

Handout 1

Changes Due to Normal Aging and Potential for Abuse/Neglect

AGING PROCESS CHANGES	NORMAL AGING OUTCOMES	IMPLICATIONS FOR POTENTIAL ABUSE
Skin:		
Loss of skin thickness Atrophy of sweat glands and decreased blood flow Increased wrinkles and laxity of skin	Skin becomes paper thin Decreased sweating, loss of skin water, dry skin	Immobilization and neglect may cause bedsores, skin infection, bruises, skin laceration (potential for physical abuse)
Lung:		
Decreased lung tissue elasticity Decreased respiratory muscle strength	Reduced overall efficiency of gases exchanged Reduced ability to handle secretions and foreign particles	Immobilization and neglect may cause lung infection Decreased stamina may result in dependence and isolation
Heart changes:		
Heart valves thicken; increased fatty deposits in artery wall; increased hardening, stiffening of blood vessels; Decreased sensitivity to change in blood pressure	Decreased blood flow Decreased responsiveness to stress, confusion and disorientation Prone to loss of balance	Potential for falls/injuries, physical and psychological abuse
Gastric and intestinal:		
Atrophy and decreased number of taste buds Decreased gastric secretion Decreased gastric muscle tone	Altered ability to taste sweet, sour, salt and bitter Possible delay in vitamin and drug absorption Altered motility Decreased peristalsis Decreased hunger sensations and emptying time	Mal/under nutrition Fecal impaction (potential physical abuse) Change in how medications are absorbed, resulting in possible over-medicating, resulting in falls, confusion, etc.

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Enhancing Judicial Skills in Elder Abuse Cases
September 22-25, 2019

AGING PROCESS CHANGES	NORMAL AGING OUTCOMES	IMPLICATIONS FOR POTENTIAL ABUSE
Bladder:		
Decreased bladder muscle tone and bladder capacity	Increased residual urine Sensation of urge to urinate may not occur until bladder is full Increased risk of infection, stress incontinence Urination at night may increase Enlarged prostate gland in male	Incontinence along with immobilization and neglect may cause skin breakdown and/or bedsores Potential for falls and injuries when having to get up more at night Incontinence is the single most predictive factor for abuse
Muscles, joint and bone:		
Decreased muscle mass Deterioration of joint cartilage Decreased bone mass Decreased processing speed and vibration sense Decreased nerve fibers	Decreased muscle strength and increased muscle clamping; Greater risk of fractures; limitation of movement; Potential for pain	Immobilization and neglect may cause contracture deformities (potential for physical and psychological abuse) Increased potential for falls More likely to fracture under less impact than a bone of a younger person Less strength resulting in increased isolation and dependence on caregiver.

Sensory:		
Changes in sleep-wake cycle Slower stimulus identification and registration Decreased visual acuity Slower light and dark adaptation Difficulty in adapting to lighting changes Distorted depth perception Impaired color vision Changes in lens Diminished tear secretion Decreased tone discrimination Decreased sensitivity to odors Reduced tactile sensation	Increased or decreased time spent sleeping Increased nighttime awakenings Delayed reaction time Prone to falls Increased possibility of disorientation Glare may pose an environmental hazard; Incorrect assessment of height of curbs and steps Presbyopia (diminished ability to focus on near objects) Presbycusis (high frequency sounds lost) Less able to differentiate lower color tones e.g. blues, greens Dullness and dryness of the eyes Decreased ability to sense pressure, pain, temperature	Neglect and social isolation (potential for financial abuse) Falls, fractures and injuries (potential for physical <i>and</i> psychological abuse)
Immune system:		
Decline in secretion of hormones; Impaired temperature regulation; Impaired immune reactivity; Decreased basal metabolic rate	Decreased resistance to certain stresses (burns, surgery, etc.) Increased susceptibility and incidence of infection Increased incidence of obesity	Bedsore; Infections; Fractures; Isolation; Dependence

Mental and cognitive:		
Some cognitive and mental functions decline; Some cognitive skills including judgment, creativity, common sense, and breadth of knowledge and experience, are maintained or improved. Some cognitive skills, including abstraction, calculation, word frequency, verbal comprehension, and inductive reasoning, show slight or gradual decline.	Short-term memory declines but long-term recall is usually maintained Difficulty understanding abstract content Learning abilities change – older adults are more cautious in their responses; are capable of learning new things but their speed of processing information is slower.	Potential for financial abuse and exploitation Increased risk for self-neglect

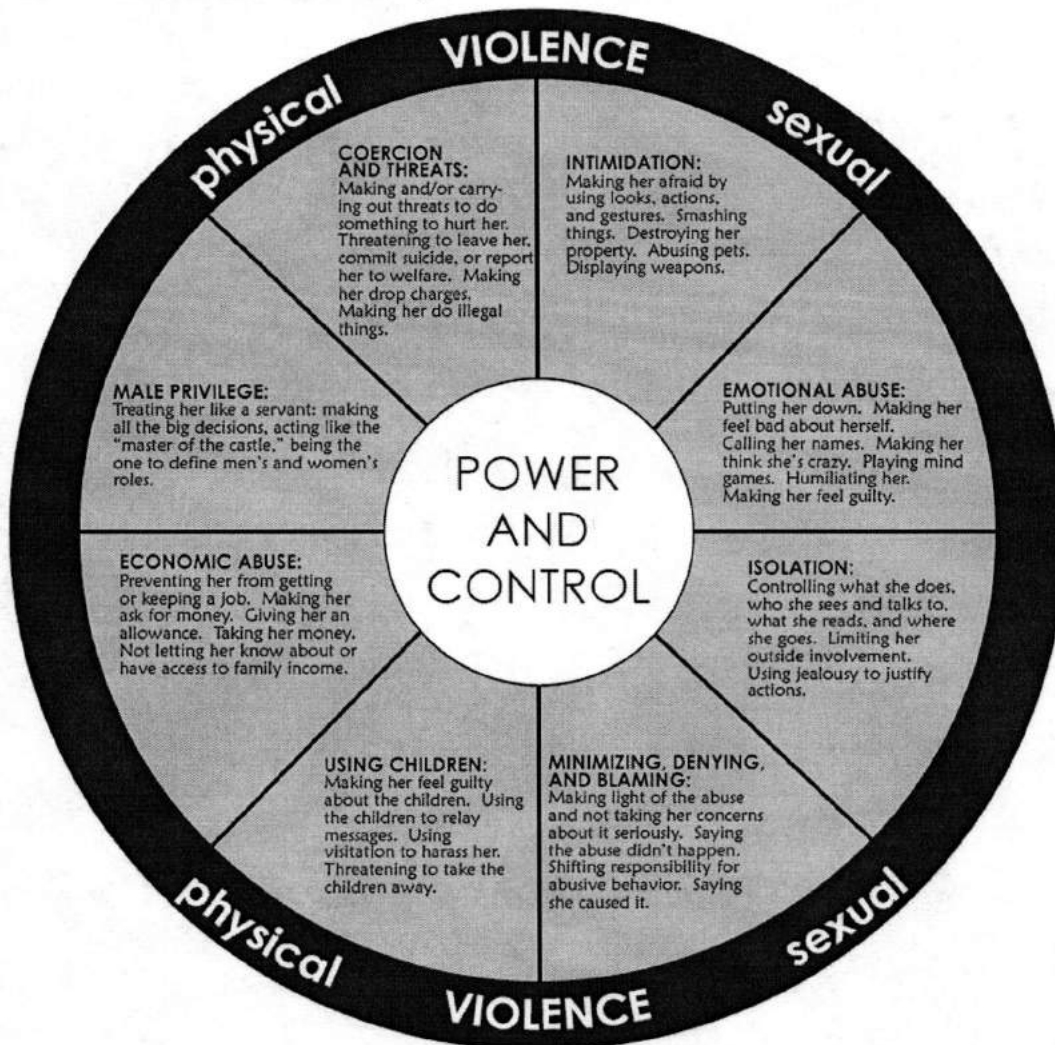
Source: California State University, Los Angeles, School of Social (2003). Adult Protective Services Worker Training for The California State University Department of Social Services

Handout 2

POWER AND CONTROL WHEEL

Physical and sexual assaults, or threats to commit them, are the most apparent forms of domestic violence and are usually the actions that allow others to become aware of the problem. However, regular use of other abusive behaviors by the batterer, when reinforced by one or more acts of physical violence, make up a larger system of abuse. Although physical assaults may occur only once or occasionally, they instill threat of future violent attacks and allow the abuser to take control of the woman's life and circumstances.

The Power & Control diagram is a particularly helpful tool in understanding the overall pattern of abusive and violent behaviors, which are used by a batterer to establish and maintain control over his partner. Very often, one or more violent incidents are accompanied by an array of these other types of abuse. They are less easily identified, yet firmly establish a pattern of intimidation and control in the relationship.



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Produced and distributed by:



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Abuse in Later Life Wheel



Created by the National Clearinghouse on Abuse in Later Life (NCALL), a project of the Wisconsin Coalition Against Domestic Violence (WCADV)
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This diagram adapted from the Power and Control/Equality wheels developed by the Domestic Abuse Intervention Project, Duluth, MN

Permission to Adapt 2006

Handout 3

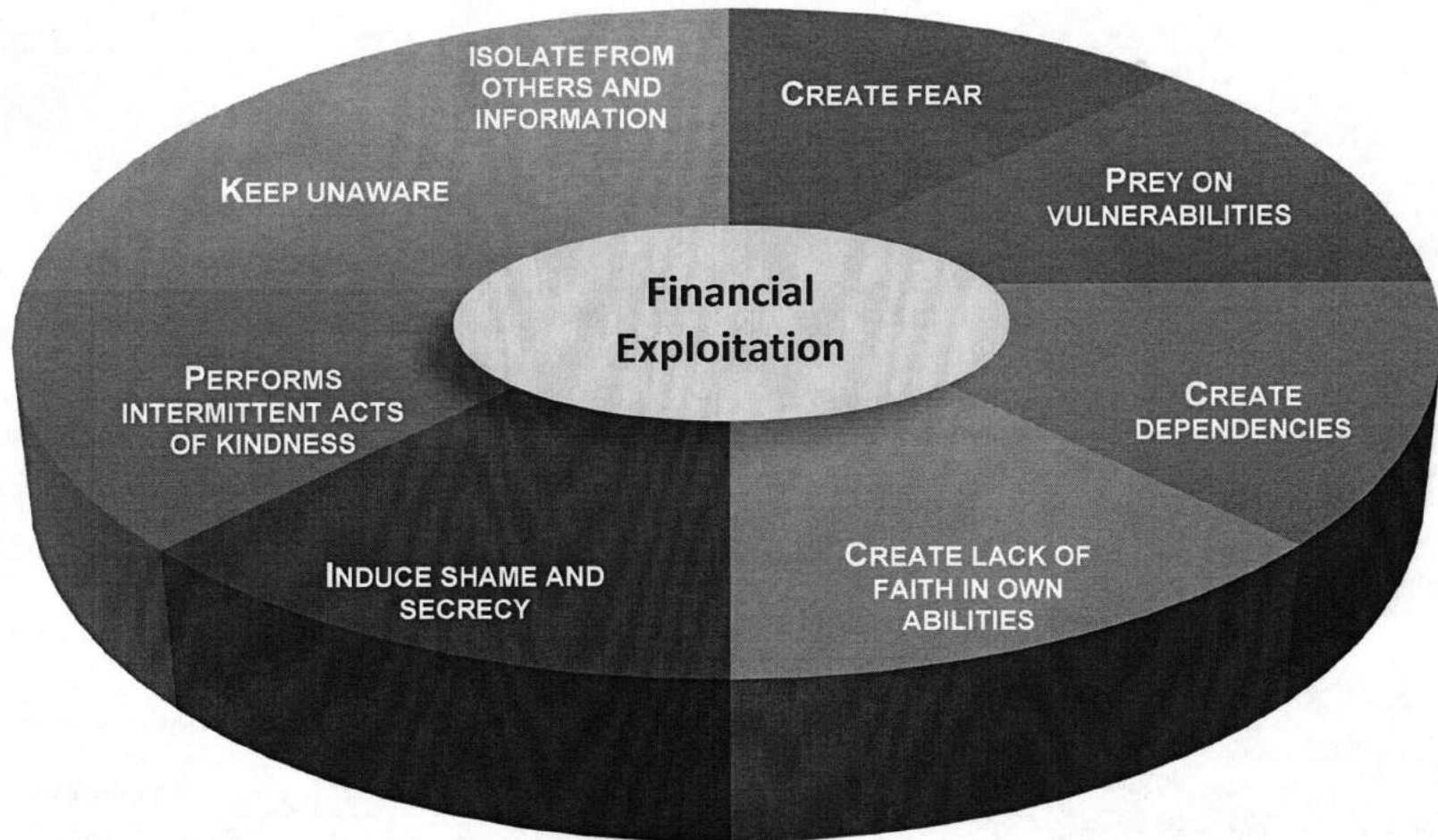
Adult Protective Services ("APS")

What is the role of APS?

- ✓ Someone suspects elder or vulnerable adult abuse, exploitation, or neglect.
- ✓ Person calls an abuse hotline or state or local APS office to report suspicion.
- ✓ If emergency, APS immediately forwards report to police or emergency medical staff.
- ✓ If the report does not meet the APS target population as defined by state law, the caller will be given information and/or referral to an appropriate agency.
- ✓ Report is assigned a priority response time based on the level of victim risk.
- ✓ Report is assigned to APS staff for investigation.
- ✓ APS staff makes contact with victim within state-regulated timeframe, depending on the reported urgency of the situation.
- ✓ Caseworker assesses current victim risk factors.
- ✓ Caseworker assesses victim's capacity to understand current risk and to give informed consent for further investigation and service provision.
- ✓ With the consent of the victim, APS caseworker develops service plan.
- ✓ Services may be provided directly by caseworkers, through arrangements with other community resources, or purchased by APS on a short-term, emergency basis.
- ✓ Victims of abuse, neglect, or exploitation may receive short-term services such as emergency shelter, home repair, meals, transportation, help with financial management, home health services, and medical and mental health services.
- ✓ APS caseworker may continue to monitor service provision to assure that victim risk is reduced or eliminated.
- ✓ Victims who have the capacity to understand their circumstances have the right to refuse services, regardless of the level of risk.
- ✓ In some states, competent adults have the right to refuse an APS investigation.
- ✓ APS caseworker may refer victim to other resources.

–National Center on Elder Abuse

Undue Influence Wheel



Handout 4

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