty, mental impairments, and lack of effective social resources. Yet, "the cultural tradition of male superiority within the family, coupled with intense family loyalty, hinder both the reporting of abuse and neglect and the investigation if a report is made" (Stein, 1991:12[b]).

Little data documenting the extent or type of elder abuse within Asian populations exist (Stein, 1991:17[b]). Only sparse anecdotal information is available to help determine the extent of abuse and neglect of older persons in Asian communities. These reports suggest that psychological intimidation is the most prevalent type of maltreatment, followed by neglect (Stein, 1991[b]). Within the Chinese community, the most likely form of maltreatment is reported to be emotional abuse. Due to the nature of cultural values emphasizing restraint, strength, privacy, and maintaining the appearance that all is well, emotional abuse and neglect may also be the most prevalent form of abuse within the Japanese culture. Likewise, there is little data pertaining to elder abuse and neglect within the Korean, Vietnamese, and Filipino communities, though several researchers have provided information regarding various cultural factors, such as loyalty and secrecy about family crises in regard to outsiders, which may foster an environment that makes older persons vulnerable to elder abuse within these ethnic groups (Stanford, 1984; Nerenberg and Yap, 1986).

In the case of African-Americans, the profiles of both victim and perpetrator are largely unknown. "Research investigations into abuse and neglect specifically within this population are practically non-existent," (Stein, 1991). In one study, Cazenave (1983) reported that low income and poor health characterized victims of elder abuse and neglect within black families.

Several studies suggest that there may be differences between white and black families with regard to abuse. One exploratory study (Kushman and Stein, 1991) indicated that black elderly persons are more likely than white elderly persons to report allegations of neglect, psychological abuse, and financial exploitation. The results of another study indicate that African-Americans are more likely than whites to seek legal recourse against their children for elder abuse (Korbin et al., 1991). Other researchers indicate that although older African-Americans may live in multi-generational families, they are likely to have their children come and live with them in their home. African-American children are more likely to be financially dependent upon their aged parents, whereas white children are more likely to support their financially dependent parents in the child's home (Harper and Alexander, 1990; Hill, 1989, 1971).

If one conclusion can be drawn from this discussion on victims and abusers, it is that neither represents a homogenous population. And, elder abuse, like other forms of family violence, exists throughout society, touching every ethnic and economic group.

Intervention

Mandatory Reporting

Failure to report suspected cases of abuse is not due to a lack of reporting laws. Currently 45 jurisdictions (42 states, the District of Columbia, Guam, and the Virgin Islands) have mandatory reporting laws (National Aging Resource Center On Elder Abuse, 1991). These laws have varying reporting requirements, but usually physicians, health care workers, social service providers, law enforcement officers, and other criminal justice officials are required to report suspected cases of elder abuse (Sloan, 1983; Lee, 1986).

The adoption of mandatory reporting laws has long been the subject of much debate. Proponents argue that the elderly, like children, are one of the least empowered age groups. The vulnerability of the aged requires public authorities to intervene in families on their behalf (New York State Division of Criminal Justice Services, 1991). Opponents of mandatory reporting contend that the analogy with mandatory child abuse reporting cannot be defended. In this instance "the state is not substituting its judgement for that of a parent, but is abrogating the independence of a self governing individual" (New York State Division of Criminal Justice Services, 1991:42). In sum, the argument for such an analogy as a reason to urge mandatory reporting smacks of ageism (Lee, 1986). (For further discussion on mandatory reporting, see Gordon and Tomita, 1990; and Moore and Thompson, 1987.)

Other concerns about mandatory reporting have also been raised. First, there are wide disparities among the state laws concerning the activities included as punishable offenses for neglect, abuse, exploitation, or abandonment of elders (Crystal, 1987). Second, most mandatory reporting laws do not include financial support for establishing reporting and investigating systems or follow-up services needed by the victims or their abusers (House Select Committee on Aging, Subcommittee on Health and Long-Term Care, 1990).[9] There are now seven jurisdictions that prefer to rely on reporting laws that are voluntary for domestic elder abuse. These statutes encourage all individuals to voluntarily report suspected cases of domestic elder abuse (National Aging Resource Center On Elder Abuse, 1991).

Mandatory Arrest

Also the subject of heated debate is the issue of mandatory arrest for domestic violence. Mandatory arrest has been recommended as the preferred choice of action by some practitioners for handling all forms of family violence (Attorney General's Task Force, 1984). However, recent empirical evidence (Sherman, 1992) has caused some researchers to question whether mandatory arrest is an optimal police response for handling all domestic violence incidents. The results of this research indicate that mandatory arrest may lead to further violence in some situations (Sherman et al., 1992). The conclusions drawn by Sherman's research have drawn criticism from practitioners, academicians, and victims' advocates. That criticism includes the argument that drawing a causal relationship between incarceration and escalated domestic violence on release is faulty. Critics believe that abusers, like other criminals, may commit more serious crimes on release from jail, but not *because of* the punishment. Rather, increased violence is more likely linked to the escalating nature of repeated acts of violence that typify abusive domestic relations (Frisch, 1992).

Police must consider whether the type of abuse, the threat to the victim, and the

9 For a detailed discussion on mandatory reporting, see U.S. General Accounting Office, 1991.

victim's wishes suggest that arrest is the most appropriate response. For example, arrest should be made in serious physical abuse cases, but may not be necessary in cases of unintentional neglect where counseling and additional services may be sufficient. It should be noted that mandatory arrest for elder abuse may have more deleterious effects for older victims than for the younger spouse abuse victim, since the elderly person may be totally dependent upon the abuser for physical, financial, and social needs, while being unable to access shelters and other services that require clients be self-sufficient. The use of less restrictive alternatives to arrest may be possible to protect the victim while ensuring necessary caregiving services in certain abuse situations. In no way does this minimize the severity of domestic elder abuse and the need for arrest in many cases where the caregiver is abusive to an elderly person.

Adult Protective Services and Legislative Authorities

According to the National Aging Resource Center On Elder Abuse (1991), 36 states address elder abuse through adult protective services laws. APS programs focus on protecting elderly persons and adults with disabilities from abuse, neglect, or exploitation. Protective service agencies investigate alleged elder abuse situations and provide vital support and referral services. If a case of abuse is validated, the agency will provide protective services and often refer the client to other resources (State of Florida Department of Health and Rehabilitative Services, 1991).

Professionals in protective service programs may also seek legal interventions or help ensure that the older person has proper legal representation. Available options include powers of attorney, representative payees, and — if the elderly person is judged to be incompetent — guardianship and conservatorship (Anderson and Theiss, 1987). The use of guardianships has been highly controversial. Some believe that guardianships are critical tools in situations in which adults are not competent to manage their own affairs. But, they have been viewed by others as intrusions upon the civil liberties of the elderly and seen as a way of infantilizing them (Pillemer, 1985). (See Topolnicki, 1989, for a critique of elder guardianships.) Police should be made aware of the role of APS workers and all community resources to determine the range of options available to victims of elder abuse.

In addition to adult protective services laws, many states have enacted other types of legislation to deal with elder abuse. Seventeen states have elder abuse-specific laws (National Aging Resource Center On Elder Abuse, 1991). In 12 states, domestic violence laws provide protection against elder abuse, and in 3 states elder abuse is covered by social service laws (American Public Welfare Association and National Association of State Units on Aging, 1986). Several states have multiple laws with specific provisions for elderly residents (National Aging Resource Center On Elder Abuse, 1991). Some states have laws that address particular types of elder abuse and neglect such as criminal neglect and financial exploitation acts (Illinois Department on Aging, 1990). In addition, police can use traditional enforcement authority that does not specifically address elder abuse. For example, the criminal code can be used for such offenses as murder, assault, battery, consumer protection, fraud, other financial exploitation (such as usury), and other penal code offenses when they involve elderly victims.

More specifically, police should be aware of the following criminal and civil remedies available in many states for elder abuse victims:

- **Civil remedies** such as restraining orders for threats or attempts of abuse. They may be used to remove the abuser from the home, to

keep the abuser away from places frequented by the victim (such as a senior center), reimburse the victim for expenses or losses incurred as a result of abuse, and in some cases, mandatory counseling. In some states, the law has been extended beyond persons in a sexual relationship to persons outside the family or household. The limitations of restraining orders must be clearly explained to the elderly victim, since enforcement of an order is usually dependent on the victim's repeat calls to the police. Injunctions against harassment may also be used when appropriate. In financial abuse cases, restitution may be an appropriate remedy for victims to seek. Again, victims need to be informed that success in a civil suit is dependent on the ability to collect from the abuser, sufficient evidence, and the ability of the victim to provide testimony, especially given the duration of such a case (Morgan, 1988).

- **Criminal remedies** vary greatly among the states. Elder abuse may be addressed specifically or in a law related to all dependent adults. Unlike other domestic violence laws, provisions may allow for police to act when there is neglect as well as financial exploitation by a "caregiver." Laws may include action against caregivers when injury or death is likely to occur, even if it has not yet been inflicted (Morgan, 1988). In addition, crimes against older adults may carry greater penalties, with police being able to charge an abuser with a felony rather than a misdemeanor, in recognition of the greater impact abuse can have on an elderly victim. States and localities may also have anti-stalking laws or ordinances that may be used in elder abuse cases.

The advent of new legislation that police can use in addressing domestic elder abuse cases does not ensure successful prosecution. These cases have not traditionally been widely prosecuted with much success. Police should be encouraged to work with their district attorney's office and APS agency to determine the best means for investigating and preserving evidence in preparation for trial. Less traditional alternatives, such as seeking the authority to have frail, home-bound elderly persons' testimony videotaped, may be necessary. Only through cooperative efforts and careful documenting of abuse will these civil and criminal remedies have meaningful impact.

Self-Determination

In any intervention with an elderly victim, it is critical to remember that competent older adults have the right to make their own decisions. Officers must realize that fear of being removed to a nursing home, fear of losing one's own home, and ignorance of in-home support contribute to the older person's potential unwillingness to consider options to threatening, dangerous, or unsafe situations. The ethical considerations that officers, APS workers, and others who intervene in potential elder abuse and neglect cases face are very complex. There is a clear tension between society's wishes to protect vulnerable individuals and to preserve an individual's rights to self-determination.

Although only a court of law can determine that a person is incompetent, APS workers will largely be responsible for assessing the elderly victim's decision-making capacity. The assessment may be difficult in an elder abuse situation, particularly because dehydration, malnutrition, and other conditions related to the abuse or neglect can impair decision making until the condition is corrected. It is important to realize that competency, autonomy, and

self-determination are not all-or-nothing determinations, but can be measured in degrees or levels (Hayes, 1987). Self-determination must also be weighed against individual and community safety concerns, as when a periodically disoriented person leaves appliances on, or causes other fire hazards. Police who intervene in elder abuse and neglect cases may be faced with circumstances in which an elderly person is competent and voluntarily makes a choice that is ill-conceived, or even dangerous, from the police officers' perspective. The officer may believe that removal and arrest are the best solutions to the problem, but if APS determines the elderly victim is capable of selecting other services, such as in-home care, the less restrictive alternative may be the best possible solution.

Police must work with APS so that all choices can be clearly laid out to the elderly victim and capacity determined in regard to those choices. Capacity should be assessed in terms of specific decisions, not as a general construct (Spring, 1987). Another researcher has identified six types of tensions related to self-determination, and solutions for ameliorating them (Collopy, 1988).

1. Too often, a person's ability to make decisions is minimized if they are unable to execute those decisions. Interventionists should enable the elderly to continue making decisions in activities where they need assistance. For example, elderly persons who can not cook their own meals would still have the ability to determine what they eat. A frail elderly person who wishes to protect herself from an abusive grandson should be helped to find a way to execute that decision.

2. Direct autonomy is sometimes not respected if any authority is delegated to a caregiver. Caregivers and elderly persons should have mutually accepted guidelines for determining what decision making is retained and what decision making has been relegated to others. For example, a caregiver that is given responsibility for meeting the elderly person's daily needs may not necessarily decide who may contact the elderly person. If an elderly person has given a daughter power of attorney, there is a tendency to defer all decision making to that daughter, rather than just those decisions that are within the parameters of the agreement.

3. Sometimes a person is deemed incompetent when they may only be unable to make decisions in certain specific situations. Elderly persons should be empowered to make decisions in areas in which they are competent. For example, an elderly person may be determined incompetent to maintain their own finances alone, but may be competent to determine how their daily activities will be structured.

4. Elderly persons requiring services may be more concerned with short-term solutions than long-term interventions. Every effort should be made to balance immediate desires and needs of the elderly person with long-term options. Any long-term option should be made with as much input from the elderly person as possible.

5. It is very important for police, as well as others who respond to potential abuse cases, not to define a person's autonomy in terms of the police officer's values, but must take into consideration the individual's lifestyle and values. APS and other community resources may be able to help the older person articulate those values.

6. Threats to autonomy and self-determination are present whenever there is a power imbalance. Such an imbalance exists in relationships

between a vulnerable older person and potential helpers such as police, APS, and others who serve the elderly. Every effort should be made to increase an elderly person's autonomy, instead of focusing only on where it should be limited.

These comments are summarized in the following table.

Conflicts Within Autonomy

Conflicts	Risks	Possible Corrections
Decisional vs. Executional: you have preferences and make decisions vs. your ability to carry out decisions	You may not be allowed to make decisions when you have lost your ability to carry them out	Make sure elders continue to make decisions about activities for which they need assistance
Direct vs. Delegated: deciding or acting on your own vs. giving someone else the authority to make decisions for you	Giving someone the authority to make decisions for you often is not recognized as autonomy but is seen as a surrender of autonomy	Recognize that some elders want their caregivers to make decisions for them. It's possible to develop a clear picture of what decisions an elder wants to make on her own and what decisions she wants others to make for her
Authentic vs. Inauthentic: you make choices and take actions consistent with your character vs. you make decisions that are out of character	Autonomy is often defined in terms of making "reasonable" decisions, which may lead to over-riding an individual's personal values in favor of the caregiver's value system	Learn about elders' values histories; have a written values history available to help caregivers identify the elder's authentic choices
Immediate vs. Long Range: you express preferences and make decisions about the present vs. making decisions about the future	If autonomy is defined solely in terms of individual rights, your immediate freedom may work against your long range autonomy. But if you define autonomy only in terms of the "big picture", you may open the door to having someone else make decisions for "your own good" or interfering with your decisions	It's important to admit that immediate and long range autonomy may conflict. Recognize that for elders, long range considerations may not be as important as having control over the present situation. Try to develop a balance between present/limited and future/global autonomies
Negative vs. Positive: you make a choice or exercise a right not to be interfered with vs. making a positive choice	If autonomy is defined as noninterference, then an attitude of "letting the chips fall where they may" may be the response to harmful choices or behaviors. However, autonomy defined only as a positive right does not recognize the limits of scarce resources and could lead to interference in areas where elders want only to be guaranteed that their right to make decisions won't be interfered with	It's important to recognize and protect the right of elders to noninterference. However, caregivers must move beyond the "minimum" and explore ways to enhance elders' autonomous choice and activity
Competent vs. Incapacitated: you make reasonable and clearly stated choices vs. you make choices that don't seem completely rational or which lack coherence	It's easier to label elders incapacitated than it is to make a competency assessment (which are complicated and difficult to do). Elders get labeled as incapacitated when they make decisions contrary to professionals' expectations or the institution's policies or society's idea of "normal"	Recognize that elders are sometimes partially competent and that their competency may depend on the situation. Respect older persons' own set of "normal" behavior and values which determine what reasonable, logical, coherent choice is for them as individuals

Based on: Bart J. Collopy, Ph.D., Polarities Within Autonomy: Risk and Response in Long Term Care

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Why the Fascination with Numbers

> Our department needs to determine the type of problems and extent of these problems before we can determine the proper programs we should implement. — Virginia police department (Plotkin, 1988:17)

Anyone who has proposed that law enforcement change its response to a community problem or suggested that a department invest time in revamping its training, policies, and practices knows that the change must be justifiable. Law enforcement is called to address many community problems, whether or not they are classified as crimes. Priorities must be set within a department for the enforcement of crimes as well. In a time of resource cutbacks and rising crime rates, police must justify expenditures and reallocation of scarce resources to expand their training or revise their practices. The elder abuse prevalence data helps to establish that need, even if the problem is severely underestimated.

For better or worse, numbers also seem to instigate action on the part of policy makers and coverage on the part of the media. A call for action from either of these two groups often results in a demand for the police to enforce new laws or change their practices, many times without direct consultation with the police or knowledge of the impact. The kind of data collection and research discussed in the previous sections serves to demonstrate to law enforcement that there is a real problem, not just another "hot issue," that warrants their attention and action.

Why Law Enforcement Officials Should be Concerned with Improving Their Response to and Training on Elder Abuse Prevention, Detection, and Intervention

Most police officers are caring individuals who want to make a difference in their communities. Elder abuse prevention, detection, and intervention allow officers to make a difference in the lives of older adults.

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

- First, law enforcement must be concerned about its response to elder abuse because it's the law. It's that simple. All states have legislation that in some way affects elder abuse victims, whether mandatory reporting laws, adult protective services laws, enhanced penalties for crimes against older citizens, domestic violence laws, or specific elder abuse and neglect laws (Hunzeker, 1990; National Aging Resource Center On Elder Abuse, 1991). Police are expected to be detecting and reporting abuse, or enforcing other state mandates.

- Second, a response developed **for** law enforcement **by** law enforcement ensures that any new policies, practices, procedures, and training will be practical and effective on the street. For example, elder abuse legislation is pending on both the national and state levels: police should be involved in helping to shape their role and to develop means for achieving it.

- Third, police across the nation are shifting toward a more community-oriented approach to policing (Goldstein, 1990). A

quality response to the needs of the elderly is going to be an integral part of any community-oriented effort and will bring the department closer to the citizens it serves.

- Fourth, the demographics on aging demand law enforcement attention to elder abuse.

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

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

Minority populations will also increase substantially over the next thirty years. In 1985 approximately 14 percent of the population 65 and older were persons of color. By 2020, 21 percent of those 65 and older are projected to be persons of color (Spencer, 1988). The sad reality is that many of these older persons of color will live in poverty, increasing their risk for abuse. Cultural/ethnic tensions that have plagued relations between officers and persons of color will further compound the problem of handling elder abuse in minority populations. These demographic changes will require a greater sensitivity on the part of police when responding to incidents of elder abuse in minority communities.

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

- Fifth, police are already responding to calls involving elder abuse. In some communities law enforcement is the only 24-hour, 7-day-a-week service provider. A study conducted of older adults indicated that most respondents would seek help first from police if they were physically abused (AARP, 1981). But, are they prepared to handle these calls? Do they understand what role they are to play in the service provision network to older persons? If they are to continue to be on the front line, they must be trained (Anderson and Theiss, 1987; Wolf, 1984).

Elder abuse and other criminal victimization can have a devastating effect upon an elderly person even if he or she receives only minor injuries (Stein, 1983). As violent crime victims, elderly persons are more likely to sustain serious injury than younger victims (Bachman, 1992). Most elderly persons are not prepared to cope with the financial burden an injury may place upon them and will have more difficulty recovering from physical injury. "Their inability to rebound from the

physical and financial effects often associated with victimization make the psychological impact of crime more profound for them than for younger victims" (Zevitz and Rettammel, 1989:2). It is not surprising that elderly persons fear being victimized by criminals more than any other age group within society (U.S. Department of Justice, 1987). Elderly persons' fear of victimization may be regarded as a type of secondary victimization. It causes them to alter their lifestyles in order to minimize their exposure to potential victimization. Many elderly persons have effectively withdrawn from society by staying at home and not participating in activities after dark (Jones, 1980). Unfortunately, this isolation may make older persons more vulnerable to other forms of elder abuse.

Police Research Findings

A PERF study conducted for the American Association of Retired Persons (AARP), *A Time for Dignity*, revealed that law enforcement is unclear of its role in responding to all forms of domestic elder abuse, is largely unaware of its legislative mandates, and is not trained in detecting different forms of abuse (Plotkin, 1988). Of the 200 law enforcement agencies surveyed for the study, 175 responded. The results of the survey indicated that

- 82 percent of the respondents were unable to identify how many cases of elder abuse came to their attention in the previous year.
- 31 percent of the respondents were unaware of specific statutes governing the law enforcement response, when indeed they did have governing laws. This is particularly important because departments with knowledge of statutes were nearly twice as likely to have special means for dealing with domestic mistreatment of the elderly.
- only 28 percent had written policies related to domestic abuse of the elderly.
- most law enforcement elder abuse training is generalized from domestic violence programs, many of which are mandated by law.
- 80 percent of all surveyed departments had no training on elder abuse.

The Need for Training

> Training is probably the best method of improving police response. Many officers are not aware of the mandatory reporting provisions of the Code of Virginia. Roll call training could be used to familiarize line officers with the law, while sensitivity training could be conducted ... to acquaint police officers with the issues involved in elder abuse. Once police become more aware of the problem and the proper response to it, the issue will be more adequately addressed. — Virginia police department (Plotkin, 1988:67)

In a survey conducted by PERF (1992) for Victim Services, a majority of police chiefs expressed a strong interest in elder abuse training materials. When asked what topics respondents would like to see addressed in videotape format, elder abuse was the number one response, receiving support from 81 percent of the 135 police chief participants (unpublished PERF survey findings).

The findings from PERF's 1992 and 1988 surveys support the recommendations made by

- The Secretary's Task Force on Elder Abuse (Health and Human

Services, 1992) to "develop and fund a hands-on technical assistance and training program,"

- The President's Task Force on Victims of Crime that "police departments should develop and implement training programs to ensure that police officers are

  a. sensitive to the needs of victims; and

  b. informed, knowledgeable, and supportive of the existing local services and programs for victims" (President's Task Force, 1982:57); and

- The Attorney Generals' Task Force on Family Violence that "all law enforcement agencies should publish operational procedures that establish family violence as a priority response" (U.S. Attorney General's Task Force, 1984).

Particularly in light of non-reporting problems, all professionals, including police, must be better trained to detect and assess potential elder abuse cases (O'Malley et al., 1983; Kosberg, 1988). Police would also benefit from understanding how other social services and methods can be used to preempt abuse and address it when detected. (See, e.g., Douglass, 1983; Ansello et al., 1986; Gold and Gwyther, 1989; Senate Select Committee on Aging, 1991:5.) Awareness programs and training can help police and others learn to prevent abuse. Once detected, one method that has been reported as quite successful is the use of multi-disciplinary teams (teams comprised of professionals from various fields such as law enforcement, adult protective services, medicine, mental health, finance, clergy, and law) to provide community-based care to victims of elder abuse (U.S. Department of Health and Human Services Administration on Aging, 1991). Police should be encouraged to take the lead in forming multi-disciplinary teams and identifying the necessary resources to ensure a successful elder abuse program. Only through a sustained coordinated effort with social welfare agencies will law enforcement be able to provide quality service to victims of elder abuse (U.S. Department of Justice, 1992).

Instituting Long-Term Change

One particularly important point made in the Attorney Generals' Task Force Final Report is the need to ensure that the implementation process begins with the law enforcement chief executive and is carried through all ranks to the street officer or deputy (Attorney Generals' Task Force, 1984:19). The support of the chief executive is necessary if lasting reform is to be accomplished.

Internal and external evaluations of new policies, procedures, and practices related to domestic elder abuse must be made to ensure meaningful long-term reform. In addition, partnerships must be maintained with APS agencies and district attorneys' offices, as well as other agencies that serve the needs of elderly citizens, in developing policies, procedures, and practices. Finally, training on elder abuse should be incorporated on a regular basis for both recruits and in-service personnel. Greater emphasis must be given to the relations of police, social service, and health professionals that focuses on the differences among the disciplines with regard to principles for intervention.

At a time when police are being called on more than ever before to take a proactive approach to crime while meeting the needs of the community, police will be expected to prevent, detect, and redress elder abuse. They can not do it alone. With proper training, police can help assess whether older persons are at risk and

respond with effective solutions that draw on appropriate community resources. The legal and ethical issues facing police in elder abuse cases will create formidable challenges for police in the service provision network. But, the opportunity for police to act as effective problem-solvers could not be greater.

Bibliography

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

American Public Welfare Association and National Association of State Units on Aging. *A Comprehensive Analysis of State Policy and Practice Related to Elder Abuse: A Focus on Roles and Activities of State-Level Agencies, Interagency Coordination Efforts, Public Educational Information Campaigns.* Washington: APWA/NASUA, November 1986.

American Public Welfare Association and National Association of State Units on Aging. *A Comprehensive Analysis of State Policy and Practice Related to Elder Abuse: A Focus on Legislation, Appropriations, Incidence Data and Special Studies.* Washington: APWA/NASUA, July 1986.

American Public Welfare Association and National Association of State Units on Aging. *A Comprehensive Analysis of State Policy and Practice Related to Elder Abuse: A Focus on State Reporting Systems.* Washington: APWA/NASUA, September 1986.

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

Anderson, Jeffrey M. and John T. Theiss. *Survey of Key Informants on Elder Abuse and Neglect: Report to the Texas Select Subcommittee on Elder Abuse and Neglect.* 70th Legislative Session. Austin: Austin Gray Panthers, 1987.

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

Ansello, E., N. King, and G. Taler. "The Environmental Press Model: A Theoretical Framework for Intervention in Elder Abuse." In K. Pillemer and R. Wolf (eds.), *Elder Abuse: Conflict in the Family.* Dover, MA: Auburn House, 1986.

Astrein, Bruce, Adria Steinburg, and Joanne Duhl. *Working With Abused Elders: Assessment, Advocacy and Intervention.* Centre Research Inc. for University Center on Aging. Worcester: University of Massachusetts Medical Center, 1984.

Bachman, Ronet. *Elderly Victims.* Washington: Bureau of Justice Statistics, 1992.

Baggett, Sharon, Marvin Ernst, and Hiram J. Friedman. *Police/Older Victim Relations.* Dallas Geriatric Institute Center for Studies on Aging for the Andrus Foundation. Washington: AARP/NRTA, 1977.

Bard, Morton and Joseph Zacker. *The Police and Interpersonal Conflict: Third-Party Intervention Approaches.* Washington: The Police Foundation, 1976.

Berman, J. *A Profile of Victims Served by the New York City Department for the Aging.* New York: Department for the Aging Senior Citizens Crime Prevention Program, 1990.

Block, Martin R. and Jan D. Sinnott. *The Battered Elder Syndrome: An Exploratory Study.* College Park: Center on Aging, University of Maryland, 1979.

Boorstin, Robert. "Finding New Insights Into a Long-Hidden Problem: Abuse of the Elderly." *New York Times*. 25 Aug. 1986, B2.

Breckman, Risa S. and Ronald D. Adelman. *Strategies for Helping Victims of Elder Mistreatment*. Newport Park, CA: Sage, 1988.

Brown, Arnold S. "A Survey on Elder Abuse at One Native American Tribe." *Journal of Elder Abuse and Neglect*, Vol. 1(2): 17–37, 1989.

Bruno, Mary, Barbara Burgower, and Mark Miller. "Abusing the Elderly." *Newsweek*. 23 (1985): 75–76.

Callahan, James J. "Elder Abuse Programming — Will It Help the Elderly?" *Urban Social Change Review*, 15: 15–19, 1982.

Callahan, James J. "Elder Abuse: Some Questions for Policymakers." *The Gerontologist*, 28(4): 453–458, 1988.

Cazenave, Noel A. "Elder Abuse and Black Americans: Incidence, Correlates, Treatment and Prevention." In J.I. Kosberg (ed.), *Abuse and Maltreatment of the Elderly: Causes and Interventions*. Wright Publishing, 1983.

Chen, P.N., S.L. Bell, D.L. Dolinsky, J. Doyle, and M. Dunn. "Elderly Abuse in Domestic Settings: A Pilot Study." *Journal of Gerontological Social Work*, Vol. 4(1): 3–17, 1982.

Cohen, Elias. *Theoretical Discussion of Possible Solutions*. The Coalition of Advocates for the Rights of the Infirm Elderly: The Proceedings of the 6th Annual Meeting. 27 Oct. 1983. Philadelphia, 1983.

Cohn, Ellen and Lawrence W. Sherman. *Police Policy on Domestic Violence: A National Survey*. Washington: Crime Control Institute, 1986.

Coleman, N. and N. Karp. "Recent State and Federal Developments in Protective Services in Elder Abuse." *Journal of Elder Abuse and Neglect*, Vol. 1(3): 51–63, 1989.

Collopy, Bart, J. "Autonomy in Long-Term Care: Some Crucial Distinctions." *The Gerontologist*, Vol. 28, supplement, June 1988.

Costa, Joseph J. *Abuse of the Elderly: A Guide to Resources and Services*. Lexington, MA: Lexington Books, 1984.

Crystal, Stephen. "Elder Abuse: The Latest 'Crisis.'" *Public Interest*, 88: 56–66, 1987.

Dolon, Richard and Bernard Blakely. "Elder Abuse and Neglect: A Study of Adult Protective Service Workers in the United States." *Journal of Elder Abuse and Neglect*, Vol. 1(3): 31–49, 1989.

Dolon, R., and J.E. Hendricks. "Exploratory Study Comparing Attitudes and Practices of Police Officers and Social Service Providers in Elder Abuse and Neglect Cases." *Journal of Elder Abuse and Neglect*, Vol. 1 (1), 75–90, 1989.

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

Douglass, Richard L. "Opportunities for Prevention of Domestic Neglect and Abuse of the Elderly." In Simon, S. et al. (eds.), *Aging and Prevention*. New York: The Haworth Press, 1983.

Douglass, Richard L. and Tom Hickey. "Domestic Neglect and Abuse of the Elderly: Research Findings and a Systems Perspective for Service Delivery Planning." In J.I. Kosberg (ed.), *Abuse and Maltreatment of the Elderly.* Boston: John Wright, PSG Inc., 1983.

Douglass, Richard L., Tom Hickey, and C. Noel. *A Study of Maltreatment of the Elderly and Other Vulnerable Adults.* University of Michigan: Ann Arbor, 1980.

Fattah, Ezzatt and Vincent F. Sacco. *Crime and Victimization of the Elderly.* New York: Springer Verlag, 1989.

Finkelhor, David and Karl Pillemer. *Elder Abuse: Its Relationship to Other Forms of Domestic Violence.* Presented at Second National Conference on Family Violence Research. Durham, NH: 1984.

Finkelhor, David and Karl Pillemer. "Elder Abuse: Its Relationship to Other Forms of Domestic Violence." In G. Hotaling, D. Finkelhor, J. Kirkpatrick, and M. Straus (eds.), *Family Abuse and Its Consequences: New Directions in Research.* Beverly Hills, CA: Sage Publications, 1985.

Florida Department of Health and Rehabilitative Services. *Adult Protective Services Policy and Procedures Manual.* Tallahassee, FL: 1991.

Frazier, Billie and Kathleen C. Hayes. *Selected Resources on Elder Abuse: An Annotated Bibliography for Researchers and Educators,* U.S. Department of Agriculture, Washington, DC: USDA, 1990.

Frisch, Lisa. *Research that Succeeds, Policies that Fail.* The Journal of Criminal Law and Criminology. Vol. 83(1), Chicago: Northwestern University School of Law, Spring 1992.

Frost, Robert. "The Death of the Hired Man," *North of Boston,* 1914.

Fulmer, Terry. "Elder Abuse." In M.B. Straus (ed.) *Abuse and Victimization Across the Life Span.* 188–199, Baltimore, MD: The Johns Hopkins University Press 1988.

Garner, Joel and Elizabeth Clemmer. *Danger to the Police From Domestic Disturbances —A New Look at the Evidence.* Washington: National Institute of Justice, 1987.

Gebotys, R.J., D. O'Connor, and K.J. Mair. "Public Perceptions of Elder Physical Mistreatment." *Journal of Elder Abuse and Neglect.* Vol. 4(1/2): 151–171, 1992.

Gelles, Richard J. and Murray A. Straus. "Determinants of Violence in the Family: Toward a Theoretical Integration." In Burr et al. (eds.), *Contemporary Theories About the Family.* New York: Free Press, 1979.

Gilmartin, James J. *Law Enforcement Agencies and the Mature Adult Population.* CJ the Americas, Vol. 5(6), 1993.

Gioglio, Gerald R. *Elder Abuse in New Jersey: The Knowledge and Experience of Abuse Among Older New Jerseyans.* New Jersey: Bureau of Research, Division of Youth and Family Services, Department of Human Services, 1982.

Gioglio, Gerald R. and P. Blakemore. *Elder Abuse in New Jersey: The Knowledge and Experience of Abuse Among Older New Jerseyans.* Trenton: Department of Human Services, 1983.

Giordano, Nan Hervig and Jeffrey A. Giordano. *Elder Abuse: A Review of the Literature.* Social Work, 232–236, 1984.

Gold, D. and L. Gwyther. *The Prevention of Elder Abuse: An Educational Model.* Family Relations 38, 8–14, 1989.

Goldsmith, Jack. "Police and the Older Victim." *Police Chief.* Feb. (1976): 19–23.

Goldstein, Arnold P., William Hoyer and Philip Monti. *Police and the Elderly.* New York: Pergamon, 1979.

Goldstein, Herman. *Problem-Oriented Policing.* McGraw-Hill Inc., 1990.

Gordon, R.M. and S.K. Tomita. "Reporting of Elder Abuse and Neglect: Mandatory or Voluntary?" In R. Roesch et al. (eds.) *Family Violence: Perspectives on Treatment, Research and Policy*, pp. 135–150, British Columbia Institute on Family Violence, 1990.

Great Lakes Inter-Tribal Council. *Effective Public Awareness Efforts in Tribal Communities.* Lac du Flambeau, Wisconsin: Department of Health and Human Service Administration on Aging, 1988.

Greenburg, M.S. and R.B. Ruback. *A Model of Crime Victim Decision Making Victimology: An International Journal*, Vol. 10(1–4): 600–616, 1985.

Griffin, Linner Ward and Oliver J. Williams. *Abuse Among African-American Elderly.* Journal of Family Violence, Vol. 7(1): 19–35, 1992.

Gross, Philip. "Crime, Safety and the Senior Citizen." *Police Chief.* Feb. (1977): 18.

Hall, P.A. *Minority Elder Maltreatment: Ethnicity, Gender, Age and Poverty.* Ethnicity and Gerontological Social Work. Binghampton, New York: Haworth Press, pp. 53–72, 1987.

Hamilton and Staff Inc. *Survey of Older Americans and Elder Abuse.* Washington AARP, 1981.

Harper, M.S. and C.D. Alexander. *Minority Aging: Essential Curricula Content for Selected Health and Allied Health Professions.* Washington: U.S. Department of Health and Human Services, 1990.

Hayes, Christopher. Excerpts from the 1987 Adult Protective Service Conference, *Exchange of Views: Professional Judgment and Client's Rights to Self-Determination.* San Antonio, 1987.

Heisler, Candace J. *The Role of the Criminal Justice System in Elder Abuse Cases.* Journal of Elder Abuse and Neglect, Vol. 3(1): 5–33, 1991.

Hill, R.B. "Critical Issues for Black Families By the Year 2000," *The State of Black America.* New York, NY: The National Urban League, 1989.

Hill, R.B. *The Strengths of Black Families.* New York: Emerson Hall, 1971.

Hooyman, Nancy. "Elder Abuse and Neglect: Community Interventions." *Abuse and Maltreatment of the Elderly.* Ed. J.I. Kosberg. Boston: John Wright, PSG Inc., 1983.

Hudson, Margaret F. *Analyses of the Concepts of Elder Mistreatment: Abuse and Neglect.* Journal of Elder Abuse and Neglect, Vol. 1(1): 5–25, 1989.

Hunzeker, Donna. *State Legislative Response to Crimes Against the Elderly.* Washington: National Conference of State Legislatures, 1990.

Illinois Department on Aging. *Elder Abuse and Neglect Program.* Law Enforcement Officer's Handbook, 1990.

Impellizeri, Lillian J. "Victims of Elder Abuse: An Enforcement Responsibility." *The National Sheriff.* April (1986): 76–80.

Johns, S., I. Hydle, and O. Aschjem. "The Act of Abuse: A Two-Headed Monster of Injury and Offense." *Journal of Elder Abuse and Neglect.* Vol. 3(1): 53–64, 1991.

Johnson, Tanya F. "Critical Issues in the Definition of Elder Mistreatment." In Pillemer, K.A. and R.S. Wolf (eds.) *Elder Abuse, Conflict in the Family*, pp. 167–196. Dover, MA: Auburn House, 1986.

Johnson, Tanya F. *Elder Mistreatment: Deciding Who Is at Risk.* New York: Greenwood, 1992.

Jones, D. *Elderly Victimization: A Survey Report.* Ottawa, Ontario: Royal Canadian Mounted Police Crime Prevention Center, 1980.

King, Nancy. "Exploitation and Abuse of Older Family Members: An Overview of the Problem." In Costa, J. (ed.) *Abuse of the Elderly: A Guide to Resources and Services.* Lexington: Lexington Books, 1984.

Kinnon, Diane and Linda Macleod. *Police and the Elderly: Evolving Implications in an Aging Society.* Canada: Ministry of the Solicitor General of Canada, 1991.

Kivela, S.L., P. Kongas-Saviaro, E. Kesti, K. Pahkala and M.L. Ijas. *Abuse in Old Age: Epidemiological Data from Finland.* Journal of Elder Abuse and Neglect 4(3), 1992.

Korbin, Jill E., Georgia J. Anetzberger, and J. Kevin Eckert. *Elder Abuse and Child Abuse: A Consideration of Similarities and Differences in Intergenerational Family Violence.* Journal of Elder Abuse and Neglect, Vol. 1(4), 1–14, 1989.

Korbin, Jill E., Georgia J. Anetzberger, Rhoda Thomasson and Craig Austin. *Abused Elders Who Seek Legal Recourse Against Their Adult Offspring: Findings from an Exploratory Study.* Journal of Elder Abuse and Neglect, Vol. 3(3), 1–18, 1991.

Kosberg, Jordan I. "Preventing Elder Abuse: Identification of High Risk Factors prior to Placement Decisions." *The Gerontologist*, 28 (1), 43–50, 1988.

Kosberg, Jordan I. "The Special Vulnerability of Elderly Parents." *Abuse and Maltreatment of the Elderly.* Ed. J.I. Kosberg. Boston: John Wright, PSG Inc., 1983.

Kushman, J. and K. Stein. *Using Logit Models to Analyze Elderly Maltreatment.* Wilmington, DE: Delaware Division of Aging, 1991.

Langley, Ann. *Abuse of the Elderly.* Human Services Monograph Series No. 27. Rockville, MD: Project Share, 1981.

Lau, Elizabeth and Jordan I. Kosberg. *Abuse of the Elderly By Informal Care Providers.* Aging (299–300), 10–15, 1979.

Lau, Elizabeth and Jordan I. Kosberg. "Abuse of the Elderly by Informal Care Providers: Practice and Research Issues." Paper presented at 1978 Annual Meeting of Gerontological Society. Cleveland: Chronic Illness Center, 1978.

Lee, Dyana. *Mandatory Reporting of Elder Abuse: A Cheap But Ineffective Solution to the Problem.* Fordham Urban Law Journal, 14:723–771, 1986.

Liang, Jersey and Mary Sengstock. "Personal Crimes Against the Elderly." *Abuse and Maltreatment of the Elderly*. Ed. J.I. Kosberg. Boston: John Wright, PSG Inc., 1983.

Loving, Nancy. *Responding to Spouse Abuse and Wifebeating: A Guide for Police*. Washington: Police Executive Research Forum, 1980.

Loving, Nancy. *Spouse Abuse: A Curriculum Guide for Police Trainers*. Washington: Police Executive Research Forum, 1981.

McDonald, P. Lynn, Joseph P. Hornick, Gerald B. Robertson, and Jean E. Wallace. *Elder Abuse and Neglect in Canada*. Butterworths, 1991.

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

Moore, T. and V. Thompson. *Elder Abuse: A Review of Research, Programmes, and Policy*. The Social Worker 55(3): 115–122, 1987.

Morgan, Mary Anne. (ed). *The Legal System's Response to Victims of Abuse*. Elder Abuse Awareness, Vol. 1(6), San Francisco Institute on Aging, San Francisco: April, 1988.

Morse, R. M. *Substance Abuse Among the Elderly*. Bulletin of the Menniger Clinic, Vol. 52(3): 259–268, 1988.

Nash, Bernard. *Citizen Volunteers in Law Enforcement Agencies*. Washington: AARP, 1986.

Nash, Roger. *Elder Abuse: Information for Law Enforcement Officers*. Chicago: Illinois Department on Aging, 1986.

National Aging Resource Center on Elder Abuse. *Elder Abuse in the United States: An Issue Paper*. Washington, DC: 1991.

National Aging Resource Center on Elder Abuse. *Elder Abuse: Questions and Answers*. Washington, DC: 1992.

Nerenberg, Lisa and Paula Yap. *Elder Abuse in the Asian Community*. Self Help for the Elderly and the San Francisco Consortium for Elder Abuse Prevention, 1986.

New York State Division of Criminal Justice Services, *Crime and the Elderly: 1989 Report*. New York: Division of Criminal Justice Services, 1991.

Nibley, Marybeth. "Aging of America Brings Changes in the Workplace." *Washington Post*. 12 Dec. 1986, FL.

O'Malley, Helen, Howard Segars, Ruben Perez, Victoria Mitchella, and George Knuepfel. *Elder Abuse in Massachusetts: A Survey of Professionals and Paraprofessionals*. Boston: Legal Research and Services for the Elderly, 1979.

O'Malley, T., E. Daniel, H. O'Malley, and W. Campion. Identifying and Preventing Family Mediated Abuse and Neglect of Elderly Persons. *Annals of Internal Medicine*, 98 (6), 98–105, 1983.

Pagelow, Mildred, "Incidence and Prevalence of Criminal Abuse of Other Family Members." In Lloyd Ohlin and Michael Tonry (Eds.), *Family Violence*, Vol. 11 of *Crime and Justice: A Review of Research*. Chicago: University of Chicago Press, 1989, 263–313.

Pedrick-Cornell, Claire Gelles, and Richard G. Gelles. "Elderly Abuse: The Status of Current Knowledge." Paper presented at the National Conference on Abuse of Older Persons. Boston, 1981.

Phillips, L.R., "The Fit of Elder Abuse with the Family Violence Paradigm, and the Implications of a Paradigm Shift for Clinical Practice." *Public Health Nursing*, Vol. 4: 222–229, 1988.

Pillemer, Karl A. *Abuse of Patients in Nursing Homes: Overview and Research Agenda*. Journal of Health and Social Behavior 28(1988): 227–238.

Pillemer, Karl A. *The Dangers of Dependency: New Findings on Domestic Violence Against the Elderly*. Social Problems, Vol. 33(3): 146–158, 1985.

Pillemer, Karl A. *The Dangers of Dependency: New Findings on Domestic Violence Against the Elderly*. Paper presented at Annual Meeting of American Sociological Association, 1985.

Pillemer, Karl A. *Domestic Violence Against the Elderly*. Prepared for the Surgeon General's Workshop on Violence and Public Health. Leesburg, VA, 1985.

Pillemer, Karl A. "Risk Factors in Elder Abuse: Results from a Case-Control Study." In K.A. Pillemer and R.S. Wolf (eds.), *Elder Abuse: Conflict in the Family*. Dover, MA: Auburn House Publishing Co., 1986.

Pillemer, Karl A. and David Finkelhor. "Causes of Elder Abuse: Caregiver Stress Versus Problem Relatives." *American Journal of Orthopsychiatry*, Vol. 59: 179–87, 1989.

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

Pillemer, Karl A. and David Finkelhor. *The Prevalence of Elder Abuse: A Random Sample Survey*. Durham, NH: Family Violence Research Program, University of New Hampshire, 1986.

Pillemer, Karl A. and J. Jill Suitor. "Elder Abuse." In V. Van Hasselt et al. (eds.), *Handbook of Family Violence*. New York: Plenum, 1988.

Pippidis, M. and K. Stein, *Elder Abuse and Neglect: A Synthesis of Research*. Washington, DC: National Aging Resource Center on Elder Abuse, 1990.

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

Podnieks, E. *Abuse of the Elderly: When Caregivers Cease to Care*. National Clearinghouse on Family Violence. Ottawa, Ontario: Minister of Supply and Services, 1989.

Podnieks, E., K. Pillemer, J.P. Nicholson, T. Shillington and A. Frizzell. *National Survey on Abuse of the Elderly in Canada: Final Report*. Toronto: Ryerson Technical Institute, 1990).

Pollack, Dennis. "Elder Abuse." *Fresno Bee*. 10 June, 1987, F1.

President's Task Force, *President's Task Force on Victims of Crime: Final Repoll*. Washington: GPO, December, 1982.

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

Rathbone-McCuan, Eloise. *The Aged as a Victim of Intergenerational Family Violence and Neglect: Reactivated Reversed Patterns*. Proceedings of the 11th International Congress of Gerontology. Tokyo: Scimed Publications, 1978.

Rathbone-McCuan, Eloise, Ann Travis and Barbara Voyles. "Family Intervention: The Task Centered Approach." *Abuse and Maltreatment of the Elderly*. Ed. J.1. Kosberg. Boston: John Wright, PSG Inc., 1983.

Regan, John J. *The Discovery of Elder Abuse: Learning to Live in the Brave New World of Mandatory Reporting, Protective Services and Public Guardianship*. A Working Conference on Elder Abuse Prevention and Intervention Policy. Chicago, 1985.

Regan, John J. and Georgia Springer. *Protective Services for the Elderly: A Working Paper*. Prepared for the Special Committee on Aging. U.S. Senate. Washington: GPO, 1977.

Protective Services for the Elderly: Connecticut's Experience. *Abuse and Maltreatment of the Elderly*. Ed. J.I. Kosberg. Boston: John Wright, PSG Inc, 1983.

Seeherman, Amy M. *Crimes Against the Elderly: Preliminary Findings*. Cambridge, MA: Office of the District Attorney of Middlesex County, 1989.

Sengstock, Mary C. and S. Barrett. *Elderly Victims of Family Abuse, Neglect and Maltreatment: Can Legal Assistance Help?* Journal of Gerontological Social Work 9(3): 43–61, 1986.

Sengstock, Mary, and Melanie Hwalek. "Domestic Abuse of the Elderly: Which Cases Involve the Police?" *Journal of Interpersonal Violence*, Vol. 1 (3): 335–349, 1985.

Sengstock, Mary and Jersey Liang. "Domestic Abuse of the Aged: Assessing Some Dimensions of the Problem." In M.B. Kleiman (ed.), *Interdisciplinary Topics in Gerontology*: Vol. 17, 58–68, 1983.

Sengstock, Mary and Jersey Liang. *Identifying and Characterizing Elder Abuse*. Final Report Submitted to NRTA-AARP Andus Foundation. Detroit: Institute of Gerontology, Wayne State University, 1982.

Sherman, Lawrence W. *Policing Domestic Violence*. New York: The Free Press, 1992.

Sherman, Lawrence W. *Repeat Calls to Police in Minneapolis*. Crime Control Reports. Washington: Crime Control Institute, 1986.

Sherman, Lawrence W. and Richard A. Berk. *Minneapolis Domestic Violence Experiment*. Washington: Police Foundation Reports, 1984.

Sherman, Lawrence W., Janell D. Schmidt, Dennis P. Rogan, Patrick R. Gartin, Dean J. Collins, Anthony R. Bacich, and Ellen G. Cohn. *The Milwaukee Domestic Violence Experiment: Final Report to the National Institute of Justice*. Washington, DC: Crime Control Institute, 1992.

Sloan, I.J. *The Law and Legislation of Elderly Abuse*. New York: Oceana Publications, 1983.

Smith, Randolph. "Police Often Are First to Step In." *Daily Press/The Times Herald*. A Special Report on Family Violence: Conspiracy of Violence. 18 Feb. 1986, 5–18.

Solomon, Kenneth. "Victimization by Health Care Professionals and the Psychologic Response of the Elderly." *Abuse and Maltreatment of the Elderly*. Ed. J. L Kosberg. Boston: John Wilght, PSG Inc., 1983.

Spelman, William. *Beyond Bean Counting: New Approaches for Managing Crime Data*. Washington: Police Executive Research Forum, 1988.

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

Spring, Julia. Excerpts from the 1987 Adult Protective Service Conference, *Exchange of Views: Professional Judgment and Client's Rights to Self-Determination*. San Antonio, 1987.

Stanford, E. Percil. *Gerontology in Accredited Law Enforcement*. University Center on Aging, College of Human Services, San Diego State University, 1984.

Stein, J. *Victim Assistance and the Elderly*. Washington, D.C.: U.S. Government Printing Office, 1983.

Stein, K.[a] "A National Agenda for Elder Abuse and Neglect Research: Issues and Recommendations." *Journal of Elder Abuse and Neglect*, Vol. 3(3): 1991.

Stein, K.[b] *Working With Abused and Neglected Elders in Minority Populations: A Synthesis of Research*. Washington, DC: National Aging Resource Center on Elder Abuse, 1991.

Stein K. and J. Kushman. *Drugs, Money and Elder Abuse*. Proceedings of the American Council on Consumer Interests, 38th Annual Conference, Toronto, Canada, March 1992, pp. 67–75.

Steinmetz, Suzanne. Battered Parents. *Society*. 15 (15) (1978): 54–55.

Steinmetz, Suzanne. "Dependency, Stress and Violence Between Middle-Aged Caregivers and Their Elderly Parents." *Abuse and Maltreatment of the Elderly*. Boston: John Wright, PSG Inc., 1983.

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

Tatara, Toshio. *Elder Abuse in the United States: An Issue Paper*. Washington, DC: National Aging Resource Center on Elder Abuse, August, 1990.

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

Tatara, Toshio and Margaret Rittman. *Working Relationships Between APS/Aging Agencies and Law Enforcement Agencies —A Short-Term Project*. Washington, DC: National Aging Resource Center on Elder Abuse, April 1992.

Tomita, Susan K. *Denial of Elder Mistreatment by Victims and Abusers: The Application of Neutralization Theory*. Violence and Victims, Vol. 5(3): 171–184, 1990.

Topolnicki, Denise M. *The Gulag of Guardianship*. Money, Vol. 18(3): 140, 1989.

University City Science Center. *Police Service Delivery to the Elderly*. Washington: National Institute of Justice, 1980.

Urban League, Inc. *The State of Black America, 1989.* National Urban League, New York, NY, 1989.

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

U.S. Attorney General. *Attorney General's Task Force on Family Violence: Final Report.* Washington: GPO, September, 1984.

U.S. Attorney General. *Overlooked Aspects of Family Violence.* Testimony before the U.S. House Committee on Science and Technology. Washington, 1978.

U.S. Congress A Report by the Chairman of the House Subcommittee on Health and Long-Term Care, House Select Subcommittee on Aging. *Elder Abuse: A Decade of Shame and Inaction.* 101st Cong., 2d sess., Washington: GPO, 1990. (Hearings April 1990, May 1990)

U.S. Congress House Subcommittee on Health and Long-Term Care. *Elder Abuse: A National Disgrace.* 99th Cong., 1st sess. Washington: GPO, 1985.

U.S. Congress House Select Committee on Aging. *Elder Abuse: An Examination of a Hidden Problem.* 97th Cong., 1st sess. Washington: GPO, 1981.

U.S. Congress Hearing Before the Subcommittee on Human Services of the Select Committee on Aging. *Domestic Violence Against the Elderly.* 96th Cong., 2d sess., Washington: GPO, 1980.

U.S. Congress Senate Special Committee on Aging. *Crimes Committed Against the Elderly.* 102d Cong., 1st sess., Washington: GPO, 1991.

U.S. Congress A Report by the Chairman of the House Subcommittee on Health and Long-Term Care, House Select Subcommittee on Aging. *Abuses in Guardianship of the Elderly and Infirm: A National Disgrace.* 100th Cong., 1st sess. Washington: GPO, 1987.

U.S. Department of Health and Human Services Administration on Aging. *Elder Abuse Awareness: Elder Abuse and Neglect Program, Comparison of Paid vs. Volunteer Multi-disciplinary Teams in Providing Community-based Care to Elder Abuse Victims,* Washington, DC: Illinois Department of Aging, 1991.

U.S. Department of Justice, Office of Justice Programs, Office for Victims of Crime. *Crime Victims Compensation.* Washington, DC: 1992.

U.S. Department of Justice, Office of the Attorney General. *Combatting Violent Crime: 24 Recommendations to Strengthen Criminal Justice.* Washington, DC: 1992.

U.S. Department of Justice. *Crime in the United States.* Uniform Crime Reports. Washington: FBI, 1987.

U.S. Department of Justice. *Criminal Victimization in the United States, 1985.* National Crime Survey. Washington, DC: U.S. Government Printing Office, 1987.

U.S. General Accounting Office. *Elder Abuse: The Effectiveness of Reporting Laws and Other Factors.* Washington, DC: Government Printing Office, 1991.

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

U.S. Senate Special Committee on Aging. *Elder Abuse and Neglect: Prevention and Intervention*. Washington: GPO, 1991.

U.S. Senate Special Committee on Aging. Law Enforcement Assistance Administration. *Training Police as Specialists in Family Crisis Intervention.* Washington: GPO, 1970.

Virginia Department of Social Services (VDSS) and National Association of Adult Protective Service Administrators. *A National Study of Self-Neglecting Adult Protective Services Clients*. National Aging Resource Center on Elder Abuse, 1991.

Walker, Jacqueline C. "Protective Services for the Elderly: Benefit or Threat." *Abuse and Maltreatment of the Elderly*. Ed. J.I. Kosberg. Boston: John Wright, PSG Inc., 1983.

Wilber, Kathleen H. *Material Abuse of the Elderly: When Is Guardianship A Solution?* Journal of Elder Abuse and Neglect. Haworth Press, 1990.

Winter, Annette. "The Shame of Elder Abuse." *Modern Maturity*. 29 (6) (1986): 50.

Wolf, Rosalie. "Spouse abuse and neglect in the aging family." In Wolf and Bergman (Eds.) *Stress, Conflict and Abuse of the Elderly*. Jerusalem: Brookdale Institute of Gerontology and Adult Development, 1989.

Wolf, Rosalie. The Vexing Problem of Elder Abuse, *Public Welfare*, 46 (2), 1988.

Wolf, Rosalie, Michael Godkin, and Karl Pillemer. *Elder Abuse and Neglect: Final Report From Three Model Projects*. Worcester: University Center on Aging, 1984.

Wolf, Rosalie, Michael Godkin and Karl Pillemer. *Maltreatment of the Elderly: A Comparative Analysis.* Pride Institute Journal of Long Term Home Health Care, Vol. 5(4): 10–17, 1986.

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

Yaffe, M.J. *Implications of Caring for an Aging Parent.* Canadian Medical Association Journal 138(3): 231–235, 1988.

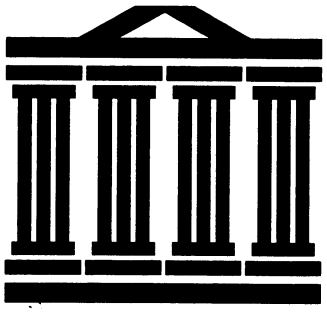
Yakima Indian Nation. *Don't Wound My Spirit: Yakima Indian Nation's Guide to Protecting Elders From Abuse, Neglect and Exploitation.* Washington, DC: U.S. Department of Health and Human Services Administration on Aging, 1987.

Zevitz, Richard G. and Dennis M. Marlock. *Senior Citizen Assault Prevention Unit.* FBI Law Enforcement Bulletin, Pp. 10–13, 1989.

Zevitz, Richard G. and Robert J. Rettammel. *Elderly Attitudes About Police Service.* Paper Presented at the Academy of Criminal Justice Sciences, 1989.

Zevitz, Richard G. and Robert J. Rettammel. "Elder Abuse: 10 Years Later." *Journal of the American Geriatrics Society*, 36 (8): 758–62, 1988.

Improving the Police Response to Domestic Elder Abuse:



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PERF, 2300 M Street NW, Suite 910, Washington, DC 20037
202/466-7820; fax 202/466-7826

Assessment Report

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

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

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

ADVISORY BOARD

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Grant Monitor: Duane Ragan, Office for Victims of Crime
Project Director: Martha Plotkin, Police Executive Research Forum
Authors: Martha Plotkin and Halley Porter, Police Executive Research Forum

Assessment Report

Background

Under a grant from the Office for Victims of Crime (OVC), the Police Executive Research Forum (PERF) has worked to improve law enforcement's response to domestic elder abuse through the development of comprehensive, practitioner-oriented training and technical assistance. The first stage of the project involved extensive information collection and a review and assessment of all materials identified through a large-scale canvassing effort. PERF used its contacts in the law enforcement, social services, and academic arenas to gather information on how police are currently responding to domestic elder abuse, and how that response is communicated to officers through training, policies, procedures, and protocols. All recipients of the solicitation for information were asked to provide training curricula (including roll call), special program/unit descriptions, written policies, procedures, protocols, needs assessments, and resource materials that could aid in the development of new materials for law enforcement concerning the police response to victims of domestic elder abuse. All materials were entered into an inventory and assessed. In addition, a literature review was completed to provide readers of all grant materials with a context in which to view the police response to domestic abuse of the elderly.

Before discussing the results of this effort, it is important to recognize some of the limitations of such an expansive search.

- First, because many police agencies respond to domestic elder abuse in much the same way they do other forms of domestic violence, some agencies chose to submit general procedures for spousal assault or child abuse. It is likely that other agencies interpreted the request more narrowly and did not submit any materials related to the more general topic of domestic violence, much less those related to domestic elder abuse. Some agencies sent materials that focused on the response to persons with mental and physical disabilities, reporting requirements for all vulnerable adults, and general referral policies that would apply to any victim. This in itself is instructive, however, since it is clear that many police agencies' responses are guided by combining existing policies and training.

- Second, a complicating factor in collecting information is the lack of uniform definitions in both policing and elder abuse service provision. Some police agencies incorporate their policies and procedures in training bulletins or curricula. Others may put their policies and procedures in a protocol format. Therefore, PERF researchers had to assess certain materials as if they belonged to more than one category, for example, considering policies and procedures as training when in the form of a training bulletin. Agencies often submitted the work of their local social service agencies working with the elderly, as well. There was a great deal of disparity in how "elder" and "abuse" were defined within these social service materials.

  To ensure that the means would not become goals in themselves, there was a higher priority on identifying the substance of the materials than on categorizing the agency's methods (policy, protocol, procedure, training) for conveying them. It is clear that policies and procedures can be

communicated in a number of ways; this is reflected in the flexible approach to assessment.

- Third, the catalog of information collected demonstrates that police are using a variety of methods and sources to formulate their response to elderly abuse victims. Yet the list of agencies submitting materials is not necessarily a representative sample of police departments across the country, particularly because agencies with no current training, policies, procedures, and practices would not have responded to the request for information.

- Finally, it should be noted that while the assessment was based on established criteria, by its very nature it is subjective. The goal of the assessment was not to identify a particularly good agency, but to identify particularly good approaches to and components of training, written policies, procedures, protocols, and practices.

Materials from 117 agencies and organizations were reviewed and assessed for this report. Many agencies submitted packets of information about their own projects, as well as those of other agencies in their jurisdictions. If duplicate copies of a particular product were submitted, the product was evaluated only once. Any materials submitted after the deadline for submissions were considered in the drafting of model products, but were not included in the assessment.

Product Criteria

Because the criteria for assessing training curricula differ from the criteria needed to assess policies, procedures, and protocols, all assessment criteria are product specific. Table 1 indicates which criteria were used to assess each of the types of materials collected.

Table 1

Applicable Criteria for Evaluating Materials and Practices on the Law Enforcement Response to Victims of Elder Abuse

Criteria \ Materials & Practices	literature	policies	procedures	practices	protocols	training curricula	technical assistance/ resource materials
clarity	●	●	●		●	●	●
consistency	●	●	●	●	●	●	●
credibility	●					●	●
effectiveness		●	●	●	●	●	●
evaluation		●	●	●	●	●	●
general applicability		●	●	●	●	●	●
innovation	●	●	●	●	●	●	●
legal sufficiency		●	●	●	●	●	●
nature	●	●	●	●	●	●	●
relevance	●	●	●	●	●	●	●
scope	●	●	●	●	●	●	●

● indicates criteria is applicable to indicated materials and practices

Definitions

Clarity: whether the materials are readily understandable and applicable by the officer on the street, as well as his or her supervisors. And, whether the principles, objectives, and spirit of the product are clearly conveyed.

Consistency: whether the materials complement recent research and successful experimentation by government grantees and task forces, as well as other service providers in the community.

Credibility: whether the author(s) have used reliable, trustworthy methods and reporting techniques and whether the source of the document is likely to have biases.

Effectiveness: whether the policies, procedures, practices, protocols, training curricula, and technical assistance materials are likely to have an impact on domestic elder abuse.

Evaluation: whether the policies, procedures, practices, protocols, training curricula, or technical assistance materials have been evaluated.

General Applicability: whether the materials or practices can be used by law enforcement agencies across the country, yet be tailored to the unique needs of specific jurisdictions.

Innovation: whether the materials or practices build on the best thinking, research, and demonstration projects or suggest new methods for responding to the unique needs of victims of elder abuse.

Legal Sufficiency: whether the materials or practices address or meet legislative mandates.

Nature: whether the materials or practices advocate or are consistent with a multidisciplinary approach.

Relevance: whether the materials are useful in designing a proper police response to domestic elder abuse in Virginia (the pilot training state) and nationwide. And, whether the materials are specific to domestic elder abuse or have a more general focus.

Scope: whether the materials explore a broad range of issues related to domestic elder abuse (see product-specific assessment topics).

To evaluate the last criterion — scope — for each type of material collected, another assessment sheet listed possible topics and approaches covered by a curriculum, training bulletin, policy, procedure, practice, or protocol. These "scope assessment" sheets were used to identify current topics and perceived gaps in service and training. Topics used for the scope assessment sheets for each type of product will be reviewed in their respective sections of the report.

All criteria and scope assessment topics were selected from materials identified by the literature review, advisory board, previously identified materials, and staff experience. These criteria were used to identify particular products that would be useful starting points for developing model materials. Individual products were ranked from 1 to 10, with 10 being the highest possible score. The scoring was done simply to aid staff in identifying particular materials that were strong in any one of the stated criteria. The more informative assessment was made from the scope assessment sheets, which will be the focus of this report.

Literature Review

Because the literature review serves largely as a baseline of information for the other products, no assessment was done of individual articles or sources. The criteria were used only to identify the most relevant and innovative research and writings for inclusion in the literature review. The literature review focuses on the issues that are of most interest and use for police practitioners. It is not meant to be an exhaustive report on elder abuse, but rather a framework in which the training, policies, procedures, practices, and protocols may be considered.

Roll-Call Assessment

As a bonus to the project, PERF has developed an outline for a roll-call training bulletin that can be used to reinforce, on an as-needed basis, any in-service or recruit training. Police executives and trainers have asked PERF for materials on elder abuse that can be presented at roll call. Accordingly, roll-call bulletins and videotapes were collected as part of the first phase of the project. Using the criteria listed in the matrix for training, it was found that most of the roll-call training bulletins were used to communicate new laws and reporting requirements to officers. Fourteen roll-call training bulletins and two roll-call videotapes were submitted. The following discussion reviews the components and orientations of the submitted materials, as well as perceived problems and gaps.

The topics that are addressed in the 14 training bulletins collected for this effort, and the number of training bulletins that address these topics, include

- review of laws (on reporting, and/or protecting vulnerable/dependent adults, and/or elder abuse, and/or enhanced penalties, and/or domestic violence) [11]
- definitions of abuse and neglect (in accord with state law) [8]
- tone and rationale for training [7]
- mention of roles of Adult Protective Services (APS), ombudsman, prosecutor, legal aid, medical, and other assistance programs [7]
- signs and symptoms of abuse [5]
- profiles of the victims and abusers [4]
- information on the scope of the problem [4]
- recognition that criminal and noncriminal actions require different responses [4]
- causation theories [3]
- suggestions for prevention [2]
- mention of need to dispel myths about the elderly [2]
- special needs of some elderly [2]
- procedures for referrals [2]
- descriptions of special programs/units serving the elderly [2]
- crisis intervention [2]
- scenarios that illustrate abusive situations [1]
- state-specific data on the scope of the problem and sources of reports [1]
- recommendations for police training in gerontology [1]
- list of resources [1]
- means for communicating with persons with disabilities [1]
- guidelines for interviewing the victim or abuser [1]
- considerations in removal from home [1]
- interagency cooperation [1]
- assessment of level of threat and short-/long-term solutions [1]

As the list of topics indicates, most of the agencies submitting materials conveyed information about the police response to elder abuse as the result of

revised statutory requirements for reporting. Most bulletins simply recited the applicable law.

How some of these topics are addressed in the bulletins warrants additional comment. For example, the definitions of abuse used in training bulletins vary widely in scope and nature. Some bulletins give generic definitions, while others give the definitions provided by applicable law. There is rarely discussion about the probability that more than one type of abuse may be used against a single victim. Definitions are often vague or expressed in legal jargon.

One of the greatest problems common to many of the training bulletins submitted is the way in which abusers and victims are profiled. Because the research detailing the "typical" victim and abuser sometimes conflicts, or is incident specific (see literature review), it is important that agencies convey to officers that there is no definitive profile of victim and abuser. It is more important that police evaluate the signs and symptoms within a given context. The profiles set out in the research should be viewed as providing officers with some guidance in detection, so that further investigation will be initiated. The characteristics of victims and abusers described in the elder abuse literature can only be used as possible risk factors for allegations of abuse.

There is also great diversity in the perceived causes of elder abuse that are communicated to officers. There is a danger that police will perceive these theories on causation as definitive rules about how abuse is stimulated. Officers are not always told that these causation theories are not bright-line rules for determining if abuse has occurred or is likely to occur in the future.

Most departments did not train officers on every potential training topic, though many topics may be addressed in other training arenas, such as the academy. Because many of the other issues covered by training bulletins are also addressed by recruit and in-service training curricula, they will be discussed in greater detail in the next section. The PERF model roll-call training bulletin is designed to complement the model training, policy, procedures, and protocol developed under the grant. Accordingly, not every training topic is dealt with in the bulletin.

In addition to the training bulletins, two departments submitted roll-call-length videos (less than 15 minutes). One video included footage of victims and their surroundings, as well as some of the actions taken by service providers. This short video focused primarily on making the viewer aware that elder abuse is a problem. The second videotape was of a local protective service worker reading the requirements of the reporting law, the forms used, and the procedures for filing.

Recommendations

The model roll-call training bulletin calls for the police agency to tailor the suggested topics to the particular needs of the jurisdiction, in light of other recruit, in-service, and special-unit training.

At minimum, a roll-call training outline might contain the following:

- rationale for training
- definitions of abuse, neglect, and financial exploitation
  - departments should use legislative sources
  - general definitions should also be provided
- signs and indicators of abuse, neglect, and exploitation
- laws relating to elder abuse
  - including but not limited to reporting laws, vulnerable/dependent adults, protective service, domestic violence (elderly persons covered under spouse abuse laws), criminal (assault, battery, fraud...), civil, and mental health
- department policy and procedure — by reference
  - see policy/procedure assessment
  - sets out responding to domestic elder abuse victims as a priority
- elderly persons' rights to self-determination
  - distinguishes from other types of domestic violence in which removal/arrest is advocated
- resources and referral procedures — by reference
- impact of police actions

Other topics could be incorporated from a list of additional training topics, detailed in the following section on training curricula. The amount of detail and coverage will depend on what other training materials are employed by a particular agency. Roll-call training is typically less than 15 minutes. In addition, officers usually get assignments and other information at that time. Brevity and clarity should be the focus of any roll-call training bulletin outline.

Training Curricula Assessment

The purpose of this phase of the assessment was to determine the scope and nature of police training, identify gaps in that training, and recommend approaches and topics that can be used in a model training program. PERF designed the model training for several potential audiences: recruit, in-service, and specialized investigators. To meet the needs of each of these audiences, PERF used a modular approach to the training. Instructors could select those modules that best suited the expertise and demands of a particular class.

Separate manuals were developed for instructors and participants. Supporting resources were identified to provide background material for the instructors and supplementary materials for the students. (Because so few training resources were submitted in response to PERF's solicitation, they were assessed together with the related training curricula.) While the training focused on domestic elder abuse, students were reminded that many of the issues apply to institutional abuse as well. In addition, related issues, such as the use of elderly persons as volunteers, crime prevention for older persons, and media/public awareness programs, were dealt with by reference to existing materials.

Curricula Review

There were 57 products reviewed that fit within the training curricula/resource category. Roll-call training, discussed above, was not included in this analysis. Several departments and organizations submitted the same materials. Duplicate

products were assessed only once, since it is the content of the materials, not the prevalence of their use, that is of primary interest to the project. Resource materials that were simply referral pamphlets, crime prevention brochures, or awareness pamphlets, usually developed by local area agencies on aging, were also not included in the analysis because they were not directly related to the police response to elder abuse.

All materials were assessed according to the criteria shown in Table 1. Listed below are the assessment topics used to determine the scope of submitted training products, together with the number of products that addressed that particular subject area. Because many of the materials submitted were training outlines or notes from training presentations, there may be additional topics covered in actual training sessions that were not recorded here. In addition, how extensively an issue is covered varies considerably among agencies providing training on a particular topic.

Scope Assessment

- Definitions of abuse, neglect, or exploitation [31 curricula]
- Setting the tone/introducing trainer or curriculum [30]
- Legal mandates, including
  - mandatory reporting laws [30]
  - adult protective service laws [26]
  - domestic violence laws [7]
  - enhanced penalty laws [3]
- Profiles of victim and abuser [26]
- Scope of the elder abuse problem [24]
- Signs/indicators of abuse or prevention [24]
- Aging process or special needs of some elderly [23]
- Resources to assist in elder abuse cases [22]
- Rationale for training [21]
- Interagency cooperation stressed [20]
- Role of key service providers, including
  - ombudsman/APS [20]
  - prosecutors/legal aid [10]
  - medical programs and other services [10]
- Communicating with older persons [19]
- Victims' rights to self-determination [18]
- Dispelling myths about the elderly [15]
- Referral procedures [15]
- Causes of elder abuse [14]
- Criminal vs. noncriminal acts [14]
- Attorney General/Victims Assistance recommendations [14]
- Crisis intervention skills [13]
- Interviewing victim and/or abuser [13]
- Level of threat to victim and service provider [12]
- Use of resource materials
  - scenarios of abuse [12]
  - video/overheads [8]
  - cards/forms [8]
  - case studies [6]
  - social service resource materials [4]

    - bibliography [4]
    - reports [2]
    - articles [1]
- Police agency policies [9]
- Communicating with disabled persons and persons in specialized situations (victim, witness, offender) [8]
- Impact of police action on the victim [8]
- General domestic violence training only [8]
- Pro-arrest policies [8]
- Rights to confidentiality [7]
- Working with special units/multidisciplinary teams [7]
- Devising short-/long-term solutions [7]
- Guardianships/conservatorships [5]
- Gaining access to victims [2]

As the list of potential topics indicates, the five most commonly covered training subjects were defining elder abuse, introducing the training and trainer, reviewing reporting requirements, providing profiles of victim and abuser, and outlining other legal mandates. Yet these topics were not always clearly or adequately covered.

Defining elder abuse. The biggest problem with definitions of elder abuse is their lack of clarity. Some products use state law definitions. Other products use definitions used by local service providers that may not distinguish criminal from noncriminal offenses. The best definitions were written clearly and without legal jargon. If a statute was provided, the more comprehensive curricula would paraphrase it or provide scenarios depicting the different types of abuse for clarification.

Introduction to training. Almost half of all curricula included an introduction to the trainer or the training. Most often, the opening remarks included a brief biographical sketch of the trainer and discussed the length or format of the training.

Only one-third of the curricula included the rationale for training. Emphasis on the need for the training and the benefits to both the elderly victims and to the police officer in responding in an effective and sensitive way was a positive contribution to introductory modules. Few training products set the tone for the training and no training curricula gave guidance on how to select a trainer. It may be that the curricula were written by the person who would later do the training, or trainer selection was not at issue. For the purposes of this project, the qualities or experiences that would assist in promoting the credibility and quality of the training were identified.

Reporting laws. Reporting requirements were covered in great detail by the training materials submitted. Some explanations of reporting requirements also described why mandatory reporting laws are thought to be necessary. The scope and severity of elder abuse were often discussed in this context as well, particularly in light of problems with victims' non-reporting. Agency-specific statistics or state statistics on the number of reported cases were also a positive addition to the discussion of legal reporting requirements. Unfortunately, clarity was often sacrificed for accuracy. Laws were often given verbatim. Some curricula did include forms and referral procedures for making reports. Several curricula even discussed the legal and ethical concerns surrounding reporting and non-reporting, though these curricula were mostly drafted for non-police service providers.

Victim/abuser characteristics. Providing profiles of victims and abusers is potentially the area of greatest interest to police. Police are regularly provided with profiles of criminals and victims for any number of offenses. In the curricula reviewed, the best profiles of victims and abusers were the ones that emphasized there are no bright-line rules — that elder abuse can be perpetrated or endured by persons of any race, status, or gender. In using the research and literature's "typical" abuser and victim traits for training purposes, it is critical that police use the profiles only as indicators that prompt additional investigation. There must be an emphasis on identifying precursors to abuse through detecting at-risk family factors and other indicators of potential or actual abuse, rather than relying solely on proposed profiles of the victim or abuser. In a few of the curricula reviewed, there were incident-specific indicators provided — that is, a profile of an abuser that depends on the type of abuse committed in a particular context.

Other legal mandates. Discussions of other laws related to elder abuse were generally limited to recital of the pertinent sections. There were selected training modules that reviewed in some detail relevant laws that define elder abuse as a crime or that protect vulnerable adults. While some of these cannot be generalized to a model national curriculum, there are categories of laws that can be referenced in any training program. For example, officers should be made aware of not only mandatory reporting, adult protective services, and elder abuse laws, but also laws pertaining to general domestic violence (such as use and enforcement of restraining orders and awareness that such laws may be used in cases of elderly spouse abuse). Police should not overlook relevant penal code sections (such as assault, rape, battery, fraud...). In addition, officers must know of the applicability of mental health laws, including commitments, and civil remedies.

Rights to self-determination and confidentiality. Each of the topics listed above must be discussed in the context of the older person's rights to self-determination and confidentiality (see literature review). Self-determination and confidentiality ranked significantly lower in prevalence (18 and 7 training curricula, respectively) than the five leading topics. Those curricula that did address self-determination and confidentiality were primarily drafted by social service providers.

Police will likely draw on the resources (such as shelters, medical assistance, and legal assistance) available in other domestic abuse cases they face. But all actions must be tempered by the realization that, unlike in the case of child abuse, they are dealing with adults who are presumed competent to make their own decisions. A competent adult may refuse services in most cases. In comparison with younger victims of spousal abuse, victims of elder abuse, who may need daily care, may have fewer resources and options. Self-determination must be a key component in any training curriculum.

Fewer than half of all products addressed such topics as

- scope of the problem
- rationale for training
- indicators of abuse
- aging process/special needs of the elderly
- dispelling myths about aging
- resources
- referral procedures
- communicating with the elderly
- causation theories
- impact of police actions

- short- vs. long-term solutions
- criminal vs. noncriminal actions
- crisis intervention
- role of APS and other service providers
- level of threat to victim and officer
- cultural diversity/demographics
- working with elderly volunteers
- working with special units/multidisciplinary teams
- guardianship/conservatorship
- department policy (where possible)

Scope of the problem. Those curricula that explained the scope and nature of elder abuse and its impact on victims helped set the stage for the training. Some of the curricula also explained why law enforcement needs to be concerned with the problem and why the proposed training is a necessary step in stopping the victimization of the elderly. Some police agencies used their own statistics on the scope and nature of elderly victimization, or used APS data, to emphasize to officers that this problem is occurring in their jurisdiction. The level of effort required to get local statistics also demonstrated a commitment by the department to provide a quality response to the problem.

Signs and symptoms. Indicators of abuse were fairly common in training curricula that specifically address elder abuse. Again, the problem with many of the modules was presenting the indicators as if they were definitive elements of abuse, when the elder abuse literature indicates that the profile may be dependent on contextual factors. Some modules identified signs and symptoms of abuse by focusing on the physical surroundings, the family dynamics, and the physical and behavioral signs exhibited by both the victim and the abuser. For example, it is important that police be aware that victims are not limited to white females who are over 75 years old.

Aging. There are some useful materials available on the process of aging and the special needs of some elderly persons. A particularly useful device in teaching about the effects of aging is the pre- and post-test method that solicits students' views on stereotypes and myths about the elderly. *Dispelling myths* about older persons through pre- and post-testing on a broader scale is PERF's recommended approach for the training module on aging.

Modules that focused on the elderly person as an individual requiring an individual response, just like any other victim, were among the most effective. Asking the class to participate by drawing on their own experiences and contacts with older persons, and their own feelings about growing old, was also a useful approach. Trainers may use several alternative means for presenting the information for this module, depending on class size, level of student expertise, and resources.

Other options for trainers in teaching about the aging process ranged from role-playing to simulation exercises. Curricula that focused on the aging process were remarkably creative and useful. Because of the limited time available to police, however, some were unwieldy in their present form.

Resources. Any training curricula must also include a list of potential resources for police officers. Though resources vary from jurisdiction to jurisdiction, there are some that are commonly found in any community, such as adult protective services and aging agencies, shelters, meals programs, and in-home care workers. A list of these types of agencies should be provided to officers, who may then

tailor it to include the specific referral procedures required by a particular department. Police must also know the role that each agency plays in the social service provision network. One particularly innovative resource guide gave a case study of a multiple-abuse incident and then listed the various agencies in the city that might have provided services, as well as a description of what services each agency might have provided. Police should know how to access these agencies, particularly when they can identify a noncriminal situation that requires intervention.

Communicating. As discussed in the roll-call training section, educating police about communicating with elderly persons, particularly those with physical or mental impairments, is critical to ensuring an appropriate police response. Some curricula discussed the negative impact an officer can have on an elderly victim by assuming that the victim has an impairment, or by sending other subtle messages that take away the victim's dignity. Physical proximity and other cues were reviewed, as well as how questions can be structured to get the best possible information while providing necessary support to the victim.

Causation. The problems with the discussions of various causation theories were that they were unclear, too detailed for the average police officer's needs, or presented as definitive causes of elder abuse. Better treatment of causation theories was found in curricula that indicated that the listed causes were only provided to give possible indicators of abuse. It was useful to have scenarios that illustrated the different causation theories when they were presented, though there is no substitute for clear writing that the lay person can understand.

Police impact. Very few of the curricula (8) covered how police actions affect the victim. Police must be made aware of older persons' fears about going to an institution or losing their right to self-determination. *Pro-arrest* policies were mentioned in several curricula, but with no discussion of what happens to the older victim when the only caregiver, however inadequate, is removed from the home. Police must assess how their actions will affect the older person in the short *and* the long run. Self-determination must be considered when acting to protect an older person. Police will need to make some determination of the older person's capacity to make a decision, or they will need to seek assistance in making that determination.

The other topics listed above are largely self-explanatory. If a topic was included in a training curriculum, it was generally useful information for police and other service providers. Again, the greatest problems were a lack of clarity and a level of detail that was unrealistic for police training sessions.

Additional Observations

Many curricula focused on domestic violence generally or on specific aspects of criminal victimization of the elderly, such as con games, crime prevention, fraud, and purse-snatching. The materials most relevant to this effort focused on elder abuse and used scenarios or case studies directly applicable to police. The best teaching approaches employed learning objectives and gave considerable guidance to the instructor on how to facilitate the training sessions. Several curricula went so far as to tie training materials to the agency's overall goal of moving toward a community-based, problem-oriented approach to policing. It was also useful to have training materials identify what role officers have in the service network (such as helping to gain access, preserving evidence, initiating criminal investigations, assisting in APS investigations, enforcing restraining orders, reporting, referring, etc.). Of interest to special units and police executives are the descriptions of elder-abuse-related units and multidisciplinary teams, as well as

other related practices discussed in more detail in the practices assessment section of the report.

No needs assessments were submitted by agencies and organizations responding to PERF's solicitation for information related to elder abuse. Consequently, the selection of topics for the model training curriculum and roll-call bulletin was largely determined by the advisory board, the OVC, and the PERF project staff. Due to time limitations in police training academies and other forums, not every topic was selected for inclusion in the model training package.

Assessment of Practices

There were 25 program descriptions submitted to PERF as part of the Phase 1 collection effort. There was a great deal of duplication in the types of programs being implemented for older adults across the country. Many of the programs are not elder abuse specific. That is, they focus on crime prevention and personal safety tips that may have some tangential effect on reducing the chances of becoming an elderly victim of abuse. For example, crime prevention programs that focus on getting elderly citizens involved in activities that prevent isolation may also have a positive impact on efforts to prevent elder abuse. Many PERF members have victim assistance units, crime prevention units, and victim support programs that help all citizens, not just the elderly. Because the solicitation requested elder abuse practices only, many police agencies may not have submitted these more general domestic violence and crime prevention program descriptions.

While the list of programs that follows is not exhaustive, it should serve to demonstrate the range of practices being employed by police agencies to better serve older persons. The programs submitted to PERF may be categorized as follows:

- Crime prevention training/education for older persons[1]
- Crisis intervention and referral specifically for older persons
- Support for older victims of crime from special police units
- Police department programs for at-risk elderly
- Interagency cooperative efforts

Crime prevention. Almost every police agency conducts crime prevention programs of some kind. Many agencies are recognizing that the population of older persons in their communities is growing and that additional effort should be made to address the vulnerability and fear of elderly citizens. Some police departments submitted crime prevention pamphlets and brochures they use in programs at senior centers and other community organizations that serve the elderly. The programs focus on fraud, cons, financial exploitation, personal safety when at home and outside, and home security, to name a few. Practical suggestions for reducing the risk of becoming a victim of assault, burglary, robbery, fraud, or con were common to most crime prevention programs for the elderly. One program was submitted that had a three-module training session to teach older adults about avoiding victimization. Using an instructor manual that provided the guidelines for the duration of each session, the means for making older participants more comfortable, and the presentation of all materials in large print, this curriculum covered the nature of crimes against the elderly and why the elderly may be more vulnerable to victimization. The effects of victimization on

1 The 25 program descriptions do not fit neatly into any single category, or even several categories, because many programs share one or more common elements. The assessment will focus on describing the range of police activities, rather than trying to pigeonhole the activities to determine prevalence. Individual agencies are not credited because descriptions of programs did not necessarily reflect "model practices" for the category of activity outlined in the report. Many of the program descriptions outlining special practices are fairly generic and are being implemented with varying levels of success around the country. Mention of particular agencies might be misconstrued as an endorsement of a particular agency's efforts over those of others.

an older person and how to cope with emotions associated with victimization were also reviewed.

Crisis intervention and referral. Crisis intervention and referral can be accomplished by police in a number of ways. Patrol may be directed to take action to ensure the immediate safety of an elderly person and then refer the person to adult protective services or other available community services. In other cases, patrol functions are supplemented by special units in the department, such as a family services unit, that are called to a scene or asked to intervene. These special units then conduct an assessment and referral or investigation, as dictated by the circumstances.

Special units. Senior victim assistance teams are used in several jurisdictions that submitted materials. Typically, these units provide crisis intervention and follow-up support to victims. Referrals are often made to legal, medical, and social services for the elderly. Many of these units help the elderly victim complete necessary forms to replace critical identification and credit cards, as well as licenses, food stamps, social security checks, and medical equipment. Help may also be provided to repair broken locks or windows to secure the older person's home. Some programs use volunteers or police personnel to assist elderly crime victims through the trauma and ensuing criminal justice process. Assistance includes phone contacts, help in understanding the legal process, and transportation for court appearances and medical appointments. Relationships with social service agencies are strong because of the constant contact maintained by victim assistance team members. At least one department that sent a program description of its senior victim assistance unit uses that team to respond to cases of abuse and neglect. A team member makes an assessment, files a report with social services, and conducts follow-up. But not all responses are limited to case-by-case intervention. Restraining orders against perpetrators of emotional abuse are permitted in another jurisdiction because of the lobbying efforts directed toward the legislature by a senior victim assistance team member.

Another special unit used by police agencies is the neighborhood relations, or community-policing, unit, which is responsible for identifying and addressing problems in assigned neighborhoods. These units typically conduct crime analyses on elderly victimization and identify solutions that will reduce crime and fear of crime. These units may also be responsible for detecting abuse in nursing homes and other care facilities. A police department may have a unit that focuses on crimes against the elderly and is responsible for detecting, investigating, and prosecuting elder abuse cases. Some police agencies use a family violence unit, which also may be responsible for investigating elder abuse cases in addition to responding to child and spousal abuse.

Programs for at-risk elderly citizens. Support for at-risk older adults is provided by police agencies using a variety of means. One agency uses a database for citizens to voluntarily submit the following information: their name, address, doctor's name, hospital name, chronic illness type (if any), next of kin's name, neighbor's name, and whether the neighbor has a key. The police department's communications division puts this information into its computer-aided dispatch system so that, in the event of an emergency, officers are aware of it when the call is answered. The registration forms that the older adults fill out have large print to facilitate use of the system. Database programs are also used to help citizens with Alzheimer's. Emergency information is collected by the police agency and participants are given identification bracelets that allow officers to ascertain the person's home address and family contact. Voluntary participation in the program

helps ensure that a citizen with Alzheimer's will be returned to a safe environment if lost or confused.

Some police agencies provide an escort service. Often run by volunteers, this program provides transportation to and from the bank, doctor's appointments, and other necessary services. The escort service helps reduce opportunities for criminal victimization and can also help reduce fear of crime.

Another method for reaching older adults who may be at risk of being abused is telephone crisis hotlines. Some programs have 24-hour crisis hotlines, while others are staffed by volunteers during the day and use an answering machine for late evening or weekend calls. The hotlines are meant to be centers for reporting elder abuse, neglect, and exploitation. Referrals are also made to social service agencies that can assist older persons with legal, medical, transportation, and other needs. One such hotline uses specially trained volunteers to take reports on elder abuse and ensure that investigations are promptly made. Volunteers are trained to ask questions and document elderly citizens' problems, such as lack of food, inability to pay for medication, difficulty in paying for utilities, and need for legal action. Volunteers are also used to prevent abuse by maintaining daily contact with older persons who cannot leave their homes or who have impairments that put them at risk. This program relies on volunteers to contact the older persons daily by phone and maintain information on medical histories, family contacts, and medicines used. If an older person fails to answer, the police department is notified and the residence is checked.

Yet another method for reaching out to at-risk older adults is adopt-a-senior programs. These programs match police officers with elderly persons who are isolated and vulnerable to potential abuse or neglect. Officers are encouraged to make contact with elderly persons on a regular basis, assess their needs, and refer them to appropriate resources.

Another agency not only uses a special unit to conduct elder abuse investigations, but also promotes a program in which older persons put medical information in tubes placed in their refrigerators. The refrigerator was selected as a storage place for emergency information because of its resistance to fire. A sticker on the refrigerator indicates that emergency information is stored inside. Police officers are instructed to look for these stickers when called to emergencies involving elderly persons in the home. Such a program has the added benefit of alerting officers and emergency personnel to potential abuse or neglect if there is no food in the refrigerator.

One police program focuses on responding to older citizens that experience non-emergency problems. Patrol officers are given a three-panel, self-mailing brochure. An officer who identifies an older person who wants non-emergency services gives the elderly citizen the first panel of the brochure, informing the individual that a social service worker will contact him or her. The officer then completes the middle panel of the brochure with a description of the problem and the contact information, and mails it to the social service resource coordinator. After assessing and providing services, the social service worker completes the third panel of the brochure with a description of the action taken and returns it to the original reporting officer, thereby providing the officer with feedback.

Interagency cooperative efforts. Cooperative efforts among agencies have also been established in several cities. For example, one police agency, working with adult protective services, uses volunteers trained by the department to go door-to-door to canvass citizens in neighborhoods with high concentrations of older adults to determine their needs and assess their safety. Volunteers and

officers are expected to look for signs of abuse and neglect. Another department has agreed to enter a formal agreement with the district attorney's office and division on aging to establish strict protocols for cross-training, investigation, and prosecution of elder abuse and other crimes. A community-policing, problem-solving action plan was developed to guide participants in this multiagency effort.

Coalitions are reportedly meeting with great success when used to address elder abuse cases. One coalition, composed of social service agencies, police, business owners, concerned citizens, and a member of Congress, provides education programs, transportation services, counseling services, a 24-hour hotline for older persons, and a safe house for elderly victims of violence and older persons in potentially dangerous situations.

One coordinated approach being implemented in police agencies across the country is the TRIAD program. This program draws on a formal cooperative agreement among police chiefs, sheriffs, American Association of Retired Persons representatives, and other local retired or older leaders to reduce criminal victimization of older persons. Local TRIADs may take any number of forms and may involve such efforts as older person referral programs, crime prevention training, quality-of-life senior surveys, adopt-a-senior programs, older citizen volunteers in police department projects, telephone reassurance, victim assistance, neighborhood watches for seniors, and elder abuse recognition and reporting, to name a few. State-level TRIADs engage in such activities as providing regional training, providing training at conferences, and identifying TRIAD models.

One of the best known of the coalitions that focus on victimization of the elderly provides a wide range of services. This coalition for elder abuse prevention provides in-service training on elder abuse assessment and case consultation services to individuals who serve older citizens. There is also a multidisciplinary team composed of professionals from the fields of mental health, adult protection, geriatric medicine, law enforcement, civil law, financial management, family counseling, services for caregivers, case management, information and referral, and adult day health care. Police representatives report that the team approach is very useful for law enforcement and provides an excellent resource for victims of elder abuse who require help from several service agencies. The coalition also provides education and training materials on how to work with victims, as well as protocols for handling cases of elder abuse.

For more information on additional law enforcement programs, see Appendix A for a reprint of a listing provided by Tatara and Rittman in *Working Relationships Between APS/Aging Agencies and Law Enforcement Agencies —A Short-Term Project.*

Policy and Procedure Assessment

The purpose of assessing existing policies and procedures is to determine what information departments currently provide to their officers and first-line supervisors, in order to identify areas that remain unclear or unaddressed and to recommend topics to be included in a model policy on domestic elder abuse.

A policy consists of principles and values that guide the performance of a department's or individual's activity. A policy is not a statement of what must be done in a particular situation. Rather, it is a statement of guiding principles that should be followed in activities directed toward attainment of department objectives.

A procedure outlines an organized list of steps for police personnel to follow when handling an incident or performing tasks in accordance with department policy. The procedure details responsibilities and may allow some discretion in carrying out duties and activities. Policies and procedures often appear together in a single document.

Of the materials submitted to PERF, 47 were categorized as policies and/or procedures. While two of these were internal standard operational procedures for family violence or community-response units, most of the materials submitted were policies for patrol that were in one way or another related to domestic violence or elder abuse. Below is a list of the topics addressed by the policies and procedures PERF collected, and the number of policies or procedures that cover each subject area.

- domestic violence only, with little or no reference to vulnerable, dependent, or elderly adults [11]
- elder abuse specifically [7]
- vulnerable adults only, with no reference to the elderly [4]
- abuse of elderly and dependent or vulnerable adults together in one policy [4]
- descriptions or policies of victim/witness programs [3]
- domestic violence and dependent or vulnerable adults together in one policy [2]
- lists of referral agencies [2]
- policies on protection orders [2]
- policies on assault and battery [1]

Written policies and procedures focused much more attention on incidents of domestic violence in general than on incidents of elder abuse in particular. It appears that many departments use their domestic violence policies and procedures to address cases of elder abuse. The danger in this practice is that officers will not recognize the unique needs of some elder abuse victims. For example, a domestic violence procedure that advocates removing a child abuse victim cannot be summarily applied to a victim of domestic elder abuse who does not consent to removal. Issues of self-determination and confidentiality must be observed. Shelters and other services may have entry requirements that an older victim, particularly one with mental or physical impairments, cannot meet. An officer should consider the impact on a victim if the only caregiver, however inadequate, is arrested, and assist in referring the victim to critical resources.

Of all the written policies and procedures that specifically addressed elder abuse, only a few were written clearly enough for an officer or supervisor to understand exactly how to identify instances of suspected abuse and what to do once elder abuse is suspected. There were 15 policies and procedures that addressed elder abuse, vulnerable/dependent adults, or both, covering the subjects listed below.

Scope Assessment

- reporting procedures [13]
- definitions of elder abuse [8]
  - physical [8]
  - neglect [7]
  - emotional/mental [6]
  - fiduciary [6]
  - abandonment [4]

    - sexual [3]
    - self-neglect [1]
- emergency removal or transportation of elderly/dependent adults [7]
- resource agencies [7]
- investigative responsibility [7]
- state laws and ordinances [6]
- confidentiality [4]
- case status/follow-up [2]
- protection order assistance [2]
- sensitivity to victims [2]
- victims' rights assistance [1]
- abuse in nursing homes or other institutions [1]
- arrest as a response [1]

As the above list indicates, almost all of the 15 relevant policies mentioned reporting procedures and more than half provided some type of definition of abuse.

Reporting procedures. As with the training materials, most policies and procedures provided detailed information on the statutory requirements for reporting suspected abuse or neglect to adult protective services or social services. Some procedures included requirements for telephone and written reports within and outside the department. Still others reiterated that reporting must be done within a specific time frame, often within the same day or within two days. Fewer than half of the procedures that addressed reporting practices for incidents of suspected elderly or vulnerable adult abuse described the type of information to be included in the report. One submission provided specific procedures for non-sworn employees of the department to report suspected cases of abuse of elderly or dependent adults to either an on-duty watch commander or adult protective services. Some policies mentioned the importance of the police reporting possible and potential domestic elder abuse.

Definitions of abuse. All of the procedures that provided definitions of abuse outlined physical abuse. Most of the materials defined neglect, emotional or mental abuse, and fiduciary abuse (often called "financial exploitation"). Only one procedure defined self-neglect, but it did not indicate whether it was considered a crime, nor did it suggest a different type of response. Sexual abuse is addressed in 3 of the 14 elder-abuse-specific procedures. One agency did provide specific procedures for handling incidents involving the sexual abuse of dependent or vulnerable adults. Any model procedure must make clear that sexual abuse should be considered in assessing a potential case of elder abuse.

As in the roll-call training bulletins, definitions of abuse are often vague or expressed in legal jargon. None of the policies and procedures explained why procedures for dependent adults should differ from those for general domestic violence.

In addition, fewer than half of all policies and procedures mentioned

- emergency removal/transportation
- resource agencies
- investigative responsibility
- state laws and ordinances
- confidentiality
- sensitivity to victims
- victims' rights assistance

- case status/follow-up
- protection order assistance
- arrest as a response

Some of the topics listed above may be covered in other department policies and procedures. For example, sensitivity to victims and victims' rights assistance may be covered in a separate policy on responding to victims, or responding to domestic violence. Information on resources may also be provided in a separate manual on agencies in and around the jurisdiction. Police agencies should be directed to include reference documents or handbooks provided by the department on topics related to domestic elder abuse.

None of the policies or procedures contained specific information on any of the following:

- signs and symptoms
- criminal/noncriminal differentiation
- evaluation of custodial relationships
- record-keeping
- prosecutorial assistance (including preservation of evidence)
- self-determination
- assisting APS professionals

Additional Observations

Many of the policies and procedures that addressed elder or dependent adult abuse were limited to the information necessary to implement police mandates under new legislation. The likely impetus for developing a policy and procedure at all was the passage of legislation affecting how officers reported or referred cases involving elderly or dependent adults. Policies and procedures on legislation were limited to reciting the law's provisions, including any definitions of abuse. Only two policies/procedures covering state laws or ordinances attempted to translate legal terms into operational or lay language.

Other policies and procedures appeared to be written in order to clarify the relationship between the police department and Health and Rehabilitative Services (HRS) or APS in cases of elder abuse. These policies outlined the information required when reporting to HRS or APS and law enforcement's role in assisting in investigations when necessary.

Recommendations

Any model policy and procedure must provide police officers, deputies, investigators, and first-line supervisors with the guidance necessary to prevent, identify, and respond appropriately to instances of suspected elder abuse. A model policy would also establish harm against the elderly as a high-priority incident requiring specific actions on the part of dispatchers, responding officers, and supervisors.

Some of the elements of a comprehensive model policy and procedure on elder abuse might include

- establishing police response to elder abuse as a priority
- defining the role of the police in incidents of elder abuse
- definitions of abuse, neglect, and exploitation
- applicable state/local laws and ordinances
- interview requirements
- investigative responsibilities, including preservation of evidence

- procedures for reporting and recording incidents
- notification of family, physician, and emergency services
- confidentiality
- procedures for emergency removal and transportation
- self-determination (competency and consent)
- information about available resource agencies, including provisions for referrals on weeknights and weekends
- use of arrest as an enforcement alternative
- accompaniment of APS caseworkers/investigators
- enforcement of protection orders

The coverage of these topics will depend on what information is addressed in investigative protocols, training, and other information sources.

Protocol Assessment

The purpose of this assessment effort was to identify the subject areas and approaches currently used in police agencies' investigative protocols, as well as those areas that are not addressed.

There were 25 products that fit within the protocol category. Several agencies submitted the same materials. Duplicate materials were evaluated once and were usually materials developed by local area agencies on aging. Other agencies submitted materials that were strikingly similar in format and content. For example, there were several protocols adapted from products produced by the Mount Zion Hospital and Medical Center in San Francisco. Similar products were assessed individually.

The majority of protocols were written by social service providers or health care workers for their professional colleagues. As a result, many of the subjects that would be of interest to law enforcement personnel, such as preservation of evidence, level of threat to victim, and impact of police actions on victim, were rarely mentioned, and then were given only cursory treatment.

All protocols were assessed according to the criteria shown in Table 1. Listed below are the assessment topics used to determine the scope of the 25 protocols submitted to PERF, together with the number of products that addressed each subject area.

Scope Assessment

- reporting requirements [17]
- referral procedures [16]
- definitions of abuse [15]
- signs and symptoms of abuse [15]
- victims' rights to self-determination [11]
- introduction [10]
- rights to confidentiality [9]
- profile of the abuser [9]
- profile of the victim [7]
- interviewing techniques [5]
- criminal vs. noncriminal behavior [5]
- level of threat to the victim [4]
- preservation of evidence/documentation [4]
- emergency removal [3]

- informing the victim of procedure [3]
- follow-up [3]
- restraining orders [2]
- devising short-/long-term solutions [2]
- general domestic violence protocol only [2]
- prosecutorial assistance [2]
- gaining access to the victim [1]
- types of intervention [1]
- communicating with the victim of abuse [1]
- records [0]
- pro-arrest policies [0]
- impact of the police action on the abusive situation [0]

As the above list indicates, the four most commonly covered topics were procedures for reporting suspected cases of elder abuse, making referrals, definitions of abuse, neglect, and exploitation, and signs and symptoms of abuse.

Reporting. The primary purpose of the majority of protocols was to outline reporting responsibilities. Many protocols discussed state mandatory reporting laws, who is required to report, provisions for confidential reporting (including what forms should be filed with APS or the police department), and the need for accurate and expedient reporting of cases of suspected elder abuse. In most cases, police are required to report possible cases of elder abuse to APS; the means for reporting may vary, however. Departments' protocols will be tailored to indicate whether telephone or written reports are required, and the time in which they must be filed.

Referrals. Most protocols, at minimum, provided names and phone numbers of agencies to which victims of elder abuse should be referred. Some provided the names and numbers of agencies that would be able to provide additional information about elder abuse and services for abuse victims. Other protocols provided more extensive lists of agencies that assist victims of elder abuse, including legal aid, shelters, protective services, etc. Some of the protocols written by adult protective service workers did not provide specific guidelines for where to refer victims, stating only the need to refer victims to the most appropriate social service agency.

Definitions of abuse, neglect, and exploitation. For the most part, protocols did not employ definitions of abuse directly from state statutes. Most used easy-to-understand definitions that are often used by social service agencies. Many protocols did not distinguish between criminal and noncriminal behavior, however. For example, police need to know if unintentional neglect is considered a crime before assessing the proper response. Few definitions included self-neglect as a separate condition to be addressed.

Signs and symptoms of abuse. Most protocols provided lists of the most common indicators of abuse by type of mistreatment. A few protocols provided special sections on sexual abuse and how to identify and investigate it. The more instructive protocols used behavioral indicators of abuse for the victim and abuser, as well as physical signs that may indicate abuse has occurred or is likely to occur. Also effective were those protocols that warned officers of situations in which the presence of injuries or poor health may not indicate domestic elder abuse. Any model protocol should inform officers and investigators that the presence of any signs of abuse warrants an investigation. Police must consider the physical surroundings, the relationship between the suspected victim and the caregiver,

their behavior, and whether any pain or injury is related to conditions other than abuse. An assessment may necessitate bringing in adult protective services, mental health caseworkers, and other agencies serving elderly persons.

Fewer than half of all products addressed such topics as

- victims' rights to self-determination
- introduction to protocol
- rights to confidentiality
- profile of the abuser
- profile of the victim
- interviewing techniques
- criminal vs. noncriminal behavior
- level of threat to the victim
- preservation of evidence/documentation
- informing the victim of procedure
- emergency removal
- restraining orders
- devising short-/long-term solutions
- prosecutorial assistance
- gaining access to the victim
- types of intervention
- communicating with the victim of abuse
- records
- pro-arrest policies
- impact of the police intervention on the abusive situation

Many of the protocols were developed only to implement mandatory reporting laws and did not discuss other aspects of elder abuse in any detail. Those protocols that did address elder abuse specifically were often designed with health care workers or adult protective service workers in mind. One protocol addressed domestic violence only. Useful provisions from the domestic violence protocol that apply to elder abuse protocols include a brief statement on the role of the police in domestic violence incidents, provisions for dispatchers taking domestic violence calls, information on gaining access to the victim, and information on preservation of evidence.

Victims' rights to self-determination/confidentiality. Those protocols that did discuss self-determination often suggested that service providers try to follow up with victims who initially are unwilling to accept assistance. A protocol for police may clarify how a pro-arrest policy for domestic violence cases fits within the context of least restrictive alternatives when responding to victims of domestic elder abuse. Several protocols provided sections on "Least Intrusive Services." Police must be aware that competent older victims may refuse assistance. Discussions of confidentiality arose in the context of reporting requirements, stating that the names of individuals reporting instances of elder abuse must remain confidential.

Introduction. Introductions to protocols on elder abuse varied from a simple statement of the need to comply with the mandatory reporting requirements to a detailed discussion of the scope and nature of elder abuse. Some introductions to protocols used by police covered the history of the research on elder abuse and provided detailed causation theories for elder abuse. These comprehensive introductions seemed best suited for training. Other introductions included detailed discussions about the project or agency that developed the protocol. An

introduction is valuable for motivating a proper police response to elder abuse, but should be concise and clearly written.

Profiles of the victim/abuser. Of those protocols that provided profiles of victims or abusers, more provided information about the abuser than the victim. This is not surprising given the police focus on identifying perpetrators of criminal acts. Most profiles focused on behavioral characteristics rather than demographics, and most mentioned the financial dependence of the caregiver as one possible indicator. Some profiles provided examples of behavior on the part of both the victim and abuser that might be indicative of abuse.

Interviewing techniques. Descriptions of proper interviewing techniques appeared only in those protocols designed specifically for social service or health care workers. Of the few that did discuss interviewing techniques, all focused on interviewing the victim and none provided information on conducting interviews with the caregiver, suspected abuser, or family members. Some interviewing techniques that would be useful to law enforcement include discussions on how to communicate with older persons. Information on conducting interviews with all those involved in the investigation may be included in protocols, though specific guidance on interviewing victims and abusers, particularly persons who have disabilities, would be addressed in training.

Criminal vs. noncriminal behavior. A few protocols made reference to the distinction between criminal and noncriminal types of abuse. When this distinction was made, it was mostly in the context of whether prosecution of the suspect would be an option. Very rarely did the distinction between criminal and noncriminal abuse determine a different course of action for the protocol's intended audience, as it would for law enforcement officers. It is important that police officers understand the full range of intervention alternatives, from referral or investigation to arrest. Even types of abuse that are not defined by state law as elder abuse crimes may be addressed by using other provisions of the mental health, social service, or penal code.

Level of threat to the victim. Four protocols discussed level of threat to the victim. Examples of behavior indicative of violent tendencies in abusers were presented, and the evaluator was directed to assess the level of risk to the victim based on the number of items checked off. The checklist cautioned the evaluator that the absence of the behaviors did not mean the suspected perpetrator was harmless, and that the greater the number of items checked, the greater the likelihood of danger to the victim. Another scale used in a protocol provided types of physical abuse in order of severity; the evaluator, using the scale, assesses the assailant's level of dangerousness and the need for victim protection.

Police agencies may be reluctant to use these checklists for officers, however, particularly when police are being asked to assess all indicators of abuse. The checklists can be limiting and may erroneously lead an officer to believe that no immediate action is necessary.

Recommendations

A protocol is a guide for dispatchers, responding officers, supervisors, and investigators to follow when investigating suspected instances of elder abuse. It provides the information necessary to identify possibly abusive situations, assess the level of abuse through interviews, observations, and investigatory tools, and determine the most appropriate intervention. A protocol helps the user understand what information is needed to make a proper assessment of a caretaking situation. It should not be used as a substitute for training, however.

A model protocol for law enforcement might include

- introduction and brief description of the problem of elder abuse
- definitions of elder abuse, neglect, and exploitation
- signs and symptoms of abuse, neglect, and exploitation
- criminal vs. noncriminal behavior
- reporting requirements
- information about referrals
- information about victims' rights to self-determination and confidentiality
- issues related to interviewing
- profiles of the victim and abuser, with qualifications
- level of threat to victim
- emergency services
- preservation of evidence
- discussions of the impact of police intervention
- gaining access to the victim
- informing the victim of procedures
- restraining orders
- pro-arrest policies

Additional Observations

Model protocols are relatively short documents that outline how police will respond in clearly defined situations. They are not meant to be a substitute for training materials. Rather, they provide practitioners with practical advice on how to act and what to look for when on the scene of a call for service.

The protocols and other information submitted to PERF as part of the Phase I collection effort were used as the basis for all model products developed under the grant. The products are meant to complement one another and to supplement existing materials on domestic violence, victim assistance and other areas in which police are currently trained. All materials are meant to be tailored to the unique needs of police agencies across the nation.

Appendix A

WORKING RELATIONSHIPS BETWEEN APS/AGING AGENCIES AND LAW ENFORCEMENT AGENCIES — A SHORT-TERM PROJECT

A Final Report

Toshio Tatara
Margaret Rittman
National Aging Resource Center on Elder Abuse (NARCEA)
Washington, DC 20002
April 1992

Examples of Elder Abuse Programs Operated by Law Enforcement Agencies

Domestic Elder Abuse

Arizona

Phoenix Police Department
Detectives Ted Lopez (602) 256-3102 and D. Armitage (602) 251-3945

Glendale Police Department
Detective Debra Wagner
(602) 931-5500

Maricopa County Attorney's Office
Attorney Barbara Christinson
(602) 261-5851

Colorado

Denver Office of the District Attorney
Deena Ulibarri
(303) 640-5129

Illinois

Chicago Police Department
Senior and Disabled Citizens Services Division
Jacquelyn Murray
(312) 744-8006

Indiana

APS Unit 2
St. Joseph County Prosecutor's Office
Prosecuting Attorney Mick Barnes
Rita Dargis, Lead Investigator
(219) 284-9544

APS Unit 8
Marion County Prosecutor's Office
Prosecuting Attorney Jeff Modisett
(317) 236-3522
Doug May (over 60 years of age)
(317) 254-5482
Jamie Peters, Lead Investigator (18–59 years of age)
(317) 236-5600

APS Unit 3
Allen County Prosecutor's Office
Prosecuting Attorney Steven Sims
(219) 428-7641
Ruth Ann Sprunger, Director
(219) 422-6441

Massachusetts

Attorney General Harshbarger's Office
Jane Tewksbury
(617) 727-2200, ext. 2049

Missouri

St. Louis City & County Police Departments
Katie Broyles, Regional Manager
Division of Aging Alternative Services
(314) 340-7300

Kansas City Police Department
Kathie Moore, Regional Manager
Division of Aging Alternative Services
(816) 889-2212

Springfield Police Department
Al Hays, Regional Manager
Division of Aging Alternative Services
(417) 895-6454

Rhode Island

North Providence Police Department
Corinne Russor, Director
North Providence Senior Center
(410) 231-0742

Cranston Police Department
Susette Rabinowitz, Director
Cranston Senior Services
(401) 461-1000

South Carolina

Charleston Police Department
Sgt. Lillian Impellizeri
Elder Victim Assistance Program
(803) 723-3312 or 3313

Forest Acres Police Department
5205 Trenholm Road
Forest Acres, South Carolina 29206
Corporal Suzanne Colbert, Crime Prevention & Training Officer
(803) 782-9444

Fairfield County Sheriff's Department
W. Washington Street
Winnsboro, South Carolina
Terry Williams
(803) 635-4141

South Carolina Criminal Justice Academy
5400 J.P. Strom Boulevard
Columbia, South Carolina 29200
(803) 734-8400

South Carolina State Association of Crime Prevention Officers
P.O. Box 210831
Columbia, South Carolina 29221-0831
Sergio Gigante
(704) 552-9403

South Dakota
State Medicaid Fraud Control Unit
Phil Seiler
(605) 773-3215

Washington
Seniors Against Crime
930 Tacoma Avenue S., Room 335
Tacoma, Washington 98402
Helen Sater
(206) 591-5639

Institutional Elder Abuse

Arizona
Tucson Police Department
Detective Bud Seng
(602) 791-4053

Indiana
APS Unit 2
St. Joseph County Prosecutor's Office
Prosecuting Attorney Mick Barnes
Rita Dargis, Lead Investigator
(219) 284-9544

APS Unit 8
Marion County Prosecutor's Office
Prosecuting Attorney Jeff Modisett
(317) 236-3522
Doug May (over 60 years of age)
(317) 254-5482
Jamie Peters, Lead Investigator (18–59 years of age)
(317) 236-5600

APS Unit 3
Allen County Prosecutor's Office
Prosecuting Attorney Steven Sims
(219) 428-7641
Ruth Ann Springer, Director
(219) 422-6441

Nevada
Las Vegas Metropolitan Police Department
Abuse/Neglect Unit
400 E. Stewart
Las Vegas, Nevada 89101
Sandy Durgin, Supervisor
(702) 299-3364

South Dakota

State Medicaid Fraud Control Unit
Phil Seiler
(605) 773-3215

Washington

Seniors Against Crime
930 Tacoma Avenue S., Room 335
Tacoma, Washington 98402
Helen Sater
(206) 591-5639

Institutional Elder Abuse

Arizona

Tucson Police Department
Detective Bud Seng
(602) 791-4053

Indiana

APS Unit 2
St. Joseph County Prosecutor's Office
Prosecuting Attorney Mick Barnes
Rita Dargis, Lead Investigator
(219) 284-9544

APS Unit 8
Marion County Prosecutor's Office
Prosecuting Attorney Jeff Modisett
(317) 236-3522
Doug May (over 60 years of age)
(317) 254-5482
Jamie Peters, Lead Investigator (18–59 years of age)
(317) 236-5600

APS Unit 3
Allen County Prosecutor's Office
Prosecuting Attorney Steven Sims
(219) 428-7641
Ruth Ann Springer, Director
(219) 422-6441

Nevada

Las Vegas Metropolitan Police Department
Abuse/Neglect Unit
400 E. Stewart
Las Vegas, Nevada 89101
Sandy Durgin, Supervisor
(702) 299-3364