

ELDER JUSTICE ADVOCATE PROJECT

Trainer's Manual



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Elder Justice Advocate Project: Trainer’s Manual

Introduction

Project Overview

Lifespan of Greater Rochester Inc. has received funding awarded by the U.S. Department of Justice, Office for Victims of Crime (OVC) (grant # 2017-VF-GX-K134), through the 2017 Field Generated Innovations in Addressing Elder Abuse and Financial Exploitation project for the Elder Justice Advocate Project in upstate New York. This state-specific project seeks to improve outcomes for victims of elder abuse by establishing a network of Elder Justice Advocates throughout upstate New York who will guide and support older victims of abuse through the complexities of the criminal justice system.

About Lifespan

Lifespan of Greater Rochester Inc. is a not-for-profit located in Rochester, New York. Lifespan helps older adults and caregivers take on the challenges and opportunities of longer life. Lifespan is a trusted source of unbiased information and has more than 30 programs focused on the needs of older adults and caregivers. Lifespan provides training and education for allied professionals and the community.

The Upstate Elder Abuse Center at Lifespan is one of the organization’s signature programs. The Upstate Elder Abuse Center houses the Elder Abuse Prevention Program (EAPP), a shelter program, respite options for at-risk older adults, the Monroe County Elder Fatality Review Team, the New York State Elder Abuse Coalition, Enhanced Multidisciplinary Teams (E-MDTs), the SEAM (Stop Elder Abuse & Mistreatment) program for offenders, and a Scams Prevention Program.

Training Overview

This training was developed by Lifespan of Greater Rochester Inc. for victim assistance personnel within District Attorney’s Offices, Law Enforcement agencies, and Domestic Violence Programs; however, professionals from other disciplines are likely to benefit from it as well. The Elder Justice Advocate Program training provides a standardized curriculum to professionals in multiple settings who have varying levels of experience.

This training illustrates the many ways that older individuals may be harmed, including elder abuse, scams and ID theft, and crime. While these topics are inherently related, they are often treated as disparate phenomena. Additionally, special attention to maintaining a trauma-informed approach is infused throughout.

The Elder Justice Advocates Project (EJAP) training is designed to be a half-day, in-person training. The training is broken down into four sections, and utilizes videos, large and small group discussions, and case scenarios. Breaks and a half-hour lunch are built in.

Elder Justice Advocate Training: Sections	Suggested Schedule		
1.) Introduction & Overview	9:45a	-	9:55a Check In/Registration
2.) Ways Older Adults Are Harmed	10:00a	-	12:00p Sections 1 & 2 (Emotional/Psychological and Financial Abuse)
3.) Working with Older Adults	12:00p	-	12:30p Lunch
4.) Potential Remedies	12:30p	-	2:45p Sections 2 (Neglect, Physical, & Sexual Abuse), 3, & 4
	2:45p	-	3:00p Questions/Networking

Learning Goals and Guiding Principles of Trauma-Informed Care

Learning Goals

As a result of this training, participants will be better able to:

- Identify elements of elder abuse, scams & ID theft, and other crimes against older adults
- Identify the principles of Trauma-informed Care (TIC)
- Incorporate a trauma-informed approach when working with older adults
- Identify common factors related to aging and age-related abuse
- Identify common myths and misconceptions about aging
- Learn how to increase access to the Crime Victims’ Fund
- Identify potential resources in their own communities

Guiding Principles of Trauma-Informed Care

- Safety
- Trustworthiness & transparency
- Peer support and mutual self-help
- Collaboration & mutuality
- Empowerment, voice, & choice
- Cultural, historical, & gender issues

Suggestions to Trainers

Helpful Tips for Successful Trainings

1. **Minimize distractions** – many things can distract participants. Some things, such as flickering lights or the temperature of the room, may be outside of the trainer’s control:
 - a. Ensure that all materials are available and ready to distribute. When possible, have materials set out ahead of time.

Materials Checklists

See **Appendix A** for blank checklist

For Participants

- PowerPoint slides (2-3 slides per page)
- Handouts: see **Appendix B** for full list of handouts
- Trainers’ business cards
- Pen (optional)
- Pre-test (collect during morning break or lunch)
- Evaluation form
- Post-test (hand out during afternoon break)*
- Certificates of attendance (may be sent after the training)*

For Trainers

Equipment:	Other materials:
<input type="checkbox"/> Computer	<input type="checkbox"/> Registration/Sign in materials
<input type="checkbox"/> Speakers	<input type="checkbox"/> Trainers’ slides
<input type="checkbox"/> Cords	<input type="checkbox"/> Case scenarios
<input type="checkbox"/> A/V adapters	<input type="checkbox"/> Trainer’s manual
<input type="checkbox"/> Projector	<input type="checkbox"/> Caterer’s Information/phone number (if food provided)
<input type="checkbox"/> Screen	<input type="checkbox"/> Participant materials
<input type="checkbox"/> Clicker (optional)	<input type="checkbox"/> Flip Charts/markers (optional)
<input type="checkbox"/> Microphone (if needed)	

- b. Check technology! Ensure that your teaching aids (such as PowerPoint) are ready and in working order. Have backups in case of failure. Ensure that you have all necessary wires, equipment, batteries, etc. Test your visual aids before participants arrive. Check sound.
 - c. Reduce ambient noise, including talking, equipment feedback, cell phones, etc. Utilize a room of appropriate size and with a solid door whenever possible.
 - d. Ensure that adequate seating is available and accessible.
 - e. Set up extra materials, snacks, resources, and other extraneous items in the back of the room. When possible, set up equipment and trainers at the opposite side of the room from the entrance to reduce distraction when individuals come late/leave early or use the restroom.
2. **Communication considerations** – when possible, utilize large print and microphones. Some individuals may have difficulty hearing but may not feel comfortable admitting such when asked, “Can everyone hear me OK?” Ensure that translators are available for people who are deaf/hard of hearing, or people whose primary language is other than English.
3. **Respect** – Adult learners benefit greatly from partnering. Whenever possible, ask participants for their experiences and input.

Also consider that participants not only work with diverse populations, but may personally represent them as well. Be careful to use person-first language and to engage in cultural humility: “the ability to maintain an interpersonal stance that is other-oriented (or open to the other) in relation to aspects of cultural identity that are most important to the [person]” (Hook, Davis, et. al, 2013).
4. **Presentation Style** – Every presenter has a unique style. Some suggestions to improve engagement include:
 - a. Avoid “hugging the podium” – this helps to keep the audience’s attention. Moving about the room encourages participants to physically move to keep you in their sight-line. This helps minimize fatigue.
 - b. Make eye contact – this not only connotes the trainer’s confidence in his or her skills and knowledge-base, but also helps the participants to feel involved in the learning process.
 - c. Avoid reading the slides – PowerPoint slides and other teaching aides are meant to facilitate the learning experience, not BE the learning experience. Slides should be prompts only, wherein the substance of the information is provided via other teaching methods.

- d. Avoid jargon and undefined acronyms/abbreviations. Attempt to use common, easy-to-understand language.
5. **Interacting with Participants** – Each training will have its own personality based on the trainers, the mix of participants, the physical environment, and other factors.
 - a. Top-load the training with participant instructions – create ground rules *before* the training starts. Have participants weigh in on “rules” that they feel would benefit the training.
 - b. Control for participation levels –
 - i. The “*cricket room*” – participants are reluctant to participate at any level. Adjust accordingly by starting the group off with a potential answer. If appropriate, call on a specific participant (this should be used sparingly, and is best used when you are familiar with the participant).
 - ii. The “*monopoly room*” – one or a few participants provide most of the feedback. Interject when appropriate with statements such as, “that’s a great point, and it brings me back to....” Attempt to enlist other participants by using statements such as, “I’d like to hear from some new people in the room.”
 - c. Difficult situations – participants and trainers are human, and therefore conflicts may arise. This is another example of why creating rules at the onset of the training is essential. The trainer must be a facilitator during group discussions. Create an atmosphere in which respect is the norm. Redirecting conflicting individuals may be helpful, and at times a side-bar during a break may be necessary. Understand that the participants may be being triggered by the training materials themselves, their jobs, or by what others are saying. Often, the group will self-correct.
6. **Other Considerations** – When choosing a venue, consider the following:
 - a. *Training dates* – Avoid scheduling training dates that are close to major holidays or other significant events (such as: the beginning or end of the school year). Most likely, you will not be able to accommodate everyone’s requests. Depending on the size of the group, consider doing a poll to determine the *most* agreeable date. Another major consideration is the availability of your chosen venue.
 - b. *Venue* – choosing a location is an essential component in delivering an effective training, yet can sometimes be the hardest to secure. Take into consideration the geographical distance that both the trainers and participants will need to travel to arrive on time. It’s possible that the trainer(s) will need to find overnight accommodations to ensure their own promptness. Ideally, the venue should be large enough to accommodate the class size comfortably, but not so big as to become a distraction.

There are often a variety of venues that may be free or have a low cost:

- Public buildings – town halls, public safety buildings, and libraries often have space available and may not charge a fee
 - Educational institutions
 - Faith-based communities – may charge a fee, yet it is likely to be less than private venues
 - Senior Living facilities – at times, Skilled Nursing Facilities and other long-term living communities will provide use of their training facilities for free as a means of advertising or as part of their mission
 - Not-for-profits – some not-for-profits have dedicated training space/meeting rooms
 - Ask the local Office for the Aging or law enforcement agency if they have suggestions
- c. *Continuing education* – As part of the registration process, it may be helpful to ask participants about their continuing education needs. While some professions just need proof of attendance, others require

an organization to be certified/registered to provide continuing education credits. If there is enough need, and the process is not too cumbersome, this can be a helpful tool in bringing people to the table.

Information for Activities

This training uses several teaching methods to create a more robust delivery. Videos and group discussions allow for participants to see and think through complex case scenarios.

Videos

There are three videos used in this training:

- | | | |
|----------------|---|--|
| 1. Mrs. Stubbs | <p>Title</p> <p>Run time</p> <p>Produced by</p> <p>Location</p> <p>Available online?</p> <p>Summary</p> | <p><i>Shining the Light on the Hidden Problem of Elder Abuse</i></p> <p>7:00</p> <p>Lifespan of Greater Rochester Inc, 2012</p> <p>Section 2 Financial Abuse Slide 39</p> <p>Yes: https://youtu.be/owmOvkhR7nQ (abbreviated version)</p> <p>Mrs. Stubbs is a former client of Lifespan of Greater Rochester’s Elder Abuse Prevention Program (EAPP). The video consists of interviews with Mrs. Stubbs, and her EAPP caseworker (Director of Program) Art Mason, LMSW. Mrs. Stubbs details a history of abuse and exploitation at the hands of her son.</p> |
| 2. Pat | <p>Title</p> <p>Run time</p> <p>Produced by</p> <p>Location</p> <p>Available online?</p> <p>Summary</p> | <p><i>I Can’t Believe I’m Free</i></p> <p>10:22</p> <p>National Clearinghouse on Abuse in Later Life and Terra Nova Films; funded by OVC, 2008</p> <p>Section 2 Physical Abuse Slide 60</p> <p>Yes: https://youtu.be/FuxbY9Vcrj0</p> <p>Pat’s story was captured for <i>In Their Own Words</i>. Pat, her son, and other family members recount the trauma and abuse Pat and her family experienced at the hands of Pat’s husband Stan, as well as an incident in which hospital personnel retraumatized Pat.</p> |
| 3. Al | <p>Title</p> <p>Run time</p> <p>Produced by</p> <p>Location</p> <p>Available online?</p> <p>Summary</p> | <p><i>Broken Trust</i></p> <p>3:53</p> <p>Maine Public Broadcasting Network, 2009</p> <p>Section 2 Sexual Abuse Slide 69</p> <p>Yes: https://video.mainepublic.org/video/mpbn-specials-broken-trust/ (start at ~ 7:39)</p> <p>Al’s granddaughter Kate explains how she and her family had placed Al in a facility in Maine as it was believed to be “the safest place for him” while he battled dementia. Al told facility staff and his family that a man had been molesting him, but Al was not believed until an employee witnessed the abuse at the hands of another employee.</p> |

Group Discussions

There are discussion questions throughout the training which can be addressed as a large group, or by breaking participants into smaller groups. Suggestions are provided, however it is up to the discretion of the trainer(s) which method to use.

Large Group Discussions

Best used for trainings with 30+ participants when time is short. Tips for a successful large group discussion:

- Allow time for participants to answer!
- If participation is low, try rephrasing the question or asking a leading question.
- Offer a potential answer as an example and ask participants to think of a few more.
- Let participants know that you need a specific number of answers before moving on (2-3 should suffice).

Small Group discussions

Small group discussions are a fantastic way to enhance participants’ engagement. Small group discussions provide a venue for participants to share their thoughts and expertise, allowing them to feel more integrated in the training. Tips for small group discussions:

- Small groups should consist of 3-5 people, ideally.
- Attempt to assemble groups based on seating arrangements. Most of the time, small groups will form naturally because of the setup of the room.
- Instruct the small groups to assign tasks. Minimally, each small group should elect a speaker to report back to the larger group. Other tasks could be recording the group’s answers or time-keeping.
- Allow small groups roughly 5 minutes to discuss, depending on the question and group size.
- If there are multiple discussion questions, ask each small group to address just one question.
 - If more than one small group is assigned the same question, ask each group to supply just one or two answers.
- Work the room. Look out for groups that appear to veer off task or seem confused. Attempt to redirect the group by providing clarification regarding the question.

Table of Activities

<i>Location</i>	<i>What</i>	<i>Group Size</i>	<i>Purpose of Activity & Other Notes</i>
Trauma & TIC Slide 21	Sub-section question: When do we get over trauma?	Large	Sub-section questions are meant to be thought-provoking.
Emotional/ Psychological Abuse Slides 31 & 32 <i>Appendix O</i>	Case scenario: Mrs. Davis	Small	This case is meant to illustrate the complexities of elder abuse, with an eye to psychological abuse. Mrs. Davis’s son took care to play upon ageism and perceived and real vulnerabilities. Additionally, this case scenario should help to demonstrate the role that trauma plays in abuse situations, and the importance of a trauma-informed response from providers.

Table of Activities

Financial Abuse & Exploitation Slide 34	Sub-section question: When is it appropriate for a caregiver to take funds for reimbursement? (gas, meals, time, etc.)?	Large	Sub-section questions are meant to be thought-provoking.
Financial Abuse & Exploitation Slides 39 & 40	Video: Mrs. Stubbs	Small	Mrs. Stubbs’s case aptly illustrates polyvictimization, particularly as it relates to financial abuse and exploitation. It also demonstrates the power of collaboration and challenges participants to consider how they can better incorporate a trauma-informed response into their practice.
Neglect Slide 46	Sub-section question: In NYS, what percentage of caregiving is provided by informal caregivers?	Large	Sub-section questions are meant to be thought-provoking.
Neglect Slides 48 – 53 <i>Appendix O</i>	Case scenario: Mr. Jackson	Large	This case scenario demonstrates the progressive nature of neglect and encourages participants to think creatively and holistically about a complex client system. NOTE: Please define “ADL” and “aphasia” prior to reading Part #3 of this case scenario.
Physical Abuse Slide 55	Sub-section question: Who do you hit when you are stressed, upset, or aggravated?	Large	Sub-section questions are meant to be thought-provoking.
Physical Abuse Slides 60 & 61	Video: Pat	Large	The questions following “Pat” are meant to be self-reflective, but also to elicit creative responses regarding Advocates’ self-care. Remember: many traditional methods considered self-care (such as massages, vacations, etc.) are privileges that not everyone has. Try to elicit non-traditional methods that are attainable by a larger population.
Sexual Abuse Slide 63	Sub-section question: At what age do people stop having sex?	Large	Sub-section questions are meant to be thought-provoking.

Table of Activities

<p>Sexual Abuse Slides 69 & 70</p>	<p>Video: AI</p>	<p>Small</p>	<p>This video emphasizes several essential points and learning goals of the training:</p> <ol style="list-style-type: none"> 1. AI was not believed because he had dementia, yet every word he said regarding the abuse was true 2. AI was systematically diminished and re-traumatized by the system and his family’s response to the disclosure 3. It’s possible that AI’s gender played a role in everyone’s reactions to him
<p>Working with Older Adults Slides 73 – 76</p>	<p>Activity: Who is...?</p>	<p>Large <u>or</u> small</p>	<p><u>Large</u> – if time is short; can also skip 1-2 pictures <u>Small</u> – if time allows. Assign small groups to one picture and have them create a “mini autobiography” based on their first impressions.</p> <p>This activity is meant to establish that we all have internal biases and judgments about people, which are made instantly and often are without context. It’s important to understand that these knee-jerk judgements are normal, but are also highly influenced by media, our society, and various -isms.</p>

Elder Justice Advocate Project Training – Introductory Slides

Each slide is laid out below with specific instructions and/or talking points. In the interest of time, all speaking points do NOT need to be covered; they are simply meant to be a guide for trainers.

Slide	Slide Image	Slide Instructions
2	<p>Introductions</p> <ul style="list-style-type: none"> • Training Team: <ul style="list-style-type: none"> • Tracey Siebert-Konopko, LMSW, Project Manager • CaTyra Polland, MS, Project Coordinator • Participants: <ul style="list-style-type: none"> • Name • Position/location • How often you work with individuals age 60+ 	<p>Note to trainer(s):</p> <ul style="list-style-type: none"> • Ensure that participants have enough time to comfortably answer the three questions; however, <ul style="list-style-type: none"> ○ Move efficiently through the room, particularly if there are 10+ participants ○ Aim to keep each participant to under 15 seconds
3	<p>Housekeeping...</p> <ul style="list-style-type: none"> • Exits & bathrooms • Cell phones • Rules for the training <ul style="list-style-type: none"> • Respect, Confidentiality • Self-care (triggers) • Overview of handouts • Continuing Education/Post Test • Evaluation • Elder Justice Advocate Program Website: <ul style="list-style-type: none"> • https://www.lifespan-roch.org/elder-justice • Password: EJAP2018 	<p>Note to trainer(s):</p> <ul style="list-style-type: none"> • Exits & bathrooms: inform participants that they're free to move about as they wish and need, but to please be respectful and do so with as little disruption as possible. • Cell phones: should be silenced. Necessary calls must be taken outside of the classroom. • Rules for the training: ask the audience to populate this list. Minimally it should include a mention of respect for others' experiences and opinions and using active listening skills when others are speaking. Additionally, there is a chance that participants will use personal case examples. Remind participants that they should keep identifying information confidential. • Self-care: the materials themselves may cause reactions in participants. Let participants know that the room and training is a safe place, and that if they need to step out of the room, they are encouraged to do so. Remind participants of this before showing videos. • Overview of handouts: explain that most handouts are available in their packets, and that you will be explaining them throughout the training.

		<ul style="list-style-type: none"> • Continuing education: inform participants that they will receive a participation certificate after the training. If there are specific credentialing needs that you are offering, those will also be handled after the training. Explain any post-test that may be necessary to obtain continuing education credit. • Evaluations: provide every participant an evaluation form. Encourage participants to fill out evaluations before leaving. • Website: materials and additional information available at www.lifespan-roch.org/elder-justice.
4		<p>Note to trainer(s): This training was produced by Lifespan of Greater Rochester Inc. with funding from the US Department of Justice, Office of Justice Programs, Office for Victims of Crime: 2017-VF-GX-K134</p> <p>Lifespan is:</p> <ul style="list-style-type: none"> • A private, nonprofit founded in 1971 • Helps older adults take on the challenges & opportunities of longer life • Has over 30 programs dedicated to helping older individuals and their caregivers take on the challenges and opportunities of longer life • All programs are available in Monroe Co. • Some services extend to surrounding counties • Two statewide coalitions (NYS Elder Abuse Coalition and NYS Caregiving & Respite Coalition) • *If this training is being replicated, please cite Lifespan and the Office for Victims of Crime!
5		<p>Note to trainer(s):</p> <ul style="list-style-type: none"> • The Elder Abuse Prevention Program began in 1986 • The Upstate Elder Abuse Center at Lifespan was founded in 2016 • Current core programming as of 2018: <ul style="list-style-type: none"> ○ Elder Abuse Prevention Program case management in Monroe and 9 surrounding counties ○ Respite ○ Elder Abuse Shelter Program ○ SEAM (Stop Elder Abuse and Mistreatment; a 12-week psychoeducational program for perpetrators of elder abuse) ○ E-MDT Programs ○ Scams prevention/Identity Theft Assistance Center in 10+ counties ○ Statewide trainings ○ NYS Coalition on Elder Abuse ○ Monroe County Elder Fatality Review Team

<p>6</p>	<p>Project Overview</p> <p>Lifespan of Greater Rochester Inc. has received funding awarded by the U.S. Department of Justice, Office for Victims of Crime (OVC) (grant # 2017-VF-GX-K131), through the 2017 Field Generated Innovations in Addressing Elder Abuse and Financial Exploitation project for the Elder Justice Advocate Project here in New York. This state-specific project seeks to improve outcomes for victims of elder abuse by establishing a network of Elder Justice Advocates throughout upstate New York who will guide and support older victims of abuse through the complexities of the criminal justice system.</p> 	<p>Note to trainer(s):</p> <p>Additional goals include:</p> <ul style="list-style-type: none"> • Ongoing training & support <ul style="list-style-type: none"> ○ Webinars • Advocates to meet with clients and assist them <ul style="list-style-type: none"> ○ Report back to Lifespan • Increase claims made by older adults to OVS Crime Victims Fund • Program evaluation • Sustainability and Replicability
<p>7</p>	<p>What is an Elder Justice Advocate?</p> <ul style="list-style-type: none"> • An Elder Justice Advocate assists older victims of elder abuse, scams, and other crimes to address what's happened to them, and help them navigate through the complex and intimidating criminal justice system. Advocates will: <ul style="list-style-type: none"> • Provide trauma responsive care • Assist older adults in overcoming barriers to engaging law enforcement and prosecutors in the investigation and prosecution of elder abuse crimes • Advocate for older victims within the criminal justice system whose voices may otherwise be dismissed • Assist older victims in accessing needed services and benefits, such as the Crime Victims Compensation fund • Participate in local E-MDTs if available and appropriate 	<p>Talking point: An advocate plays an integral role in creating a more seamless and holistic response to an older victim of abuse/crime.</p>

8	<p>Responsibilities of an Elder Justice Advocate</p> <ul style="list-style-type: none"> ✓ Request to participate: e-mail tsiebert@lifespanrochester.org or call (585) 287-6380 ✓ Attend a mandatory regional, half-day training ✓ Participate in <i>optional</i> monthly webinars ✓ Assist older adults <ul style="list-style-type: none"> ✓ Let colleagues and referral sources know that you're available ✓ Accept referrals for older individuals ✓ Participate in an evaluation of the EJA Program (<i>optional</i>) 	<p>Note to trainer(s): Most individuals in the room will have completed the first task, and this training is the second task.</p> <p>Talking point: Suggestions for working with/assisting older adults and a walk-through of the reporting system will be discussed later in this training.</p>
9	<p>Responsibilities of an Elder Justice Advocate</p> <ul style="list-style-type: none"> ✓ Complete monthly reports: <ul style="list-style-type: none"> ✓ Total number of NEW clients each month ✓ Total number of ONGOING clients ✓ Complete client intake form on every client online at: https://www.lifespan-roch.org/elder-justice (Password: EJAP2018) or download the form and send to: <div style="border: 1px solid gray; padding: 5px; margin-top: 10px;"> <p>Tracey Siebert-Konopko, Program Manager E-mail: tsiebert@lifespan-roch.org ♦ Fax: 585-244-9114 Lifespan ♦ 1900 S. Clinton Ave. ♦ Rochester, NY 14618</p> </div> 	

10	<p>Training Overview</p> <ul style="list-style-type: none"> This training is divided into four sections: <ol style="list-style-type: none"> 1. Introduction & Overview 2. Ways Older Adults Are Harmed 3. Working with Older Adults 4. Potential Remedies Schedule <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">9:30 - 9:45</td> <td>Check in/Registration</td> </tr> <tr> <td>9:45 - 12:00</td> <td>Introduction & Overview Ways Older Adults are Harmed (Emotional/Psychological & Financial Abuse)</td> </tr> <tr> <td>12:00 - 12:30</td> <td>Lunch (provided; no federal funds used for lunch)</td> </tr> <tr> <td>12:30 - 2:45</td> <td>Ways Older Adults are Harmed (Neglect, Physical, & Sexual Abuse)</td> </tr> <tr> <td>2:45 - 3:00</td> <td>Questions/Networking</td> </tr> </table> <p style="font-size: small; margin-top: 10px;"> <small>This presentation was supported by cooperative agreement # 2017-VF-GX-K134, awarded by the Office for Victims of Crime, Office of Justice Programs, U.S. Department of Justice. The opinions, findings, and conclusions or recommendations expressed in this product are those of the contributors and do not necessarily represent the official position or policies of the U.S. Department of Justice.</small> </p>	9:30 - 9:45	Check in/Registration	9:45 - 12:00	Introduction & Overview Ways Older Adults are Harmed (Emotional/Psychological & Financial Abuse)	12:00 - 12:30	Lunch (provided; no federal funds used for lunch)	12:30 - 2:45	Ways Older Adults are Harmed (Neglect, Physical, & Sexual Abuse)	2:45 - 3:00	Questions/Networking	<p>Note to trainer(s):</p> <ul style="list-style-type: none"> Instruct participants that there will be breaks throughout the day; one in the morning session, and one in the afternoon session.
9:30 - 9:45	Check in/Registration											
9:45 - 12:00	Introduction & Overview Ways Older Adults are Harmed (Emotional/Psychological & Financial Abuse)											
12:00 - 12:30	Lunch (provided; no federal funds used for lunch)											
12:30 - 2:45	Ways Older Adults are Harmed (Neglect, Physical, & Sexual Abuse)											
2:45 - 3:00	Questions/Networking											
11	<p>Learning Goals</p> <ul style="list-style-type: none"> As a result of this training, participants will be better able to: <ul style="list-style-type: none"> Identify elements of elder abuse, scams & ID theft, and other crimes against older adults Identify the principles of Trauma informed Care (TIC) Incorporate a trauma-informed approach when working with older adults Identify common factors related to aging and age-related abuse Identify common myths and misconceptions about aging Learn how to increase access to the Crime Victims' Fund Identify potential resources in their own communities <p style="font-size: small; margin-top: 10px;"> <small>This presentation was supported by cooperative agreement # 2017-VF-GX-K134, awarded by the Office for Victims of Crime, Office of Justice Programs, U.S. Department of Justice. The opinions, findings, and conclusions or recommendations expressed in this product are those of the contributors and do not necessarily represent the official position or policies of the U.S. Department of Justice.</small> </p>	<p>Note to trainer(s):</p> <ul style="list-style-type: none"> It may be helpful to refer to these goals periodically throughout the training. 										

Elder Justice Advocate Project Training – Section 1: Introduction & Overview

Each slide is laid out below with specific instructions and/or talking points. In the interest of time, all speaking points do NOT need to be covered; they are simply meant to be a guide for trainers.

Slide	Slide Image	Slide Instructions
13		<p>Talking points: Elder Abuse, Scams & ID Theft, and Crime all intertwine, yet have some distinctions.</p> <p>Key difference(s):</p> <ul style="list-style-type: none"> • <u>Perpetrators</u> - the perpetrator of elder abuse is <i>always</i> known to the victim. While the perpetrator of a scam/ID theft or other crime may be known to the victim, it isn’t a requirement. • <u>Prosecution</u> – not all elder abuse or scams are able to be prosecuted. • <u>Length of time</u> – elder abuse tends to happen over time, and while scams and other crimes may be either long-term or short-term.

<p>14</p>		<p>Talking points:</p> <ul style="list-style-type: none"> • The term “victim” is largely used in law enforcement and throughout the criminal justice system. • The term “survivor” has been widely adopted by IPV/DV professionals to better express that the individual continues to grow throughout his or her healing process. Survivors thrive in the worst conditions. • Healing is a non-linear process. • For every trauma experienced, there is an equivalent strength expressed by the survivor (resiliency). <p>BOTTOM LINE: Respect client preference.</p>
<p>15</p>	<p>Population Statistics</p> <ul style="list-style-type: none"> • National: <ul style="list-style-type: none"> • The older adult (65+) population increased by 30% between 2005 and 2015 • Roughly 20% of the current US population is age 60+ <ul style="list-style-type: none"> • 25.5% is expected by 2050 • 85+ is expected to triple to 14.6 million by 2040 • New York State: <ul style="list-style-type: none"> • Home to 3.6 million (~13.5% of total population) individuals age 60+ (2010 Census data) <ul style="list-style-type: none"> • ~1.5 million in Upstate New York (north of Westchester County) 	<p>Talking point:</p> <p>The population is aging, and NYS is home to a considerable number of older adults. Our systems have not caught up yet to accommodate our current and future aging-related needs.</p>

NYS Elder Abuse Statistics

- Total APS referrals for 60+ went from 20,500 in 2007 to 31,228 in 2017
- Major findings of Under the Radar: New York State Elder Abuse Prevalence Study (Lifespan, 2011):
 - Self-reported study + documented case study
 - Estimated that one out of 24 cases comes to the attention of authorities
- Barriers to providing elder abuse preventing and intervention services (NYS Elder Abuse Prevention and Intervention Services Survey, 2016):
 - 25% said engaging law enforcement
 - 18% said engaging the DA's office
 - 11% said engaging civil legal services



TAKE AWAY: Referrals to APS have gone up yet it is believed that only 1/24 cases come to the attention of authorities. There is still a disconnect between many service providers and the criminal justice system.

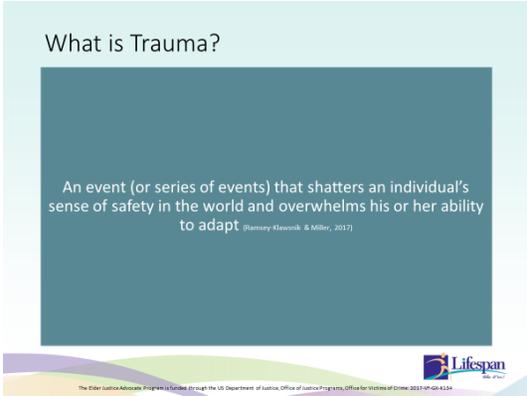
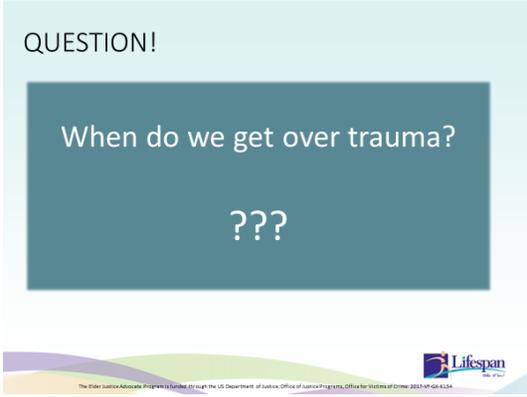
Talking points:

- **Under the Radar: New York State Elder Abuse Prevalence Study (Lifespan, 2011)**, was conducted with Weill Cornell Medical Center of Cornell University and the New York City Department for the Aging. It contained two elements:
 - Documented Case Study – surveyed agencies responsible for specifically serving victims of elder abuse and older victims of domestic violence in NYS (i.e. APS, law enforcement, area agencies on aging, domestic violence programs, elder abuse programs, programs funded by the Office of Victim Services, elder abuse coalitions, and District Attorneys' Offices).
 - Self-Reported Study – over 4,100 older New Yorkers and their caregivers were asked to complete a phone survey.
- **New York State Elder Abuse Prevention and Intervention Services Survey: Report of Findings (Breckman & Caccamise, 2016):**
 - Professionals from NYS Elder Abuse Coalition, NYS Area Agencies on Aging, NYCEAC's Steering committee and multidisciplinary team members, and Building Bridges Across the Lifespan were surveyed re: gaps and barriers in elder abuse services in NYS across multiple services systems. Professionals reported the following as barriers:
 - 25% said engaging law enforcement
 - 18% said engaging the DA's office
 - 11% said engaging civil legal services

<p>17</p>	<p>OVC Statistics</p> <ul style="list-style-type: none"> • While the rate of violent victimization for the overall population has decreased steadily since 1995, it has remained relatively stable for older individuals (65+) <ul style="list-style-type: none"> • Overall population violent victimization rate decrease between 1995 and 2015 was 74% • Violent victimization rate for those 65+ declined by 24% in that same time period <small>(2017 National Crime Victims' Rights Week Resource Guide, OVC)</small> • Crimes vs. older individuals are VASTLY underreported • Almost half of violent crime victimizations vs. older adults were by individuals known to the victim. <small>(2017 National Crime Victims' Rights Week Resource Guide, OVC)</small> <ul style="list-style-type: none"> • By contrast, relatives are the perpetrators in 90% of elder abuse cases 	<p>Talking points:</p> <ul style="list-style-type: none"> • The lack of meaningful change in the victimization rate of older adults + the understanding that crimes are vastly underreported for this age group suggests that we are not doing enough to address the problem. <ul style="list-style-type: none"> ◦ It's estimated that less than 5% of individuals age 65+ report their victimization to police (OVC, 2017). • Perpetrators – these statistics simply add another emphasis to the differences between elder abuse and crime. • Other information: individuals who were abused earlier in life are at greater risk of victimization as they age. Individuals with less social support are more likely to be victims of abuse as they age.
<p>18</p>	<p>OVS/Crime Victims Fund Statistics</p> <ul style="list-style-type: none"> • Of the 9,014 claims awarded during the 2015-2016 fiscal year, 16.7% were for individuals age 60+ <ul style="list-style-type: none"> • Almost 80% of all claims were personal injury • 5.6% of all claims were death awards • 15% of all claims were for essential personal property (2015-2016) • Existing programs: <ul style="list-style-type: none"> • 36.9% do not assist victims with applying for compensation and/or refer to an appropriate agency • Only 26.1% had elder abuse victims take advantage of the award • Only 9.6% deemed the compensation amounts as commensurate with the victims' needs 	<p>Take away:</p> <p>Between 16-18% of claims are for older individuals, and only about a quarter of service providers had elder abuse victims apply for compensation. Again – older adults are an underserved population.</p>

Elder Justice Advocate Project Training – Section 2: Ways Older Adults are Harmed

Each slide is laid out below with specific instructions and/or talking points. In the interest of time, all speaking points do NOT need to be covered; they are simply meant to be a guide for trainers.

Slide	Slide Image	Slide Instructions
20		<p>Talking points:</p> <ul style="list-style-type: none"> • We all experience trauma throughout our lifetime, and what I find traumatic may differ from what you find traumatic. • Some traumas are universal and easy to understand (such as: war, poverty, abuse, car accidents). • Other traumas are more personal (such as: feelings of rejection, losses, criticism). • When we interpret something as being traumatic, our bodies have a very distinct reaction. While it may feel “wrong” at times, our response to trauma is a normal response to an abnormal situation. • The effects of trauma are cumulative. • The symptoms of trauma mimic the symptoms of dementia. • Toxic stress affects brain development, leading to long-term damage. <p><i>See handout 1 - Trauma Informed vs. Non-Trauma-Informed Care.</i></p>
21		<p>ANSWER:</p> <p>We never “get over” trauma yet the plasticity of the brain does allow for new neural pathways to be created even in adulthood. We survive trauma and resiliency allows us to move forward.</p>

<p>22</p>	<p>Trauma-Informed Approach The Substance Abuse and Mental Health Services Administration (SAMHSA) considers A program, organization, or system to be trauma-informed when it:</p> <ul style="list-style-type: none"> Realizes the widespread impact of trauma and understand potential paths for recovery Recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system Responds by fully integrating knowledge about trauma into policies, procedures, and practices; and Re-traumatization is actively resisted 	<p>Talking points:</p> <p><u>Trauma-Informed Approach</u></p> <p>According to SAMHSA's concept of a trauma-informed approach, "A program, organization, or system that is trauma-informed:</p> <ul style="list-style-type: none"> • <i>Realizes</i> the widespread impact of trauma and understands potential paths for recovery; • <i>Recognizes</i> the signs and symptoms of trauma in clients, families, staff, and others involved with the system; • <i>Responds</i> by fully integrating knowledge about trauma into policies, procedures, and practices; and • <i>Seeks to actively resist re-traumatization.</i>" <p>A trauma-informed approach can be implemented in any type of service setting or organization and is distinct from trauma-specific interventions or treatments that are designed specifically to address the consequences of trauma and to facilitate healing.</p> <p>From: https://www.samhsa.gov/nctic/trauma-interventions</p>
<p>23</p>	<p>Five Guiding Principles of Trauma-Informed Care</p> <ul style="list-style-type: none"> • Safety • Trustworthiness & transparency • Peer support and mutual self-help • Collaboration & mutuality • Empowerment, voice, & choice • Cultural, historical, & gender issues <p><i>A trauma-informed approach changes your mindset from "what's wrong with you?" to "what happened to you?"</i></p>	<p>Talking points:</p> <p>"Trauma Informed Care is a strengths-based framework that is grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological, and emotional safety for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment." (SAMHSA, n.d.)</p> <ul style="list-style-type: none"> • Due to the cumulative effects of trauma, chronic trauma, polyvictimization, and historical trauma, traumatization of older adults may have additional complexities and layers. • It is worth noting that dementia can mimic signs of complex PTSD (Ramsey-Klawnsnik, 2017) <ul style="list-style-type: none"> • Withdrawal • Memory loss • Disorientation to time or space • Difficulty sleeping • Agitation • Difficulty problem solving • Verbal aggression • A trauma-informed perspective considers what has happened to a person vs. what is wrong with a person.

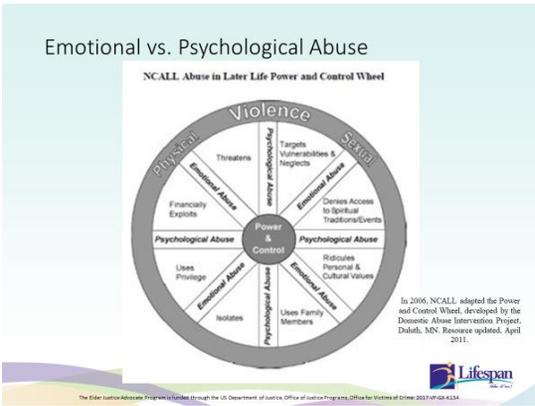
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Five Guiding Principles of TIC:

1. **SAFETY** – It’s important to recognize that a survivor’s safety has been compromised, and often by a person that she or he trusts and loves. Safety includes physical and emotional safety and considers that the system is set up to inadvertently re-traumatize survivors.
2. **TRUSTWORTHINESS & TRANSPARENCY** – Understand that the survivor’s trust in the system, his- or herself, or of loved ones (or a combination of the lot) has been broken. Being trustworthy as an advocate essentially means being consistent; providing competent information and guidance to clients, providing explanations of why or how things work, maintaining appropriate boundaries (important for both the advocate and the survivor), and providing informed consent to clients.
3. **PEER SUPPORT & MUTUAL SELF-HELP** – is considered a key vehicle for building trust, establishing safety, and empowerment. “Peer support is a way for people from diverse backgrounds who share experiences in common to come together to build relationships in which they share their strengths and support each other’s healing and growth.” (Blanch, Filson, & Penney, 2012). Peer support is voluntary, non-judgmental, and reciprocal.
4. **COLLABORATION & MUTUALITY** – Refers to working with the client and other professionals to ensure consistency and effectiveness. This principle establishes that the survivor is the expert on his or her life, and that healing can occur when there is meaningful sharing of power and decision-making.
5. **EMPOWERMENT, VOICE, & CHOICE** - A survivor’s choice was stripped away by the incident(s) that took place. It is essential to the well-being of the survivor, and to the effectiveness of any interventions, that any decisions that are made are in full compliance with the survivor’s wishes whenever possible. This principle includes recognizing survivor’s strengths and resiliency and helps build a realistic sense of hope for the survivor’s future.
6. **CULTURAL, HISTORICAL, & GENDER ISSUES** – This principle establishes for a more holistic approach to working with a client; incorporating the client’s own traditions and cultural connections whenever possible. Historical trauma is acknowledged.

See handout 2 - Working with Older Adults: A Guide for Advocates.

<p>24</p>	<p>The Science of Trauma</p> <p>Basic Response to Stress</p> <p>Stressor → Brain signals body → Assess for danger → Flight, fight, or freeze → Homeostasis</p> <p>Chronic Stress</p> <p>Stressor → Flight, fight, or freeze → Brain signals body</p> <p><small>The Elder Justice Advocate Program is funded through the US Department of Justice, Office of Justice Programs, Office for Victims of Crime, 2017-04-04-4134</small></p>	<p>Talking points:</p> <p>When a person experiences chronic stress (due to compounded traumas), he or she may not have fully gone through the entire stress response process. As such, he or she may “flip his/her lid” more quickly, bypassing the parts of the brain that are able to rationalize and process an event</p> <p><i>See handout 3 - Elder Justice Advocate Project: The Trauma Cycle.</i></p>
<p>25</p>	<p>Myth #1</p> <p>“You can’t teach an old dog new tricks”</p> <p>Nothing could be further from the truth. While there is some validity to “if you don’t use it, you lose it,” this refers more often to physical capabilities. We are capable of learning at virtually every stage of life, and change can and does occur.</p> <p><small>This presentation was supported by cooperative agreement # 2017-VF-GX-K134, awarded by the Office for Victims of Crime, Office of Justice Programs, U.S. Department of Justice. The opinions, findings, and conclusions or recommendations expressed in this product are those of the contributor and do not necessarily represent the official position or policies of the U.S. Department of Justice.</small></p>	<p>Talking points:</p> <p>Research shows the majority of healthy individuals have potential for maintaining intellect, capacity for learning and consistency in decision-making through their adult life when they remain mentally, physically and socially engaged (Center for Brain Health, https://brainhealth.utdallas.edu/research-topic/healthy-aging/).</p>

<p>26</p>	<p>Emotional & Psychological Abuse: Overview</p> <p>According to New York State Social Services Law, Article 9B, Adult Protective Services, Section 473(6): willful infliction of mental or emotional anguish by threat, humiliation, intimidation or other abusive conduct, including but not limited to, frightening or isolating an adult.</p> 	<p>Note to trainer(s):</p> <p>There is no need to read the statute out loud. The types of abuse should focus on the <u>additional or unique</u> challenges that many older adults face.</p>
<p>27</p>	<p>Emotional vs. Psychological Abuse</p>  <p>The diagram is a circular wheel with 'Power & Control' at the center. It is divided into four quadrants: Physical Abuse, Psychological Abuse, Emotional Abuse, and Sexual Abuse. Each quadrant contains specific types of abuse. The wheel is surrounded by a ring labeled 'Violence' and 'Sexual Abuse'. Below the wheel, there is a small text box stating: 'In 2006, NCALL adapted the Power and Control Wheel, developed by the Duluth Domestic Abuse Intervention Project, Duluth, MN. Resource updated, April 2011.'</p> 	<p>About the wheel:</p> <p>In 2005, NCALL (National Clearinghouse on Abuse in Later Life) staff asked facilitators of older abused women's support groups to have participants review the Duluth Domestic Abuse Intervention Project's Power and Control Wheel. Over 50 survivors from eight states responded. NCALL created this Abuse in Later Life Wheel from their input.</p> <ul style="list-style-type: none"> • <u>Emotional abuse</u>: belittling, threatening, name-calling, etc. • <u>Psychological abuse</u>: "crazy-making" behavior, a more specific and targeted type of abuse. <p><i>See handout 4 - NCALL Abuse in Later Life Power and Control Wheel.</i></p>

Emotional & Psychological Abuse: Special Considerations

- Undue influence
- Bullying
- Guilt, shame, and threats
- Targets vulnerabilities – perceived and actual



Talking points:

<i>Concept</i>	<i>Definition</i>	<i>Case Examples/Other Descriptions (do not use all)</i>
<i>Undue Influence</i>	A person in a position of power uses his or her advantage to influence decisions made by a vulnerable other	<p>An 85-year-old bed-bound client is cared for in her home by her son and private care aides chosen by her son. Son demands that his mother sign over the house to him and name him as Power of Attorney. Client's intent was to split her estate between her two children. Son makes demands of his mother daily, stating that he will put her in a nursing home if she doesn't comply. She reluctantly agrees to sign the paperwork.</p> <ul style="list-style-type: none"> • Is there a power differential here? • Has that dynamic been exploited by the son? • Is it likely that the son will be charged with a crime?
<i>Bullying</i>	Can be between individuals independently of a relationship or within the context of a trusted relationship	<p>Your client Bill and his partner Fred both had children from previous relationships who do not get along with each other and don't approve of their fathers' relationship. Fred's daughter is Power of Attorney and Health Care Proxy for him. Fred was recently diagnosed with dementia. Fred's children convince him to move into an independent living facility with services close to their homes. They make no accommodations for Bill. Fred can acknowledge that he would like Bill around, but also will "agree" with his children that they can't afford a double room at the facility. Bill is fearful of pushing the issue, as he doesn't want to out Fred or himself at the facility. Bill decides to move into his own apartment at the same facility. Fred's family show up for every single meal with Fred and always make sure to bring him to the communal areas. The facility can't ask them to leave, because it is an independent level of care and the family isn't disrupting Fred or other residents.</p> <ul style="list-style-type: none"> • Is Fred's family committing any crimes? • What rights does Bill have? Fred?

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	<i>What</i>	Examples	Explanation
<p><i>Guilt, threats, and shame</i></p>		<p>That the older adult is to blame for the perpetrator’s circumstances; and Fear of perpetrator becoming homeless, being harmed by others, etc.</p>	<p>Perpetrators blame others for their actions, and parents/grandparents are an “easy” scapegoat. Perpetrators may blame the older adult for the abuse, their own addiction or mental health issues, employment challenges, etc. This is further complicated if there is a history of abuse in the family, especially if the older adult was abusive. <i>This does not excuse the perpetrators current behaviors.</i></p>
		<p>Placement in a “nursing home”</p>	<p>Older adults may be terrified of nursing homes (Skilled Nursing Facilities or SNFs) and may associate all higher levels of care (i.e. Assist Living) with SNFs.</p>
		<p>To harm self, the older adult, other loved ones, pets, property, etc.</p>	<p>Threats to harm others, including the older adult are powerful motivators. When the perpetrator is a loved one, it doesn’t matter that he or she is doing a “bad thing;” we don’t stop loving someone just because they’ve hurt us. This is especially true for children and grandchildren. Pets and treasured objects are also held in high enough regard as to motivate a client to comply with the abusive other.</p>
		<p>To “out” the older adult</p>	<p>Going back into the closet is very common with older adults, and many never came out in the first place.</p>
		<p>To withhold contact with a loved one</p>	<p>Perpetrators will use many methods of eliciting compliance from their targets, including the refusal to bring around grand or greatgrandchildren. Sometimes the perpetrator him or herself refuses to come around and visit or care for the older adult unless certain demands are met.</p>
		<p>To withhold care</p>	<p>Perpetrators exploit “if – then” scenarios. “If you don’t....then I will,” or alternately, “If you....then I won’t” perform some needed task.</p>

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		<p><i>Targets vulnerabilities</i> Real or perceived Perpetrators are uniquely skilled at identifying and exploiting perceived or actual vulnerabilities of older adults. It can almost be thought of as their full-time job. Most perpetrators of elder abuse have easy access to the older individuals, which they use to learn more about the older adult and exploit them. Some universal <i>perceived</i> vulnerabilities include the fear of dementia or cognitive decline, feelings of loneliness, and of dependence upon the loved one for caregiving or attention</p> <p>Refer to handout 4 - NCALL Abuse in Later Life Power & Control Wheel, page 2.</p>
29	<p>Myth # 2</p> <p>All older adults get dementia</p> <p>The majority of older adults do not have dementia. Likelihood of developing dementia does indeed increase with age, but dementia is NOT a normative aspect of aging.</p> 	<p>Talking points:</p> <ul style="list-style-type: none"> • 1/10 65+ have Alzheimer's, which means 90% DON'T have it (Alzheimer's Association, 2018). • 1/3 85+ have Alzheimer's, which means 67% DON'T have it (Alzheimer's Association, 2018). • HOWEVER, it is extremely costly (est. \$259 billion annually) due to increased health care utilization and other services which are known to be costly (i.e. SNF care, adult day programs, etc.) (Alzheimer's Association, 2018). • ** There are many things that can mimic dementia, including: <ul style="list-style-type: none"> ○ <i>Delirium</i> – a medically-induced state of confusion that should alleviate given proper medical treatment. Examples of potential causes of delirium include dehydration, acute medical issues, <u>polypharmacy</u>, UTIs. ○ <i>Depression</i> – particularly in older adults, the symptoms of depression can mimic dementia (sleep and appetite fluctuations, lack of concentration). ○ <i>Traumatic Brain Injury</i> – depending on the area(s) of the brain affected, a TBI can present in any number of ways. Memory disruption is just one of those. ○ <i>Trauma</i> – Abuse is traumatizing. Offender tactics (ongoing threats, emotional abuse, manipulation, etc.) also enhance trauma symptoms. <p>See handout 5 – American Bar Association & American Psychological Association's Assessment of Older Adults with Diminished Capacity: A Handbook for Psychologists Appendices G & H.</p>

<p>30</p>	<p>Emotional & Psychological Abuse: Stalking</p> <ul style="list-style-type: none"> • Definition: a course of conduct directed at a specific person that would cause a reasonable person to feel fear • Caregivers may use legitimate-sounding excuses for stalking behaviors • Older victims of stalking are most likely to be injured by their stalkers but least likely to be taken seriously (Sheridan, et. al, 2015) • Technology has made the ability to stalk someone easier than ever 	<p>Talking points:</p> <ul style="list-style-type: none"> • Stalking essentially seeks to criminalize otherwise non-criminal behaviors. It is generally not illegal to call someone, to show up at their place of employment, etc. The key component to building a case for stalking is in keeping a highly accurate and detailed log of behaviors. • With the older adult population, perpetrators will exploit perceived or actual vulnerabilities to excuse stalking behavior. For example, it is well known that falls amongst older adults are common and can be extremely dangerous. A bathroom is a very common place in which a person may fall. Perpetrators will weave a story as to why it's essential that they have a nanny cam in the bathroom or bedroom to ensure that their loved one doesn't fall or is not left for an extended period should they fall. In cases of family feuds, one adult child, for example, may insist upon installing security cameras to "protect" their parent. Consider if the older individual was consulted or even told about the cameras, and whether they can appreciate the potential consequences. • Older adults are often not taken seriously about stalking for myriad reasons; cognitive decline, ageism, etc. • Technology – technology often outpaces our ability to understand it. For example, a smart car can track every move you make. That information can be easily obtained by unscrupulous individuals to stalk an individual. <ul style="list-style-type: none"> ○ 77% of surveyed individuals age 65+ had a cell phone ○ 59% reported using the internet (Pew Research Center, 2014) <p><i>See handouts 6 – 8; Stalking Resource Center Fact Sheet, NNEDV Technology Safety Plan, and NCALL Technology & Abuse in Later Life.</i></p>
<p>31</p>	<p>Emotional & Psychological Abuse: Case Example and Group Discussion – Mrs. Davis</p> <ul style="list-style-type: none"> The Client <ul style="list-style-type: none"> • 74-year-old female • Widowed (husband, Bruce, was abusive. Died ~10 years ago) • 3 adult children • Takes great pride in her property and gardens The Family <ul style="list-style-type: none"> • Jeffrey – has lived with client on & off, unemployed, single • Kurt – committed suicide (has one son in Florida) • Carol –has SPMI and has been inpatient in a psychiatric facility in the past The Assets <ul style="list-style-type: none"> • Her home • \$400,000 in other assets; retirement and investment accounts • 5-7 Credit cards that Mrs. Davis is aware of • \$3,100/month income from Social Security, rental income, & late husband's pension 	<p>Trainer instructions:</p> <ol style="list-style-type: none"> 1. Read the case scenario to participants (handout: Elder Justice Advocate Project Case Scenarios). 2. Break the full group into groups of 3 – 5 people (ideally, the groups will not need to physically move to work together). 3. Ask each group to elect an individual to report back to the larger group. 4. If there are 3 small groups, assign each group to discuss and report back on <u>one</u> of the three discussion questions. 5. If there are more than 3 small groups, more than one group can be assigned to discuss and report on the same question (simply limit the responses from each group). 6. Give the groups roughly 5 minutes to discuss with each other before reporting back. <p style="text-align: right;"><i>CONTINUED NEXT PAGE</i></p>

		<p>Alternate options: Have a participant read the scenario in part or whole; OR Provide 5 minutes for participants to read the scenario on their own.</p> <p><i>See handout 9 – Case Scenario: Mrs. Davis.</i></p>
<p>32</p>	<p>Emotional & Psychological Abuse: Case Example and Group Discussion – Mrs. Davis</p> <p>Small group discussion:</p> <ol style="list-style-type: none"> 1. What are some of the reasons that Mrs. Davis may be uncomfortable coming forward about Jeffrey’s abuse? 2. As a provider, what could you do to acknowledge the trauma experienced by Mrs. Davis? 3. What could you do to prevent re-traumatization? 	<p>Note to trainer(s): Mrs. Davis illustrates the multi-layered complexities of many elder abuse cases as well as the polyvictimization that is so common in these situations.</p> <p>Small group discussion, potential *answers:</p> <ol style="list-style-type: none"> 1. Q: What are some of the reasons that Mrs. Davis may be uncomfortable coming forward about Jeffrey’s abuse? Potential Answers: <ul style="list-style-type: none"> • Shame regarding the actions of her family members • Concerns that Jeffrey will follow through on his threats • Concern of what will happen to her son should she report him • Trauma and toxic stress • Self-preservation – admitting what Jeffrey is doing “makes it real” • Fear of how she’ll be perceived by the town • Fear of the unknown – what will happen to Jeffrey, what will happen to her, how the system works, what the outcomes will be, how she’ll be blamed for her son’s actions and for staying 2. Q: As a provider, what could you do to acknowledge the trauma experienced by Mrs. Davis? Potential Answer: a trauma-informed response would include a discussion of Mrs. Davis’s experiences and how they are affecting her. Mrs. Davis would be an active participant in decisions and would be given ample information and time to process it. Additionally, the provider would acknowledge (internally) his or her own baggage in working on this case. Very simply, the question provides the answer. 3. Preventing re-traumatization: let participants guide this. Some examples could include: <ol style="list-style-type: none"> a. Maintaining open communication with Mrs. Davis b. Follow through on scheduled appointments <p style="text-align: right;"><i>CONTINUED NEXT PAGE</i></p>

		<p>c. Clear, step-by-step explanation of options and court processes (if applicable)</p> <p>d. Acceptance and validation of Mrs. Davis's choices, regardless of if the service provider agrees with them</p> <p>*NOTE: the above answers are examples only.</p>
<p>33</p>		<p>Note to trainer(s): There should be no need to explain each law. Instead, refer participants to collaborate with their District Attorneys' offices.</p> <p>Talking point:</p> <ul style="list-style-type: none"> NYS does not currently have a specific elder abuse law or mandatory reporting for elder abuse in the community. This becomes problematic as many common elder abuse tactics may not be taken into consideration (particularly as it pertains to mild cognitive impairment and dementia when the client still retains legal capacity). Disclaimer: this material is provided for reference only; it is not meant to be legal advice of any kind. <p><i>See handout 10 – For Your Reference: Brief Summaries of Some Relevant New York State Statutes.</i></p>
<p>34</p>		<p>ANSWER: It would be appropriate to reimburse oneself for expenses incurred on behalf of an older adult <i>if it has been previously agreed upon</i>. There should be full consent from both parties.</p>

<p>35</p>	<p>Financial Abuse & Exploitation: Overview</p> <p>According to New York State Social Services Law, Article 9B, Adult Protective Services, Section 473(6): improper use of an adult's funds, property or resources by another individual, including but not limited to, fraud, false pretenses, embezzlement, conspiracy, forgery, falsifying records, coerced property transfers or denial of access to assets</p> 	<p>Note to trainer(s): there is no need to read the statute out loud.</p> <p>Talking points:</p> <ul style="list-style-type: none"> • Financial abuse is the most commonly reported form of abuse and is almost always associated with the other forms of abuse. • Reminder regarding abuse vs. scams vs. crimes.
<p>36</p>	<p>Myth #3</p> <p>Older adults have money (or don't have money)</p> <p>Just like their younger counterparts, older adults have varying levels of income. Keep in mind, however, that older individuals may be on fixed incomes, and their overall ability to recover from financial losses may be minimized due to lack of earned income as well as the inability to invest over time.</p> 	<p>Talking point:</p> <p>The median income of older persons in 2015 was \$31,372 for males and \$18,250 for females. Median money income (after adjusting for inflation) of all households headed by older people increased by 4.3% (which was statistically significant) between 2014 and 2015 (A Profile of Older Americans: 2016, Administration on Aging).</p>

37

Financial Abuse & Exploitation: Special Considerations

- Financial elder abuse is heavily linked with the other forms of elder abuse
- Age-Associated Financial Vulnerability (AAFV)
- The *New York State Cost of Financial Exploitation Study* found that 67% of perpetrators of financial exploitation were family members (NYS OCFS 2016)
- Criminal action against perpetrator was initiated in 24 % of referrals



Talking points:

- **Examples of how Financial Abuse is linked with other forms of elder abuse:**
 - **Physical abuse:** threats or acts of abuse to coerce money or good from an older adult
 - 76% of referrals involved clients with at least one serious health impairment, including physical or mental impairment, dementia and drug/substance abuse (OCFS, 2016).
 - 58% of referrals involved clients who routinely required assistance in at least one daily activity (OCFS, 2016).
 - **Sexual abuse:** similar to physical abuse. Additionally, via non-consensual pornography, human trafficking, blackmail re: sexual encounters or threats to “out” the individual.
 - **Emotional/psychological:** not only can emotional and psychological abuse be used to extract money from an older adult, the giving of money or taking of money from an older adult can cause emotional stress.
 - **Neglect:** refusal to provide services unless money is given (in a non-contractual context), refusal to obtain services or medications due to cost (despite the need of the older individual and as an effort to save money to use on the perpetrator’s wants/needs).
- **Age-Associated Financial Vulnerability (Lachs & Han, 2015):** “a pattern of financial behavior that places an older adult at substantial risk for a considerable loss of resources, such that dramatic changes in quality of life would result, and that is inconsistent with previous patterns of financial decision making during younger adult life. This condition can occur in the absence of dementia or other neurodegenerative diagnoses and may or may not be the presenting manifestation of such illnesses”
- **Cost of Financial Exploitation (next two bullet points):** illustrate that crimes against older adults are underreported.

See handout 11 – Age-Associated Financial Vulnerability: An Emerging Public Health Issue.

Financial Abuse & Exploitation: Tactics Often Used by Perpetrators

- Using guilt & shame
- Using lies & manipulation
- Theft
- Breach of fiduciary
- “Path of least resistance”



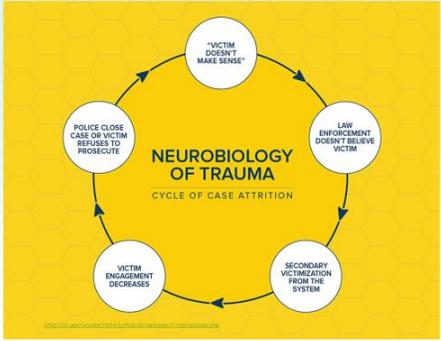
- **Tactics used:**
 - *Using guilt & shame* – blaming the older adult for the perpetrator’s circumstances, “I have nowhere else to go,” “I’ll lose my car/kid/house.”
 - *Using lies & manipulation* – case example: a couple befriended an older, wealthy woman and wove a story about their child having a fatal illness. The perpetrators ultimately stole \$750k from her for a fake illness.
 - *Theft* – including utilization of a signature stamp, taking more than was agreed upon (i.e. if an older adult asks his son to use his debit card to pick up medications. Son does this, but also takes out \$60 cash for himself), etc.
 - *Breach of Fiduciary* – see types of fiduciary below.
 - *“Path of least resistance”* – the perpetrator constantly pressures and pesters the older adult or otherwise harasses them until the older adult pays simply to placate the perpetrator. This is also a trauma response.

- **Types of Fiduciary:**
 - **Guardianship** - a court-ordered appointment (pursuant to Article 81 of the N.Y. Mental Hygiene Law) wherein an individual, the “incapacitated person,” has his or her personal needs (i.e., living arrangements, medical decisions, personal care, etc.) and/or property rights (i.e., authority to enter into contracts, pay bills, invest money, make gifts, etc.) managed by another person, corporation or public agency. The guardian’s duties are explicitly stated in the order of appointment and the guardian is required to provide initial, annual, and final reports to the court. Guardianship is designed to aid individuals in the least restrictive manner.
 - **Representative Payee** - A representative payee (rep payee) is an individual or organization appointed by the Social Security administration (SSA) to manage monies received from the SSA by a person who has been declared incapacitated or otherwise unable to manage his or her own finances. The rep payee is responsible for utilizing an SSA recipient’s funds for the current or future needs of the individual. The payee is required to keep records of any transactions made with SSA funds and provide reports to the SSA upon request. A representative payee does NOT have authority to manage non-SSA monies. A power of attorney or guardianship would be needed for this purpose. Likewise, a power of attorney does not give the agent the authority to act on a principal’s behalf with the SSA. These two tools are not interchangeable.

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		<ul style="list-style-type: none"> ○ Power of Attorney - A power of attorney (POA) is an inexpensive and effective tool for financial management and estate planning. It is a notarized legal document that gives an individual or agency (the agent) authority to act on behalf of another person (the principal). Powers given to an agent can be very specific or very general. A power of attorney is not an indication of incapacity and does not in itself relinquish the principal's control or authority over his or her affairs. An agent, acting under a Power of Attorney, is required to act in a manner consistent with how the principal his/herself would have acted or in his/her best interest. There are rules regarding gifting under the auspices of a PoA.
39	<p>Financial Abuse & Exploitation: Mrs. Stubbs</p>	<p>Note to trainer(s): Remind participants to practice good self-care while viewing this video.</p> <p>Sample introduction script: Now we'll be watching a video about Mrs. Stubbs. Mrs. Stubbs was a client of Lifespan of Greater Rochester Inc. who bravely offered her story so that she could help others who may be in similar situations. Mrs. Stubbs was a well-known community leader and a retired nurse.</p> <p>Case background/additional information:</p> <ul style="list-style-type: none"> • A blanket was thrown over Mrs. Stubbs's head so she was unable to see her assailant. • Assailant cut the phone lines to Mrs. Stubbs's house. The door was also locked. • Mrs. Stubbs soaked up some of her blood with paper towels, which she then tossed onto her lit stove. The smoke activated her fire alarm system, and first responders arrived. • Lifespan caseworker at VAP coordinated their interviews to reduce the level of re-traumatization from having to repeat the story multiple times. • Mrs. Stubbs reported that her son had been stealing money and checks from purse, heirlooms, etc. When confronted, son told her she was "losing her mind." Mrs. Stubbs had started bringing her purse to bed with her to prevent further theft. Son had a history with drugs and had gone to jail for Larceny. • Mrs. Stubbs's pastor played an integral role in supporting her through the criminal justice system and beyond. • There were two potential weapons found at the scene, though no way to tie them or any specific person to the beating. • Mrs. Stubbs suffered severe lacerations on her head (requiring ~50 stitches), a concussion, and her eye was swollen shut. • Thefts totaled appx. \$2,000. <p style="text-align: right;"><i>CONTINUED NEXT PAGE</i></p>

		<ul style="list-style-type: none"> • Victim Assistance and Lifespan helped to put services in place and to submit successful claims to the Crime Victims Fund to replace her blood-soaked mattress, pillows and carpeting. • Son was indicted on Criminal Possession of Stolen Property 4th and Grand Larceny 4th. He pleaded “guilty” to GL4 and was sentenced to 2-4 years in State Prison. • Victim/Witness Advocate from DA’s Office and family attended Grand Jury with her; she also attended the hearing. • Lifespan continued to provide services to Mrs. Stubbs until she could function independently again. Her faith community provided transportation, shopping, and friendly visit for several months as well. • Mrs. Stubbs passed away from cancer in 2012.
40	<p>Financial Abuse & Exploitation: Mrs. Stubbs</p> <p>Small group discussion:</p> <ol style="list-style-type: none"> 1. Why does Mrs. Stubbs say she has been reluctant to talk about the abuse? 2. What role, if any, may financial exploitation have played in the attack? 3. What would you do to reduce the re-traumatization of Mrs. Stubbs as she progressed through the criminal justice system? 	<p>Trainer instructions:</p> <ol style="list-style-type: none"> 1. Break the full group into groups of 3 – 5 people (ideally, the groups will not need to physically move to work together). 2. Ask each group to elect an individual to report back to the larger group. 3. If there are 3 small groups, assign each group to discuss and report back on <u>one</u> of the three discussion questions. 4. If there are more than 3 small groups, more than one group can be assigned to discuss and report on the same question (simply limit the responses from each group). 5. Give the groups roughly 5 minutes to discuss with each other before reporting back. <p>Small group discussion, potential *answers:</p> <ol style="list-style-type: none"> 1. Q: Why does Mrs. Stubbs say she has been reluctant to talk about the abuse? Potential Answers: <ol style="list-style-type: none"> a. She said she thought it was her fault b. She mentioned self-pity c. She said “shame is greater than speaking out” d. She mentioned “close-knit lives we lead” 2. Q: What role, if any, may financial exploitation have played in the attack? Potential Answer: Mrs. Stubbs took her purse to bed with her the night she was attacked. Additionally, her son had been taking money from her for a long time, and eventually he was prosecuted solely for the financial crimes. <p style="text-align: right;"><i>CONTINUED NEXT PAGE</i></p>

		<p>Q: What would you do to reduce the re-traumatization of Mrs. Stubbs as she progressed through the criminal justice system?</p> <p>Potential Answers:</p> <ol style="list-style-type: none"> Ensure that Mrs. Stubbs's home is secure, locks changed, etc. (with permission) Explain the criminal justice system, potential outcomes, and next steps Collaborate with other professionals to: organize services, reduce court appearances and interviews, ensure wrap-around services Collaborate with Mrs. Stubbs at every step to ensure that she is an active participant in interventions Provide Mrs. Stubbs with options whenever possible Ask Mrs. Stubbs what she needs to feel safe <p>*NOTE: the above answers are examples only.</p>
<p>41</p>	<p>Myth #4</p> <p>Older adults don't want to press charges/won't follow through with the criminal justice system</p> <p>There are many reasons that individuals of any age choose to not follow through with the criminal justice system. The impact of trauma from the incident(s) in question, coupled with any historical/past traumas, and the trauma of navigating the system, is significant.</p> 	<p>Note to trainer(s):</p> <p>This is further explained in the graphic on the next slide.</p> <p>Talking point:</p> <p>Other significant reasons that victims don't press charges, especially when the suspected perpetrator is a family member: fear of retribution from the perpetrator; shame/embarrassment; misguided self-blame ("if only I had raised him better, this would not have happened"); reliance on the perpetrator for transportation, shopping, medical appointments; concern that if this is reported to authorities, "they' will think I can no longer care for myself and they will place me in a nursing home."</p>
<p>42</p>	 	<p>This raises the issue of a need to work with the criminal justice system to provide incentives for victims to come forward, alternatives to incarceration programs where the perp admits guilt, gets counselling, services, and upon completion gets a reduced sentence. Also referenced as a recommendation in <i>New York State Cost of Financial Exploitation Study</i> (NYS OCFS 2016).</p>

Financial Exploitation: Scams & ID Theft

Scam: a dishonest scheme to deceive individuals out of their money and/or to obtain their personal information

- Scams are not considered elder abuse due to the nature of the relationship between the victim and perpetrator
- Cost: at least \$1.5 billion per year in New York
- Common scams:
 - "Stranger" Scams
 - Lottery/sweepstakes
 - IRS Scam
 - Telephone scams
 - Internet scams
 - Various types of ID Theft
 - "Grandparent" scam
 - Charity fraud
 - Other common scams
 - Home improvement scams
 - Investment scams



Talking points:

- The *New York State Cost of Financial Exploitation Study* (NYS OCFS 2016) – \$1.5 billion is a valuation of what was stolen from victims. This figure does not include additional significant amounts of costs of new or additional public benefits needed because of financial exploitation (FE), or the costs to agencies public and private to investigate, assess and take other actions to respond to the FE.

Types of scams:

- **Lottery/sweepstakes:** plays upon the get-rich-quick dream. In this scam, the scammer sends correspondence to the older adult congratulating them on a lottery or sweepstakes “win.” The older adult is instructed to send in money to pay for shipping/handling fees or taxes by sending in pre-paid debit cards/gift cards/green dot cards. Money lost is essentially impossible to recover.
 - **NOTE:** Foreign lotteries are ILLEGAL in the US and it is also illegal to request money up front for winnings.
- **IRS scam:** an individual claiming to represent the IRS contacts older adults and tells them that they are in arrears for back taxes and will be arrested unless payment is remitted immediately. They use pressure and bullying tactics until the older individual complies. They ask for payment via pre-paid debit cards, gift cards, green dot cards, etc.
 - **NOTE:** the IRS will NEVER ask for payment in any of these forms. Scammers will utilize “spoofing” technology to make a call look legitimate. Always initiate calls to the IRS.
- **Telephone scams:** incorporate elements from other scams.
 - **NOTE:** Scammers can use “spoofing” software to make it appear as if a local individual or loved one is calling you. If there is any question, it is better to hang up, look up the correct number, and call the person back by dialing the number yourself. Screen calls from unknown numbers.
- **Internet scams:** often accomplished by “phishing.”
 - **NOTE:** Avoid following links that are seeking more information. Instead, go to the website directly and log in vs. clicking an e-mail link. Be careful to use https:// sites when putting in any sensitive information. Keep antivirus software up to date.
- **ID Theft types:** a thief obtains goods, property, credit, utility services, employment, or government documents by assuming the identity of another person and/or by using identifying information of another person.
 - **Medical ID Theft:** creation of false medical records; false insurance billing; impact of diagnosis; healthcare errors
 - **Tax-Related ID Theft:** an identify thief uses your SSN to fraudulently receive a tax refund

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		<ul style="list-style-type: none"> ○ Employment ID Theft: an identity thief obtains employment by using a stolen or made up SSN ○ Synthetic ID Theft: use of only the victim’s SSN in combination with another person’s name and birthdate to create a new, fictitious identity ○ Criminal ID Theft: an imposter provides your stolen identifying information to law enforcement during a criminal investigation, traffic stop, or upon arrest <ul style="list-style-type: none"> ● “Grandparent” scam: the scammer calls the older individual and leads the older adult into providing him or her with the information needed to get money. The basic “script” for this call is: <u>Scammer:</u> Hi Grandma, it’s your favorite grandson. I need help. <u>Older Adults:</u> Billy? Is that you? You sound funny. <u>Scammer:</u> Yeah Grandma, it’s Billy. I’m sick, and I really need your help! <u>Older Adult:</u> What’s going on sweetheart? <u>Scammer:</u> I took a trip to Canada with my friends, and we got arrested. Mom and dad will KILL me! I need bail money, or I’ll have to stay in jail over the weekend. The older individual then wires money to the “grandson.” <ul style="list-style-type: none"> ○ NOTE: This preys upon several vulnerabilities, including love of family and a sense of urgency. ● Charity fraud: the scammer exploits an older adult’s kindness and good will. The scammer claims to be collecting money for a specific charity or cause. Often, most of the money goes to the collecting agency (“best” case scenario), or the charity is fake. Scammers use pressure tactics and elicit a sense of urgency. <ul style="list-style-type: none"> ○ NOTE: research charities. If they are legitimate, they will be happy to send you more information and to allow you to take your time. ● Home improvement scams: older adults are often targeted for contractor scams. Scammers use a variety of tactics; requesting money up-front for work, performing only part of a job or not completing a job, doing sub-par work, using cheap materials, false advertising, and more. Often, the “contractor” comes around unsolicited. They may use a story such as, “I was in the neighborhood and had materials left over from another job down the street. I’m happy to get rid of these supplies and will give you a discount.” <ul style="list-style-type: none"> ○ NOTE: Businesses and contractors can be researched through the Better Business Bureau or Better Contractors Bureau. Search online for reviews, get multiple estimates, and seek out references. Never pay in full until the job is finished and avoid cash transactions. ● Investment scams: the scammer offers a “too good to be true” investment opportunity that doesn’t exist, is advertised falsely, or is simply inappropriate for the investor. The scammer will usually charge a substantial commission as well. <ul style="list-style-type: none"> ○ NOTE: For legitimate investments, there should be no need to make an immediate decision. <p style="text-align: right;"><i>CONTINUED NEXT PAGE</i></p>
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		<p>Other considerations:</p> <ul style="list-style-type: none"> • If you didn’t initiate the interaction, don’t believe it. • Scammers often use pressure tactics to get a knee-jerk reaction. • If it sounds too good to be true, it probably is. <p><i>See handout 12 – How to Avoid Common Scams that Target Older Adults.</i></p>								
<p>44</p>		<p>Talking points: Source: Influenceatwork.com; “Influence: The Psychology of Persuasion” by Dr. Robert Cialdini</p> <table border="1"> <thead> <tr> <th data-bbox="737 477 1297 516">Principle Description</th> <th data-bbox="1297 477 1990 516">How it may influence victimization of older adults</th> </tr> </thead> <tbody> <tr> <td data-bbox="737 516 1297 878"> <p>Reciprocity – a desire to respond in kind to others. A series of studies (Strohmetz, Rind, Fisher, & Lynn, 2002), suggest that providing candy to restaurant customers increased the amount of tips provided to wait staff. A personalized, unexpected gift appeared to elicit the largest response (i.e. an “impromptu” return to the table to give an extra candy).</p> </td> <td data-bbox="1297 516 1990 878"> <ul style="list-style-type: none"> • Older individual may feel obligated to repay an individual for helping, even if the help isn’t solicited by the older adult. • Perpetrators may use this to their advantage not only with older adults, but also with those investigating any abuse allegations. • Scammers often develop a rapport with their targets which may encourage reciprocity (the scammer may offer friendship, may provide small gifts, etc.). </td> </tr> <tr> <td data-bbox="737 878 1297 1159"> <p>Scarcity – a feeling that one may miss out on an opportunity or object if she or he doesn’t act quickly. Cialdini expands upon this by stating that this principle is most effective when one points out what is unique about a service or product and what an individual stands to lose by not obtaining it now.</p> </td> <td data-bbox="1297 878 1990 1159"> <ul style="list-style-type: none"> • This is a tool often used by salespeople! Using high-pressure tactics, the older individual may be unable to think critically about what is being offered to him or her. • AAFV enhances pressure tactics. </td> </tr> <tr> <td data-bbox="737 1159 1297 1446"> <p>Authority – this principle is why doctors hang their diplomas on the wall; to demonstrate their knowledge and expertise on a subject. According to Cialdini, “people will follow the lead of credible and knowledgeable experts.”</p> </td> <td data-bbox="1297 1159 1990 1446"> <ul style="list-style-type: none"> • Scammers are very likely to expound upon their credentials and “experience” to gain the trust of their targets. • Age may be used as a privileged status to suggest that a younger individual is more knowledgeable about a subject or that an older individual’s potential cognitive decline precludes him or her from making an authoritative, informed decision. </td> </tr> </tbody> </table>	Principle Description	How it may influence victimization of older adults	<p>Reciprocity – a desire to respond in kind to others. A series of studies (Strohmetz, Rind, Fisher, & Lynn, 2002), suggest that providing candy to restaurant customers increased the amount of tips provided to wait staff. A personalized, unexpected gift appeared to elicit the largest response (i.e. an “impromptu” return to the table to give an extra candy).</p>	<ul style="list-style-type: none"> • Older individual may feel obligated to repay an individual for helping, even if the help isn’t solicited by the older adult. • Perpetrators may use this to their advantage not only with older adults, but also with those investigating any abuse allegations. • Scammers often develop a rapport with their targets which may encourage reciprocity (the scammer may offer friendship, may provide small gifts, etc.). 	<p>Scarcity – a feeling that one may miss out on an opportunity or object if she or he doesn’t act quickly. Cialdini expands upon this by stating that this principle is most effective when one points out what is unique about a service or product and what an individual stands to lose by not obtaining it now.</p>	<ul style="list-style-type: none"> • This is a tool often used by salespeople! Using high-pressure tactics, the older individual may be unable to think critically about what is being offered to him or her. • AAFV enhances pressure tactics. 	<p>Authority – this principle is why doctors hang their diplomas on the wall; to demonstrate their knowledge and expertise on a subject. According to Cialdini, “people will follow the lead of credible and knowledgeable experts.”</p>	<ul style="list-style-type: none"> • Scammers are very likely to expound upon their credentials and “experience” to gain the trust of their targets. • Age may be used as a privileged status to suggest that a younger individual is more knowledgeable about a subject or that an older individual’s potential cognitive decline precludes him or her from making an authoritative, informed decision.
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		<p>Consistency – once a decision is made, however small or insignificant it may seem, we seek to validate that decision through consistent actions. In studies, individuals are approached and asked to display a small post card or pin on their home. Later, when asked to display a larger item, those who had agreed to display the smaller item were 4x as likely to comply.</p> <p>Liking – People tend to want solidarity and unity with people whom they like. Cialdini states, “to harness this powerful principle of liking look for areas of similarity that you share with others and genuine compliments you can give before you start business.”</p> <p>Consensus- Essentially, consensus refers to a group mentality: we seek guidance from those around us .</p>	<ul style="list-style-type: none"> • Consider that “lightning does strike twice” – older individuals who have responded to scammers are more likely to be targeted again, and as they may have already engaged once, feel the need to continue the engagement. • Also consider in trusted relationships: “But mom, you have me \$20 yesterday. Why not today?” <ul style="list-style-type: none"> • Scammers take time to “groom” their targets. They learn about the older individual by casual conversation, and often share their own stories (real or fake) as a means of increasing their likeability. <ul style="list-style-type: none"> • Scammers may use other “success” stories to entice and ensnare their targets. 	
45	<p>Financial Abuse & Exploitation: A Crime?</p> <p>Very possible. When working with law enforcement or the DA’s Office, consider exploring ></p> <ol style="list-style-type: none"> 1. Petit Larceny 2. Grand Larceny 3. Fraudulently Obtaining a Signature 4. Criminal Possession of a Forged Instrument 5. Forgery 6. Scheme to Defraud [take careful note of the age-related language in §190.65(c)] 7. Identity Theft 8. Tampering with a Witness 9. Intimidating a Victim or Witness 10. Welfare Fraud 11. Others? <p><small>Disclaimer: this material is provided for reference only. It is not meant to be legal advice of any kind.</small></p> 	<p>Note to trainers:</p> <p>There should be no need to explain each law. Instead, refer participants to collaborate with their District Attorneys’ offices.</p> <p>Talking points:</p> <ul style="list-style-type: none"> • Financial Exploitation can almost always be considered a crime and the advent of technology makes it both easier to accomplish (online banking gives unprecedented access) but also potentially easier to track (ATM footage, spending patterns). • Not all financial crimes will fit neatly into NYS’s Larceny statutes. Therefore, it is advisable to consider alternative charges such as Welfare Fraud, Identity Theft, etc. as creative solutions to a complex problem. • Disclaimer: this material is provided for reference only; it is not meant to be legal advice of any kind. <p><i>Refer to handout 10 - For Your Reference: Brief Summaries of Some Relevant New York State Statutes.</i></p>		

<p>46</p>	<p>QUESTION!</p> <p>In NYS, what percentage of caregiving is provided by informal caregivers?</p>	<p>Answer: 80%</p>
<p>47</p>	<p>Neglect: Overview</p> <p>According to New York State Social Services Law, Article 9B, Adult Protective Services, Section 473(6):</p> <ul style="list-style-type: none"> • Active Neglect – willful failure by the caregiver to fulfill the care-taking functions and responsibilities assumed by the caregiver, including but not limited to, abandonment, willful deprivation of food, water, heat, clean clothing and bedding, eyeglasses or dentures, or health related services • Passive Neglect – non-willful failure of a caregiver to fulfill caretaking functions, including but not limited to, abandonment or denial of food or health-related services because of inadequate caregiver knowledge, infirmity, or disputing the value of prescribed services • Self Neglect – an adult's inability, due to physical and/or mental impairments to perform tasks essential to caring for oneself, including but not limited to, 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; or managing financial affairs 	<p>Note to trainer(s): There is no need to read the statute out loud.</p> <p>Talking points:</p> <ul style="list-style-type: none"> • Active Neglect <ul style="list-style-type: none"> ○ Is <i>intentional</i> ○ Strongly linked with other forms of abuse, particularly financial abuse ○ Consider over- or under-medicating as a form of neglect ○ Preventing an older adult from utilizing assistive devices • Passive Neglect <ul style="list-style-type: none"> ○ Perfect opportunity to provide intervention ○ Consider the lack of formal training for caregivers, mental and/or physical inability to provide needed care, history of poor relationship(s) ○ Can become active neglect if the caregiver refuses to provide/receive needed services or if they actively thwart others' attempts to provide same • Self-Neglect: Self neglect is unique as there is no obvious perpetrator; however, <ul style="list-style-type: none"> ○ Self-neglect may be the symptom of other forms of abuse or other traumas ○ Strongly associated with increased risk for subsequent financial exploitation and caregiver neglect (Dong, Simon, & Evans, 2013) <p style="text-align: right;"><i>CONTINUED NEXT PAGE</i></p>

		<ul style="list-style-type: none"> o Regarding self-neglect, in 2017 self-neglect referrals (both outside of NYC and in NYC) comprised over 65% of all APS referrals for clients age 60 and older. For APS in New York State it is the highest reported type of risk by far. Federal data released in August, 2017 by the US Administration for Community Living , under the new National Adult Maltreatment Reporting System, states that of the 43 states that submitted data on maltreatment types, self-neglect comprised by far the highest percentage of risk (57.7%), much higher than the next categories of risk such as Neglect (19%), Financial Exploitation (15.9%) or Emotional Abuse (14%). (Lawitz, 2018).
<p>48</p>	<p>Neglect: Case Scenario – Part #1</p> <hr/> <p>Refer to Handout #11 You receive a referral from a police officer for Mr. Jackson due to multiple non-emergency calls to his home</p> <hr/> <p>Home is in a moderate level of disrepair; dirty and cluttered, with unclear pathways</p> <hr/> <p>Mr. Jackson’s hygiene is poor</p> <hr/> <p>Mr. Jackson appears to have capacity</p> <hr/>	<p>Instructions for Trainers: This exercise is a large group exercise.</p> <p>Read the statements for Part #1 (handout: Elder Justice Advocate Project Case Scenarios), or choose a volunteer from the audience to read them:</p> <ul style="list-style-type: none"> • You receive a referral from a police officer for Mr. Jackson, a 75-year-old male who is living in the community. The officer states that she has been called out to the house numerous times, and that it’s often for non-police, non-emergency situations (for example: the most recent call was because Mr. Jackson saw a neighbor throwing leaves on Mr. Jackson’s lawn). • You visit Mr. Jackson and discover that the house is in disrepair; you observe grime covering every visible surface and unclear pathways throughout the house. It takes Mr. Jackson several minutes to get to the door to let you in. • Mr. Jackson’s self-care is lacking; you observe a significant odor about his person, his teeth appear long-neglected, and his clothing is in a state of disarray. • Mr. Jackson appears to retain capacity; he is very clear as to date, time, and place. He can articulate his frustrations with his neighbor clearly. <p><i>See handout 9 – Case Scenarios: Mr. Jackson (page 2).</i></p>

<p style="text-align: center; font-size: 24pt;">49</p>	<p>Neglect: Case Scenario – Part #1 Questions</p> <div style="background-color: #4a7c8c; color: white; padding: 10px; margin: 10px 0;"> <ol style="list-style-type: none"> 1. What type of abuse appears to be occurring? 2. What questions could you ask to elicit more information about Mr. Jackson's situation? 3. If possible, with whom would you like to speak? </div> 	<p>Large group discussion, potential *answers:</p> <ol style="list-style-type: none"> 1. Q: What type of abuse appears to be occurring? Potential Answer: The only type of abuse that can be inferred from the information provided is that Mr. Jackson has some self-neglecting markers. *The audience may indicate that Mr. Jackson is being emotionally abused by the neighbor. There is not enough information at hand to determine if that is the case. 2. Q: What questions could you ask to elicit more information about Mr. Jackson's situation? Potential answers: <ol style="list-style-type: none"> a. Who lives in the house? b. Who owns the house? c. Who, if anyone, helps around the house? 3. Q: If possible, with whom would you like to speak? Potential answers: <ol style="list-style-type: none"> a. Mr. Jackson! b. Mr. Jackson's Primary Care Physician c. Any identified family members or friends d. The responding officer(s) <p>*NOTE: the above answers are examples only.</p>
<p style="text-align: center; font-size: 24pt;">50</p>	<p>Neglect: Case Scenario – Part #2</p> <p>Refer to You return several weeks later</p> <p>handout Mr. Jackson's son moved in</p> <p>#11 Son is unemployed and is not taking medications for schizophrenia</p> <p>Mr. Jackson exhibits a depressed mood</p> <p>House is becoming hazardous; bugs and lack of egress</p> <p>Son doesn't appear to understand potential dangers</p> 	<p>Instruction for trainers: Read the statements for Part #2, or choose a volunteer from the audience to read them:</p> <ul style="list-style-type: none"> • You return to Mr. Jackson's house a few weeks later. This time, his adult son is there as well. Mr. Jackson discloses that his son has recently lost his job and has moved in with him. • Mr. Jackson tells you that his son has always struggled with keeping a job. He has schizophrenia, and while he does well when he is on his medications, he often goes off them because they make him feel "fuzzy. I'm not myself at all." • You discover that the son has lived with Mr. Jackson off and on for most of his life. Before now, he'd been on his own for about 18 months. Prior to that, he'd been with dad for about 5 years. <p style="text-align: right;"><i>CONTINUED NEXT PAGE</i></p>

		<ul style="list-style-type: none"> You note that Mr. Jackson's demeanor is more depressed; he makes less eye contact, slumps his shoulders, and has a flat affect. The house is notably worse than it was the last time you were there. Now there are flies all over, and one point of egress is completely blocked by son's belongings. Mr. Jackson tells you that he wants to have the house cleaned up, but every time he's done it, son returns home. Son states that he doesn't think the house is that bad; he's lived in much worse conditions. He does not appear to understand the dangers currently present.
51	<p>Neglect: Case Scenario – Part #2 Questions</p> <ol style="list-style-type: none"> How has the situation changed? What type of abuse(s) may be occurring? Is the son unable or unwilling to keep the house habitable? 	<p>Large group discussion, potential *answers:</p> <ol style="list-style-type: none"> Q: How has the situation changed? Potential answers: <ol style="list-style-type: none"> Son is now in the picture <ol style="list-style-type: none"> Son has schizophrenia and may not be on medications This is a pattern for the son Mr. Jackson's demeanor has changed The home is in worse condition and presents dangers Son has posed barriers to getting services Q: What type of abuse(s) may be occurring now? Potential answers: <ol style="list-style-type: none"> Passive neglect (son's mental illness may preclude him from assisting his father's wants and needs) Active neglect (there is not <i>quite</i> enough information yet to make this determination; nevertheless, it's possible) Financial exploitation (if son is not contributing by choice) Q: Is the son unable or unwilling to keep the house habitable? Potential answer: At this point, we do not know. More information and interventions are needed to determine this. <p>*NOTE: the above answers are examples only.</p>

Neglect: Case Scenario – Part #3

**Refer to
handout
#11**

Several years later; son is still there

Mr. Jackson has had a stroke: has challenges with ADLs and has aphasia

Home is a hazard; leaking roof and thick filth throughout

Mr. Jackson remembers you, but not your name. Is not oriented to month or season of the year

Son berates Mr. Jackson when he soils himself

You attempt to bring in services; son dismisses them outright or does not follow through

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Instruction for trainers:

Read the definitions below, then the statements for **Part #3**, or choose a volunteer from the audience to read them:

Definitions:

1. ADL – Activity of Daily Living. Essential actions consistently taken by individuals, such as eating, toileting, dressing, etc.
2. Aphasia – an impairment that affects a person’s ability to express and/or understand language. It is often associated with stroke.

Part #3 Statements:

- You haven’t heard from Mr. Jackson in several years, when you get another referral from the same officer. She states that Mr. Jackson recently suffered a stroke, and that he has difficulty performing his ADLs. He also has aphasia.
- You return to the house. Son is still living there. At this point, the roof is leaking and the house is still filthy.
- Mr. Jackson does remember you, though he can’t recall your name. He is oriented to place and time of day but cannot recall the month or season of the year. He speaks in generalizations and is unable to provide detailed explanations as to what has occurred recently. While you are there, Mr. Jackson soils himself. He calls to his son, who berates Mr. Jackson and tells him to “stop being a baby.”
- Over the course of several weeks, you monitor the situation, providing links to helpful referrals, educational programs, and personal care aides. Mr. Jackson is unable to provide appropriate consent or approval. Son accepts services at first but refuses to follow through or pay. Son states that services are “too expensive.”

Neglect: Case Scenario – Part #3 Questions

1. How has the situation changed?
2. What type(s) of abuse are occurring?
3. What would your next steps be?
4. What role(s) might trauma have played in this case scenario, and how might you address them?



Large group discussion, potential *answers:

1. Q: How has the situation changed?

Potential answers:

- a. Mr. Jackson appears to be suffering from cognitive decline
- b. Mr. Jackson is now at least partially dependent upon his son
- c. Mr. Jackson's home has become potentially dangerous and uninhabitable

2. Q: What type(s) of abuse are occurring?

Potential answers:

- a. Emotional Abuse – Mr. Jackson's son berates him for soiling himself
- b. Financial – son refuses to pay for services even though Mr. Jackson has income. It is unclear if the son contributes in any meaningful way to the household
- c. Neglect – Mr. Jackson's son is putting up barriers to help with his father's care. Additionally, the home's deterioration and disrepair suggest a level of neglect

3. Q: What would your next steps be?

Some potential answers (strongly encourage participants to make their own suggestions):

- a. Enlist the services of APS
- b. Code Enforcement
- c. Document, document, document!
- d. Collaborate with health care providers
- e. Locate/enlist a respite program

4. Q: What role(s) might trauma have played in this case scenario, and how might you address them?

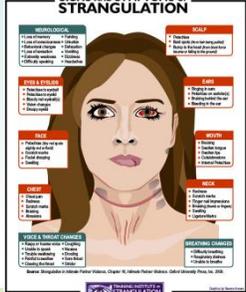
Potential answers:

- a. Son's mental health is traumatic – not only to son, but also to Mr. Jackson
- b. Additionally, it's possible that the home life exacerbated son's mental health
- c. Self-neglect can be a symptom of abuse
- d. Son's unemployment has been traumatic
- e. Stroke & its effects
- f. Addressing it could include:
 - i. Allowing Mr. Jackson authority to make his own decisions
 - ii. Informing him of all options

CONTINUED NEXT PAGE

		<p>iii. Attempting to refer son to appropriate programs to deal with his trauma(s), while being clear that your role is to be Mr. Jackson's advocate</p> <p>*NOTE: the above answers are examples only.</p>
<p>54</p>	<p>Neglect: A Crime?</p> <p>When working with law enforcement or the DA's Office, consider exploring ></p> <ol style="list-style-type: none"> 1. Assault 2. Reckless Endangerment 3. Endangering the Welfare of a Vulnerable Elderly Person 4. Endangering the Welfare of an Incompetent or Physically Disabled Person 5. Unlawful Imprisonment 6. Criminally Negligent Homicide 7. Others? <p><small>Disclaimer: this material is provided for reference only; it is not meant to be legal advice of any kind.</small></p>	<p>Note to trainers: There should be no need to explain each law. Instead, refer participants to collaborate with their District Attorneys' offices.</p> <p>Talking points:</p> <ul style="list-style-type: none"> • NYS does not currently have an elder abuse specific law. This becomes problematic as many common elder abuse tactics may not be taken into consideration (particularly as it pertains to mild cognitive impairment and dementia when the client still retains legal capacity). • Endangering the Welfare of a Vulnerable Elderly Person pertains only to perpetrators who are <i>paid</i> caregivers. • Disclaimer: this material is provided for reference only; it is not meant to be legal advice of any kind.
<p>55</p>	<p>QUESTION!</p> <p>Who do you hit when you are stressed, upset or aggravated?</p> <p>???</p>	<p>Answer: Hopefully, no one!</p>

<p>56</p>	<p>Physical Abuse: Overview</p> <p>According to New York State Social Services Law, Article 9B, Adult Protective Services, Section 473(6): the non-accidental use of force that results in bodily injury, pain or impairment, including but not limited to, being slapped, burned, cut, bruised or improperly physically restrained.</p>	<p>Note to trainer(s): There is no need to read the statute out loud.</p> <p>Instruction for trainer(s): Physical abuse is likely very well understood by most of the participants in the room. This section should highlight the <i>additional</i> concerns regarding physical abuse of older individuals.</p> <p>Talking points:</p> <ul style="list-style-type: none"> • Most older individuals are in good health, however there are some age-related changes that are inevitable. • Injuries to older adults may be more severe and may take longer to heal.
<p>57</p>	<p>Physical Abuse: Special considerations for older adults</p> <ul style="list-style-type: none"> • Physiological changes due to aging vs. abuse • Rough handling during personal care • Physically restraining or confining an older adult • Intentionally under- or over-medicating an older individual • Preventing access to assistive devices by the perpetrator • Abuse of others in the home • Stalking 	<p>Talking points:</p> <ul style="list-style-type: none"> • <u>Physiological changes</u>: while it's true that older adults may bruise more easily and may be susceptible to falls, abuse should still be ruled out. • <u>Rough handling during personal care</u>. • <u>Restraint/confinement</u>: people with dementia may wander, placing them and others in dangerous situations; however, it is not proper to use physical restraints. Rather, it is advised to partner with a dementia specialist on creating a safe and appropriate environment. • <u>Over/under-medicating</u>: this is OFTEN used to control and older individual and can be very hard to identify. A sound medical review is necessary if medication misuse is suspected. The opioid crisis has created additional elements and concerns. According to the CDC, older adults (65+) are prescribed opioids at a rate of 28.9% (the highest rate, per 100, of any other age group) (CDC, 2017). • <u>Assistive devices</u>: restricting the use of/destroying assistive devices may increase the likelihood of injury (e.g. preventing an older person from accessing their walker or cane increases the risk of falls). • <u>Abuse of others</u>: often a tactic of controlling the older adult and speaks to the danger of the perpetrator. • <u>Stalking</u>: <ul style="list-style-type: none"> ○ Does not necessarily turn physical; however, behaviors tend to escalate and 76% of intimate partner femicide victims had been stalked by their intimate partner (2015, Stalking Resource Center). <p style="text-align: right;"><i>CONTINUED NEXT PAGE</i></p>

		<ul style="list-style-type: none"> ○ The prevalence of anxiety, insomnia, social dysfunction, and severe depression is much higher among stalking victims than the general population, especially if the stalking involves being followed or having one's property destroyed. (Eric Blauuw et al, 2002). <p><i>See handout 13 – NCALL Changes due to Normal Aging and Potential for Abuse/Neglect.</i></p>
<p>58</p>	<p>Physical Abuse: Signs & Symptoms</p> <p>Bruising</p> <ul style="list-style-type: none"> • Accidental bruises tend to be smaller in diameter and located on the extremities (in 90% of cases). • Non-accidental bruises (from abuse) tend to be larger in diameter and, while they may be on the extremities, are also found on the head, trunk, neck, etc. • <i>90% of older adults who have been abused can tell you how the bruises happened even if they have memory problems or dementia.</i> <p><small>(Wiglesworth A, Austin R, Corana M, Schneider D, Liao S, Gibbs L, Mesquedo L. Bruising as a marker of physical elder abuse. J Am Geriatr Soc. 2009 Jul;57(7):1191-6.)</small></p> 	<p>Instruction to trainer(s):</p> <p>Emphasis should be placed on bullet point 3: <i>“90% of older adults who have been abused can tell you how the bruises happened even if they have memory problems or dementia.”</i></p> <p><i>See handout 14 - NCEA: Research to Practice Translation – Bruising in Older Adults.</i></p>
<p>59</p>	<p>Physical Abuse: Signs & Symptoms</p>  	<p>Talking point(s):</p> <p>Some of the common symptoms of strangulation may mimic other symptoms associated with age or with trauma (memory loss, trouble swallowing or speaking, breathing difficulties, drooping eyelids, ringing in ears, vision changes, raspy voice, loss of sensation, etc.).</p> <p><i>See handout 15 - Training Institute on Strangulation Prevention: Signs and Symptoms of Strangulation.</i></p>

<p>60</p>	<p>Physical Abuse: Pat</p>	<p>Note to trainer(s): Remind participants to practice good self-care while viewing this video.</p> <p>Sample script: We will now watch a video about Pat, which was produced by NCALL and Terra Nova Films and funded by the Office for Victims of Crime.</p>
<p>61</p>	<p>Physical Abuse: Pat Discussion</p> <p>Large group discussion:</p> <ol style="list-style-type: none"> 1. If Pat were your client, how might your own personal baggage affect the professional relationship? 2. What methods of self care would you use when working with Pat? 	<p>Note to trainer(s): This exercise is meant to encourage self-reflection amongst providers who work in high stress situations. Be careful to balance the need for catharsis with maintaining confidentiality and respect of the clients with whom we work.</p>
<p>62</p>	<p>Physical Abuse: A Crime?</p> <p>Physical abuse can always be considered a crime, even if it's not able to be successfully prosecuted. When working with law enforcement or the DA's Office, consider ></p> <ol style="list-style-type: none"> 1. Disorderly Conduct 2. Assault 3. Menacing 4. Reckless Endangerment 5. Endangering the Welfare of an Incompetent or Physically Disabled Person 6. Endangering the Welfare of a Vulnerable Elderly Person 7. Criminal Obstruction of Breathing/Strangulation 8. Unlawful Imprisonment 9. Criminal Mischief 10. Domestic Violence Criminal Contempt 11. Aggravated Criminal Contempt 12. Harassment/Aggravated Harassment 13. Stalking 14. Criminal Possession of a Weapon 15. Others? <p>Disclaimer: this material is provided for reference only; it is not meant to be legal advice of any kind.</p>	<p>Note to trainers: There should be no need to explain each law. Instead, refer participants to collaborate with their District Attorneys' offices.</p> <p>Talking points:</p> <ul style="list-style-type: none"> • NYS does not currently have an elder abuse specific law. This becomes problematic as many common elder abuse tactics may not be taken into consideration (particularly as it pertains to mild cognitive impairment and dementia when the client still retains legal capacity). <ul style="list-style-type: none"> o HOWEVER, note PEN §120.05(12) Assault in the 2nd Degree: "with intent to cause physical injury to a person who is sixty-five years of age or older, he or she causes such injury to such person, and the actor is more than ten years younger than such person." • Disclaimer: this material is provided for reference only; it is not meant to be legal advice of any kind.

<p>63</p>	<p>QUESTION!</p> <div style="background-color: #2c5e8c; color: white; padding: 20px; text-align: center;"> <p>At what age do people stop having sex?</p> <p>???</p> </div>	<p>Answer: There is no specific age!</p> <p>Talking points: “Sex” is much more than intercourse, oral, or anal sex. While physical changes (such as changes to skin, erectile dysfunction, chronic pain, etc.) may alter or eliminate the ability of some older adults to perform these sexual acts, the need for intimacy and affection remains largely unaltered</p> <ul style="list-style-type: none"> • According to Omole, et. al (2014): <ul style="list-style-type: none"> • Sexuality is a central aspect of being human • It encompasses sex, gender identities and roles, sexual orientation, pleasure, eroticism, and intimacy • Positive sexual relationships and behaviors are integral to maintaining good health and general well-being later in life • The baby boomer population is aging in the United States and elsewhere. By 2030, 20% of the US population will be ≥65 years old, and 4% (3 million) will be lesbian, gay, bisexual, transgender, and queer (LGBTQ) elderly adults (Omole, et al. 2014). 				
<p>64</p>	<p>Sexual Abuse:Overview</p> <p>According to New York State Social Services Law, Article 9B, Adult Protective Services, Section 473(6): non-consensual sexual contact of any kind, including but not limited to, forcing sexual contact or forcing sex with a third party</p>	<p>Note to trainer(s): There is no need to read the statute out loud.</p> <p>Talking points:</p> <ul style="list-style-type: none"> • Sexual abuse is the <i>least</i> commonly reported form of elder abuse but is also thought to be vastly underreported. Potential reasons for under-reporting: <table border="0" style="width: 100%;"> <tr> <td style="vertical-align: top;"> <ul style="list-style-type: none"> • Victim blaming • System response • Cognitive or physical impairments • Cultural considerations (including the timeframe in which the older adult grew up) </td> <td style="vertical-align: top;"> <ul style="list-style-type: none"> • Shame/guilt • Historical trauma • Trauma </td> </tr> </table> • Victims are less likely to be believed. Some potential reasons for this: <table border="0" style="width: 100%;"> <tr> <td style="vertical-align: top;"> <ul style="list-style-type: none"> • A lack of understanding about older adults and sexuality • A lack of understanding about memory and cognitive decline • People don’t want to believe it </td> <td style="vertical-align: top;"> <ul style="list-style-type: none"> • Ageism • A lack of understanding about trauma </td> </tr> </table> 	<ul style="list-style-type: none"> • Victim blaming • System response • Cognitive or physical impairments • Cultural considerations (including the timeframe in which the older adult grew up) 	<ul style="list-style-type: none"> • Shame/guilt • Historical trauma • Trauma 	<ul style="list-style-type: none"> • A lack of understanding about older adults and sexuality • A lack of understanding about memory and cognitive decline • People don’t want to believe it 	<ul style="list-style-type: none"> • Ageism • A lack of understanding about trauma
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65

Sexual Abuse: Consent

Per Penal Code §130.05, a person is incapable of consent when they are:

- Mentally disabled
 - Suffers from a mental disease or defect which renders him/her incapable of appraising the nature of his/her conduct
- Mentally incapacitated
 - Incapable of controlling his/her conduct due to an intoxicating substance administered without his/her consent
- Physically helpless
 - Unconscious or physically unable to communicate willingness to act
- Patients
 - The actor is a health care provider, given that the act occurs during a treatment or examination
- Residents of facilities operated by the Office of Mental Health (OMH) or the Office for People with Developmental Disabilities (OPWDD)

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Talking point:

OVW, FLETC, and NCALL (2012) –

Valid consent is given **FREELY, KNOWINGLY, and VOLUNTARILY**. An older adult must have the ability to understand the nature and consequences of his or her acts.

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66

Sexual Abuse: Methods

- Hands on/hands off offenses
- Harmful genital practices
- Delayed reporting
- Human trafficking
- SANE examinations and older adults



Training point(s):

- Through her work with older survivors of sexual assault, Dr. Holly Ramsey-Klawnsnik has identified the following categories of sexual abuse in later life:

Hands-off Offenses	Hands-on Offenses	Harmful Genital Practices
<ul style="list-style-type: none"> • Exhibitionism <ul style="list-style-type: none"> ○ Masturbation, flashing, lewd behaviors • Voyeuristic activity <ul style="list-style-type: none"> ○ Consider: the misuse of technology • Forcing someone to view pornographic materials <ul style="list-style-type: none"> ○ Particularly if they cannot leave the situation • Threats • Degradation/criticism of an older adult's body, genitalia, or sexuality 	<ul style="list-style-type: none"> • Kissing • Molestation • Oral and/or genital contact • Penetration 	<ul style="list-style-type: none"> • Unwarranted, intrusive, and/or painful procedures in caring for the genitals or rectal area • Application or insertion of creams, enemas, fingers, soap, and washcloths when not medically prescribed or necessary • Perpetrator may seem fixated with these practices and claim they're required for health or hygienic reasons

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		<ul style="list-style-type: none"> • <u>Delayed Reporting</u> - reporting may be delayed for many reasons. With older adults, consider: <ul style="list-style-type: none"> ○ The location of the assault – in a congregate living setting, there are many people who have access. If in a private residence, is the adult able to get around? ○ If there is cognitive decline, and reporting is difficult or even impossible for the survivor ○ Fear ○ Confusion ○ Shame ○ Trauma • There is VERY little information regarding the trafficking of older adults; however, it’s likely that this is severely underreported. Human trafficking is not necessarily sex trafficking. <p><i>See handout 16 – National Sexual Violence Resource Center: Sexual Violence in Later Life.</i></p>
67	<p>Sexual Assault Nurse Exam/Examiner (SANE)</p> <ul style="list-style-type: none"> • A (SANE) is a Registered Nurse who has received special training so that s/he can provide comprehensive care to sexual assault victims. In addition s/he is able to conduct a forensic exam and may provide expert testimony if a case goes to trial. • SANE examinations are particularly painful for older adults due to the physiological changes associated with aging • Group discussion: <ul style="list-style-type: none"> • What factors may be important when performing a SANE on an older adult? 	<p>Talking points: Sexual Assault Nurse Examiner</p> <p>A SANE is a registered nurse who is specifically trained to do a medical/forensic exam. The steps of a sexual assault exam consist of:</p> <ol style="list-style-type: none"> 1. Consent form 2. Brief description of the assault so they will know where to look for injuries and evidence 3. Evidence collection: <ul style="list-style-type: none"> ○ Oral swabs ○ Vaginal/penal swabs ○ Pubic hair combings ○ Debris collection (dried blood, semen, saliva, hair, dirt, leaves, fibers) ○ Head hair combings ○ Anal swabs ○ Pubic hair samples ○ Pulled head hair samples ○ Fingernail scrapings ○ Blood Sample 4. Pelvic examination 5. Emergency contraception (if applicable) 6. Follow-up visit (6 weeks after sexual assault examination Sexually Transmitted Infection/Disease Testing) <p>For your information:</p> <p>The Forensic Rape Examination (FRE) is entirely optional, as are each of its individual steps. Reporting to law enforcement is optional as well, and each hospital has its own regulations regarding how long collected evidence will be stored should the survivor decide to pursue legal options later. OVS can be directly billed for FREs. Statutory changes that will be enacted in 2019 provide that FRE exams will not be subject to annual deductibles, co-insurance, or balance billing by the provider (for all policies issued/renewed/modified/alterred or amended on or after 1/1/19).</p>

<p>68</p>	<p>Myth # 5</p> <p>Dementia = lack of capacity</p> <p>It may, but typically it does not. Minimally, older adults with dementia can still clearly state preferences and make everyday choices.</p>	<p>Talking points:</p> <ul style="list-style-type: none"> • Official capacity determinations from a legal standpoint can only be made by a court of law yet may be influenced by a medical professional’s reports. • Capacity has many facets and a dysfunction in one arena (i.e. financial capacity) does not equate to global incapacity (i.e. for personal decisions, for medical decisions, etc.). • Remember the Bruising in Older Adults study regarding reporting injuries. • “Assume that the victim is mentally competent until there is significant evidence to the contrary. If cognitive limitations exist, this does not relieve providers of the responsibility to partner with that victim in whatever capacity the victim is able.” – Ramsey-Klawnsnik & Miller, 2017. <p><i>Refer to handout 5 - American Bar Association & American Psychological Association’s Assessment of Older Adults with Diminished Capacity: A Handbook for Psychologists Appendices G & H.</i></p>
<p>69</p>	<p>Sexual Abuse: AI</p>	<p>Note to trainer(s): Remind participants to practice good self-care while viewing this video.</p> <p>Sample script: We will now watch a video by Maine Public Broadcasting Network (2009, Broken Trust) about AI.</p> <p>Broken Trust: AI (start at 7:49).</p>

<p>70</p>	<p>Sexual Abuse: AI Discussion</p> <p>Large Group Discussion</p> <ol style="list-style-type: none"> 1. Why wasn't AI believed? 2. If AI were referred to you, what are some ways you could help him? 3. What would a trauma-informed approach look like for AI? 	<p>Large group discussion, potential *answers:</p> <ol style="list-style-type: none"> 1. Q: Why wasn't AI believed? Potential answers: <ol style="list-style-type: none"> a. AI had dementia b. AI is a male c. Lack of physical evidence? 2. Q: If AI were referred to you, what are some ways you could help him? Potential answers: <ol style="list-style-type: none"> a. Listen to AI; validate his fears and understand that they are very real to him b. In the absence of physical evidence, consider other alternatives to creating a safe place for AI c. Consult with (if applicable) the long-term care Ombudsman or local SA provider 3. Q: What elements of a trauma-informed response could you use when working with AI? Potential answers: <ol style="list-style-type: none"> a. ALL OF THEM! b. Consider working with AI in whatever ways he is willing and capable c. Ask permission and explain things to AI, understanding that even though he has dementia, he deserves the courtesy and respect of all other clients d. Offer him choice e. Others? <p>*NOTE: the above answers are examples only.</p>
<p>71</p>	<p>Sexual Abuse: A Crime?</p> <p>Like physical abuse, all forms of sexual abuse are criminal, yet very few ever come to the attention of authorities, of which only a fraction get prosecuted. When working with law enforcement or the DA's Office, consider exploring ></p> <ol style="list-style-type: none"> 1. Sexual Misconduct 2. Rape 3. Criminal Sexual Act 4. Forcible Touching 5. Persistent Sexual Abuse 6. Sexual Abuse and Aggravated Sexual Abuse 7. Endangering the Welfare of a Vulnerable Elderly Person 8. Endangering the Welfare of an Incompetent or Physically Disabled Person 9. Human Trafficking <p>Disclaimer: This material is provided for reference only; it is not meant to be legal advice of any kind.</p>	<p>Note to trainers: There should be no need to explain each law. Instead, refer participants to collaborate with their District Attorneys' offices.</p> <p>Talking points:</p> <ul style="list-style-type: none"> • NYS does not currently have an elder abuse specific law. This becomes problematic as many common elder abuse tactics may not be taken into consideration (particularly as it pertains to mild cognitive impairment and dementia when the client still retains legal capacity). • Disclaimer: this material is provided for reference only; it is not meant to be legal advice of any kind.

Elder Justice Advocate Project Training – Section 3: Working with Older Adults

Each slide is laid out below with specific instructions and/or talking points. In the interest of time, all speaking points do NOT need to be covered; they are simply meant to be a guide for trainers.

Slide	Slide Image	Slide Instructions
73		<p>Instructions:</p> <p>This Activity can be done as a large group or a small group. If time is short, treat this as a large group. If needed, trainers can elect to do 2 photos (vs. the full 4).</p> <p>If this is done as a small group:</p> <ul style="list-style-type: none"> • Break participants into their small groups, assign a reporter • Assign each group one photo (slides 72-75) • Ask the group to create a “mini-biography” for the older adult in the picture • Report back to large group
74		<p>Note to trainer(s):</p> <p>This activity is meant to create a thoughtful dialogue amongst participants about the assumptions we make about people, including potential unintended bias. The goal of this activity is not to place blame or judgment, rather to bring consciousness to our own practice.</p>
75		<p>While most comments will likely appear favorable, consider how they could be interpreted by the older adult. As an example, calling older adults “dear,” “sweetie,” or “cute” can be interpreted as insulting despite the intent. Approach older individuals as you would any other adult, unless directed differently.</p>
76		<p>Take Away:</p> <p>We are not responsible for our first, knee-jerk thoughts, but we are responsible for our 2nd thoughts and first actions. Internal bias is influenced by so many factors, many of which are out of our control, yet it is incumbent upon us to challenge those biases when they come up.</p>

<p>77</p>	<p>Myth #6</p> <p>Older adults are helpless</p> <p>It's true that older adults may require extra care, assistance with daily activities, and supervision. However, older adults are ADULTS, and it is our responsibility to partner with them in whatever capacity they are able.</p> 	<p>Talking point: Even older individuals who require assistance with ADLs or IADLs (Activities of Daily Livings, such as: bathing, cooking, dressing; and Instrumental Activities of Daily Living, such as driving, shopping, cleaning) likely retain other abilities. Consider the older adult from a strengths-based perspective and allow him or her to maintain whatever level of independence they are able.</p>
<p>78</p>	<p>Working with Older Adults: Challenges & Possible Solutions</p> <p>Dementia or Mild Cognitive Impairment</p> <ul style="list-style-type: none"> Try to schedule meetings, interviews, and court proceedings earlier in the day to mitigate the potential effects of sun downing Try rephrasing questions Attempt to narrow down time frames by asking the older adult what a typical day looks like. Ask clarifying questions such as, "did this happen before or after you ate breakfast?" Ask open-ended questions and allow enough time for answers Ensure that there are not other factors complicating communication (such as a hearing impairment, speech impairment, etc.) Recognize that there are several conditions that mimic dementia, including trauma 	<p>Talking points:</p> <ul style="list-style-type: none"> • Try to schedule meetings, interviews, and court proceedings earlier in the day to mitigate the potential effects of sun downing. Sun downing is a symptom of dementia in which the older adult becomes more confused and agitated as the day progresses. It is often helpful to seek guidance from trustworthy caregivers and other professionals as to when the older adult is the clearest. • Try rephrasing questions. It's possible that the older adult is unfamiliar with colloquialisms or terminology. Additionally, sensory or cognitive impairments may affect the older adult's ability to intake and process information. • Attempt to narrow down time frames by asking the older adult what a typical day looks like. Ask clarifying questions such as, "did this happen before or after you ate breakfast?" Providing a structured time frame is beneficial to aiding the older adult's memory, but also in establishing the facts of the case. • Ask open-ended questions and allow enough time for answers "Yes" and "no" questions are easier to answer, and more likely to elicit false answers. • Ensure that there are not other factors complicating communication (such as a hearing impairment, speech impairment, etc.). Reduce ambient noise, when possible. Use other methods of communicating (such as writing) if safe and appropriate. • Recognize that there are several conditions that mimic dementia, including trauma Talking about elder abuse is hard to do!

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Working with Older Adults: Challenges & Possible Solutions

Communication

- Whenever possible, speak to the older adult privately and before others involved in the case
- Speak as clearly as possible and avoid using idiomatic language
- Keep statements brief
- Reduce the amount of ambient noise in the room, if possible



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Working with Older Adults: Challenges & Possible Solutions

Communication

- Repeat the question or perhaps rephrase it
- Allow the older adult sufficient time to answer
- Utilize technology if available and safe
- Use an *official* translator



Talking points:

- Ambient noise in the room is not only distracting to caseworkers, but also can interfere with hearing aids.
- Remember: the older adult has experienced a trauma. Even younger people may take longer to answer questions under stressful circumstances. Allowing an older adult time to digest what's being told to them and to formulate a response is good practice.
- Use caution in utilizing technology; ensure that products/apps are secure that that proper procedures are used in removing client-sensitive information.
- *It is NOT advisable* to use a family member or friend to translate for a client. Not only could it be a confidentiality concern, but also there is also no way to ensure that details aren't being lost or misinterpreted.

<p>81</p>	<p>Working with Older Adults: Challenges & Possible Solutions</p> <p>Medical Considerations</p> <ul style="list-style-type: none"> Ensure that the older adult has sufficient medical supplies, including medications Provide ample time for breaks Utilize a wheelchair or other assistive device if appropriate and safe Ensure that the client has access to fluids and diet-appropriate foods Make accommodations to minimize the amount of time the older individual needs to physically be at court 	<p>Talking points:</p> <ul style="list-style-type: none"> • Work with the client, a trusted caregiver, service provider, or medical professional to ensure that the older adult has sufficient medical supplies for the projected time frame. • Provide ample time for breaks and allow time for the client to physically get to wherever he or she needs to be. Be mindful of the location of restrooms and water fountains. • Accommodations could include scheduling an earlier court time, ensuring that older individuals, particularly if they have medical concerns, are seen sooner.
<p>82</p>	<p>Working with Older Adults: Challenges & Possible Solutions</p> <p>Transportation</p> <ul style="list-style-type: none"> Consult with local services providers, such as Office of the Aging, not-for-profits, community agencies, and churches to locate transportation programs for the older adults Consult NY Connects for transportation and other resources: http://www.nyconnects.ny.gov/ Utilize the Office of Victim Services' compensation fund 	<p>Talking points:</p> <ul style="list-style-type: none"> • NY Connects is available in NYS counties and offers county-specific resource directories for older adults and their caregivers, including transportation options. • The Crime Victims Compensation fund can reimburse clients for transportation to/from <i>necessary</i> court appearances and medical appointments. • More informal arrangements may be available through faith communities, though due caution should be exercised regarding proper training and insurance.

<p>83</p>	<p>Working with Older Adults: Challenges & Possible Solutions</p> <p>Lack of Privacy</p> <ul style="list-style-type: none"> Ask the older adult or referral source under what circumstances it is safe to call or visit Request to speak with the victim alone Provide a 911 cell phone to the victim, if appropriate and safe “Divide and conquer” Use a neutral location, if appropriate and safe 	<p>Talking points:</p> <ul style="list-style-type: none"> • A common tactic of abusers is to control access to the older adult. Consider the implications of technology; tracking phone calls, location devices, nesting cameras, etc. • “Divide and conquer” – one caseworker speaks with the older adult and the other caseworker speaks with the family in separate rooms, whenever possible. • Consider alternate venues for interviews and meetings.
<p>84</p>	<p>Working with Older Adults: Challenges & Possible Solutions</p> <p>Access to Buildings</p> <ul style="list-style-type: none"> All county buildings should be ADA compliant. If there is an issue, contact the ADA Liaison in your community: http://www.nyc.gov/accessibility/adacontact.shtml Identify other resources in the community, such as neighborhood programs, faith communities, senior centers, etc. Attempt to do a “dry run” with the older adult, if appropriate and safe 	<p>Talking points:</p> <ul style="list-style-type: none"> • ADA compliance does have limitations in older buildings, but alternate options must be considered, including a change of venue. • A change of venue could incorporate neighborhood programs, faith communities, or senior centers. These organizations typically have resources and individuals who may offer guidance and support, and likely have accessibility.

Working with Older Adults: Promising Practices

➤ Considerations for an aging-friendly courtroom:

- [Remote Access](#)
- Bench card
- Preferential court scheduling
- Seating considerations
- If possible, requesting a change of venue



Talking points:

Remote Access to Court: utilizing technology to minimize/eliminate the need for an older adult to physically go to court.

- In NYS: Remote Access to Temporary Orders of Protection program
- Family Court Act § 531-a: As provided in this section, the chief administrator of the courts, with the approval of the administrative board of the courts, may promulgate rules to establish and implement a pilot program for the filing of petitions for temporary orders of protection by electronic means and for the issuance of such orders ex parte by audio-visual means in order to accommodate litigants for whom attendance at court to file for, and obtain, emergency relief would constitute an undue hardship or to accommodate litigants, for whom traveling to and appearing in the courthouse to obtain emergency relief, creates a risk of harm to such litigant. [FCT 531-a](#).

Bench card: a brief reference guide for the judiciary and other court personnel.

Preferential court scheduling: If needed, attempt to have older adults earlier on the docket to reduce delays and the effects of possible sundowning.

Seating considerations: Some older adults may benefit from seating that is closer to the front of the room, lighted pathways, minimal or no stairs/steps. Additionally, chairs should be sturdy and have arms.

Aging-specific courtrooms: A reference of programs can be found at <http://www.eldersandcourts.org/Elder-Abuse/Programs-and-Guidelines.aspx>.

See handout 17: Elder Justice Advocate Project Court Card.

Working with Older Adults: Promising Practices

➤ Promising practices:

- Eleazer Court at Stetson University [Stetson University College of Law | Virtual Tour](#)
- Aging-specific courtrooms in Illinois, California, Washington



<http://www.stetson.edu/law/academics/elder/home/eleazer-courtroom.php>

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Talking points:

About the Eleazer Court:

The Eleazer Courtroom is the first courtroom in the nation designed specifically with the needs of elderly people in mind, and it serves as a national model for improving courtroom access.

The courtroom is designed to provide access to people who are elderly or who have disabilities. The elder-friendly facility offers the latest in technology, including electronic evidence displays, cameras, microphones and speakers for observing court participants and jury deliberations.

The courtroom was dedicated in honor of Professor William R. Eleazer on Sept. 16, 2005. For 20 years, William R. Eleazer inspired and led a generation of trial lawyers and through his tireless efforts made Stetson the powerhouse in law school advocacy education that it is today.

Features include:

- Carpeting designed to give visual clues for those with visual impairments -- a border along the edge in a color different from the carpet, with diamond insets marking each row to give a visual clue regarding seats
- Rounded corners on all tables and desks
- Sturdy chairs with locking wheels and firm arms
- Easily accessible witness box at floor level with no steps
- Ramp to judge's bench inside judge's chambers, so judge in wheelchair can ascend bench without being observed
- Podium that is electronically height-adjustable, with electronic side shelves or wings for those in a wheelchair and with limited upper body mobility
- Use of technology to enhance accessibility of participants -- including flat panels in gallery and hearing amplification devices
- Non-glare, non-buzz lighting
- Color picked to enhance vision of elders
- Courtroom participants can move about the courtroom without highlighting physical limitations

From: [Eleazer Courtroom](#)

Elder Justice Advocate Project Training – Section 4: Potential Remedies for Victims/Survivors

Each slide is laid out below with specific instructions and/or talking points. In the interest of time, all speaking points do NOT need to be covered; they are simply meant to be a guide for trainers.

Slide	Slide Image	Slide Instructions
88		<p>Talking points:</p> <ul style="list-style-type: none"> • APS is available in every county in NYS. • There are 3 criteria for APS to take a case. • APS can NOT remove an older adult from his or her home. • APS can petition for guardianship in rare circumstances. • APS can provide linkages with other programs. • APS can demand an accounting from an agent acting as Power of Attorney. • APS is mandated to contact law enforcement if they have a reason to believe a crime has been committed against an APS client. • APS cannot take involuntary action without authorization from a court or someone else who can authority to take involuntary action. APS respects the rights of adults with capacity to make their own decisions. <p><u>Time Frames</u></p> <ul style="list-style-type: none"> • Responds within 24 hours if referral is considered life-threatening • Other referrals - initial response must be made within 72 hours <p><u>Confidentiality</u></p> <ul style="list-style-type: none"> • Of referral source - The confidentiality of referral sources and other collateral contacts is protected. • Of Client - APS reports and case information is confidential and can only be released with the permission of the subject of the report or their representative. There are some exceptions to this especially as it relates to investigation and provision of needed services. Additional information regarding confidentiality may be found in <i>Social Services Law-section 473-e and 18NYCRR section 457.16.</i> • Anyone may make a referral to APS. <p>Note to trainer(s): This slide should be updated for regional consideration.</p>

<p>89</p>	<p>Community Resources: Lifespan of Greater Rochester Inc.</p>	<p>Note to trainer(s): The darker-colored boxes indicate Upstate Elder Abuse Center at Lifespan's statewide endeavors.</p>
<p>90</p>	<p>Community Resources – Domestic Violence Programs</p> <ul style="list-style-type: none"> National Domestic Violence 24-hour Hotline: 1-800-799-7233 or 1-800-787-3224 (TTY) or deafhelp@thehotline.org New York State Domestic Violence 24-hour Hotline: 1-800-942-6906 or 711 for Deaf or Hard of Hearing New York State Office of Victim Services: https://ovs.ny.gov/locate-program New York State Coalition Against Domestic Violence (NYSCADV): https://www.nyscadv.org/find-help/program-directory.html Inquire about local Domestic Violence Coalitions and programs that may not be listed in the above references 	<p>Note to trainer(s):</p> <ul style="list-style-type: none"> An additional slide with local information can be added for smaller trainings. Ask participants for more suggestions. Remind people to seek more information at the resource table (if available).

<p>91</p>	<p>Community Resources – Sexual Assault Programs</p> <ul style="list-style-type: none"> • National Sexual Assault Hotline: 1-800-656-HOPE or https://www.rainn.org/ for chat options <ul style="list-style-type: none"> • https://www.rainn.org/get-help • New York State Coalition Against Sexual Assault (NYSCASA): http://nyscasa.org/get-help-2/ or 1-800-942-6906 • New York State Programs by County: https://www.health.ny.gov/prevention/sexual_violence/rscvpp_providers.htm • Local SARTs, Coalitions, etc. • Sexual Assault Forensic Examiners/Sexual Assault Nurse Examiners (SAFE/SANE): <ul style="list-style-type: none"> • New York State DOH: https://www.health.ny.gov/professionals/safe/ 	<p>Note to trainer(s):</p> <ul style="list-style-type: none"> • An additional slide with local information can be added for smaller trainings. • Ask participants for more suggestions. • Remind people to seek more information at the resource table (if available).
<p>92</p>	<p>Community Resources - Other</p> <ul style="list-style-type: none"> • Local Offices for the Aging: provide home and community-based programs provide older persons access to a well-planned, coordinated package of in-home and other supportive services designed to support and supplement informal care <ul style="list-style-type: none"> • https://aging.ny.gov/NYSOFA/LocalOffices.cfm • NY Connects: provides a searchable, online database of aging services in your county <ul style="list-style-type: none"> • https://www.nyconnects.ny.gov/contact-us 	<p>Note to trainer(s):</p> <ul style="list-style-type: none"> • An additional slide with local information can be added for smaller trainings. • Ask participants for more suggestions. • Remind people to seek more information at the resource table (if available).

<p>93</p>	<p>Community Resources – Also Consider...</p> <ul style="list-style-type: none"> • Faith Communities • Financial institutions (Fraud Specialists) • Community and neighborhood organizations • Culturally-specific programs • Community centers • Senior Centers • Others? 	<p>Note to trainer(s):</p> <ul style="list-style-type: none"> • An additional slide with local information can be added for smaller trainings. • Ask participants for more suggestions. • Remind people to seek more information at the resource table (if available).
<p>94</p>	<p>Resources: Websites</p> <ul style="list-style-type: none"> • Office for Victims of Crime: http://www.ovc.gov • NYS Office of Victim Services: http://ovs.ny.gov • Lifespan of Greater Rochester: http://www.lifespan-roch.org • NYS Coalition on Elder Abuse: https://www.nyselderabuse.org/ • NYS Office for the Aging: https://aging.ny.gov/nysofa/aboutnysofa.cfm 	<p>Note to trainer(s):</p> <ul style="list-style-type: none"> • An additional slide with local information can be added for smaller trainings. • Ask participants for more suggestions. • Remind people to seek more information at the resource table (if available).
<p>95</p>	<p>Resources: Websites</p> <ul style="list-style-type: none"> • NYS Office for Prevention of Domestic Violence: http://opdv.ny.gov • NY Connects: http://www.nyconnects.org • NYS Office of the Attorney General: https://ag.ny.gov/smart-seniors • NYS Office of Children and Family Services (APS): https://ocfs.ny.gov/main/psa/ • Others? 	

- Office for Victim Services – Changes to OVS Enacting Statute
- Effective for claims filed on or after 10/17/2017
 - Executive Law §621 and §631 for details
 - Vulnerable elderly persons who have suffered a loss of savings can submit claims for up to \$30,000
 - Vulnerable elderly persons who have not been physically injured as a direct result of a crime, shall be eligible for an award that includes loss of savings
 - Likewise, victim’s responsibility can be disregarded for these claims



Talking points:

Advocates fill out the standard application.

- Loss of Savings will be considered Essential Personal Property.
- NYS law defines “criminal justice agency” as police departments, district attorney’s offices and - any other governmental agency having the responsibility for the enforcement of the criminal laws of the state. As APS is a governmental agency having the responsibility for the enforcement of certain criminal laws of the state, for the purposes of OVS it is considered a “criminal justice agency.” Such crimes may include those related to physical abuse, sexual abuse and financial exploitation.

Definitions:

- Vulnerable Elderly Person - PEN §260.31 - a person sixty years of age or older who is suffering from a disease or infirmity associated with advanced age and manifested by demonstrable physical, mental or emotional dysfunction to the extent that the person is incapable of adequately providing for his or her own health or personal care.
- Loss of Savings - EXC §261(24) - **the result of any act or series of acts of larceny** as defined in article one hundred fifty-five of the penal law, indicated by a criminal justice agency as defined in subdivision one of section six hundred thirty-one of this article, **in which cash is stolen from a vulnerable elderly person or an incompetent or physically disabled person.**
- Physical Injury Exception - §631 (8-a) - notwithstanding the provisions of subdivision one of this section, a vulnerable elderly person or an incompetent or physically disabled person, as defined in section 260.31 of the penal law, who has not been physically injured as a direct result of a crime, shall be eligible for an award that includes loss of savings.
- Responsibility Exception - §631 (5-f) notwithstanding the provisions of paragraph (a) of this subdivision, the office shall **disregard for this purpose the responsibility of the victim** for his or her own loss of savings.

Disclaimer: this material is provided for reference only; it is not meant to be legal advice of any kind.

See handouts 18 & 19 – Office of Victim Services Advisory Bulletin and Highlights of recent NYS Office of Victim Services statutory changes that benefit vulnerable victims.

<p>97</p>	<p>Office for Victim Services – Updates & Tips</p> <p>Loss of Savings</p> <p>Section 260.31 of the Penal Law creates this distinct, vulnerable population. This population is comprised of folks who are <i>unable to perform daily, life-functions for themselves</i>. The recent addition of “loss of savings” is <i>not meant to reimburse all people who may be the victim of such criminal acts</i></p>	<p>Note to trainer(s):</p> <ul style="list-style-type: none"> • Limited to cash (or cash equivalent) and <i>not</i> other personal property. • *OVS is the payer of last resort! • Funding for Loss of Savings comes from NYS money, which is finite. • It’s still a very new aspect of the program. • Adult Protective Services is considered a criminal justice agency for the purposes of OVS. <p>Talking point:</p> <p>Be sure to not overpromise this benefit to clients. While they may appear to be vulnerable, that does not mean that they will fit the statutory definition.</p>
<p>98</p>	<p>Office for Victim Services – Older Adults</p> <p>People who are “elderly” (defined as 60+; proof of age is required if not on police report) are eligible for many benefits, regardless of if physical injury has occurred.</p> <p>Proof of age documents include:</p> <ul style="list-style-type: none"> • Medicare card • Valid driver’s license or NYS ID card • Birth certificate 	<p>Talking points:</p> <ul style="list-style-type: none"> • There are relaxed eligibility requirements for some benefits for older adults. • Proof of age is required. If not available on the police report, proof of age can be established from: <ul style="list-style-type: none"> ○ A Medicare card ○ A valid driver’s license or NYS ID card ○ A birth certificate

<p>99</p>	<p>Office for Victim Services – Older Adults</p> <p>Potential Services Include:</p> <p><u>Counseling</u></p> <ul style="list-style-type: none"> For the victim only; must start within one year of the date of the crime <p><u>Essential Personal Property</u></p> <ul style="list-style-type: none"> Must be necessary to the health, welfare, or safety of the victim Ensure that police reports reflect each item or financial transaction individually to maximize claim amounts Capped to \$500, cumulative Loss of Savings is under this category 	<p>Talking points:</p> <ul style="list-style-type: none"> Dated receipts for public transportation, parking, and tolls must be submitted to be reimbursed. Mileage between the victim’s home and appointment may be reimbursed at the per diem rate applicable at the time the event occurred. For court appearances; a copy of the subpoena or a letter from the DA is required. For medical appointments, an itemized bill or physician statement verifying service date(s) is required.
<p>100</p>	<p>Office for Victim Services – Older Adults, Continued</p> <ul style="list-style-type: none"> <u>Transportation</u> <ul style="list-style-type: none"> For necessary court appearances in connection with the prosecution of the crime (requires statement of necessity from the DA’s Office) For medical transportation expenses (incurred due to “casually related” medical treatment) (requires Physician verification) <u>Financial counseling</u> 	

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Elder Justice Advocate Project: Reporting

Monthly reports:

- Should be filed by the **5th day** of the following month (May's report should be filed by June 5th, etc.)
- Should include the number of NEW clients referred to the Advocate in the reporting month and the number of ONGOING clients carried over from previous months (who are still actively seeking services)
- Monthly reports should be sent to Tracey Siebert-Konopko (tsiebert@lifespan-roch.org)



Talking points:

Monthly reports will include a tally of NEW and ONGOING clients for each month:

- **NEW clients:** clients are considered “new” if an Advocate sees them *for the first time* in the reporting month, or if the client is being reopened for a *new* issue or concern. For example: Mrs. Jones is referred in May after her son assaults her and is referred again in August for a stranger scam. Mrs. Jones could be counted as a “new” client in May and in August.
- **ONGOING clients:** clients are considered “ongoing” if they carry over from the month or months prior.

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Elder Justice Advocate Project: Reporting

Elder Justice Advocate Project Monthly Report

Month reporting: _____
DUE: By the 5th day of the following month

Advocate name: _____
 Agency: _____
 E-mail address: _____

Total NEW clients	Clients seen for the first time in the reporting month, or if the client is being reopened for a new issue or concern	_____
Total ONGOING clients	Clients are considered "ongoing" if they carry over from the month or months prior	_____

Please return monthly reports and client information forms to:
 Tracey Siebert-Konopko, Program Manager
 *e-mail: tsiebert@lifespan-roch.org | Fax: 585-244-9114 (attn: Tracey S-K)
 Lifespan | 1900 S. Clinton Ave. | Rochester, NY 14618



103

The Client Data Form

Instructions:

- Fill out this form for each client age 60+ served by the Advocate
- Forms should be submitted to Lifespan at the close of the case
- This section should be filled out when an Advocate receives a case

Case ID:
A unique client ID tag (of your choosing) can be used in place of client name if privacy is a concern

Talking points:

1. This form **must** be filled out on each client, age 60+, served by the advocate during the project period.
2. This form should be started upon intake of a new client.
3. It should be completed after a case has been closed. What constitutes a case closing is variable, yet could be considered if:
 - a. The client's stated goals have been accomplished/completed
 - b. The client refuses services or to participate
 - c. A court case has been fully adjudicated
 - d. There is no further productive role for the Advocate, and proper referrals have been accomplished
 - e. The Advocate must close the case for safety or other reasons
4. If a case is closed, but an advocate reopens, simply count the client as an ONGOING client for the monthly report. A new form should be filled out if the client is being seen for a new and distinct reason.
5. Client information will be kept safe and confidential; however, Lifespan understands that regulations vary from agency to agency. Therefore, client names are not necessarily. Instead, a unique ID tag can be used.
6. Preferred suggestion for creating ID tags: name of county + date of referral (i.e. Mon042318).
7. Make a good-faith effort to obtain all information requested on the form. Lifespan understands that this is not always possible.
8. Ensure that *your* information is provided on the form.

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The Client Data Form

Service provision over the course of the case: (check all that apply)

<input type="checkbox"/> Support/guidance through the criminal justice process	<input type="checkbox"/> Civil or Criminal conviction	Was this case reviewed by an Enhanced Multidisciplinary Team?
<input type="checkbox"/> Court advocacy (criminal or civil)	<input type="checkbox"/> Order of Protection	
<input type="checkbox"/> Eliminating/reducing barriers*	<input type="checkbox"/> Application submitted	<input type="checkbox"/> Yes
<input type="checkbox"/> Information and referral	<input type="checkbox"/> Order obtained	<input type="checkbox"/> No
<input type="checkbox"/> Law enforcement investigation initiated	<input type="checkbox"/> Crime Victims Compensation	<input type="checkbox"/> Unsure
<input type="checkbox"/> Referral to District Attorney	<input type="checkbox"/> Claim submitted	
<input type="checkbox"/> Prosecution initiated	<input type="checkbox"/> Amount taken (if known): _____	
	<input type="checkbox"/> Amount received (if applicable): _____	

*Please describe on back of page

Instructions:
 Check off each box that applies to the work you have done with the client. Refer to Appendix__ for descriptions and the full instruction sheet. *This section should be updated throughout the case*



Talking points:

Use this section to tell us more about the work you have done with the client. This section should be updated periodically throughout the course of the case. Not all items will be used. There is an explanation as to what each category *may* include attached to the intake form.

- Support/guidance through the criminal justice process: check this box if you have provided information about the criminal justice process, case management, advocacy, or other criminal justice related support to a client by phone, in-person, or through e-mail.
- Court Advocacy: check this box any time you accompany a client to court or advocate with the court on behalf of the client (i.e. by sitting with the client through the process, accommodating an earlier start time, assistance with filling out forms, etc.).
- Eliminating or reducing barriers: check this box if you have assisted the client in obtaining physical or emotional access to the criminal justice system (i.e. finding reliable transportation, obtaining assistive devices, helping to obtain legal representation for client, etc.).
- Information and referral: check this box for any guidance, referrals, or resource information provided to clients that is not criminal justice process related (i.e. referrals to Adult Protective Services, information about local resources for older adults and their caregivers).
- Other: check if unsure where to count a specific service. Please identify the service provided.
- Crime Victims Compensation: check this box if you have helped a client to submit a claim for crime victim's compensation, even if the claim is subsequently rejected. Use this section to provide updated information for successful claim.
- Enhanced Multidisciplinary Teams: E-MDTs are comprised of professionals from various disciplines whose primary focus is to investigate, intervene, and prevent financial exploitation of older adults. E-MDTs have unique access to a forensic accountant and geriatric psychiatrist in addition to drawing on the expertise of disciplines including aging services, the financial industry, and local legal and law enforcement. The team provides a holistic response which includes recommendations and support to those working on complex cases of financial exploitation.

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The Client Data Form

Overcoming barriers

Please check off any barriers that you assisted the client to reduce or eliminate:

<input checked="" type="checkbox"/> Barrier	Instruction	<input checked="" type="checkbox"/> Barrier	Instruction
<input type="checkbox"/> Communication	Use if you assisted the client in obtaining an official translator, interpreter, or any other resource to enhance or enable written, oral, or electronic communication	<input type="checkbox"/> Medical or Physical	Use this if you assisted the client in coordinating physical access to the court system (i.e. time of day, ADA considerations) or if you assisted in ensuring that they had appropriate medical equipment/medications/considerations while in court
<input type="checkbox"/> Emotional	Use if you assisted the client by providing emotional support (past incidents). This could include using trauma-informed approaches when working with a client, crisis intervention, safety planning, referring to/providing individual or group counseling. This will be applicable for most clients	<input type="checkbox"/> Systemic	Use this if you advocated for, or otherwise assisted a client with the criminal justice system process. This could include talking with law enforcement officers, the District Attorney's office, or court personnel on behalf of the client. Also use if you assisted the client in obtaining legal representation
<input type="checkbox"/> Transportation	Use this if you assisted the client by providing referrals or other resources to transport the client to necessary court, medical, and community-based programming	<input type="checkbox"/> Other:	Use this sparingly to describe any other services you provided or barriers identified during the case

Instructions:

Read the instructions for each barrier closely. It is likely that the work you are doing with the client fits into several of these categories. Even one contact with the client is an opportunity to reduce emotional barriers to accessing the criminal justice system

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Talking points:

Please use this section to explain any barriers that you assisted the client in overcoming (or reducing), *even if it was not successful*. For example, if a client needed transportation to a court appointment, and you contacted the Office for the Aging to locate an applicable transportation program, this could be counted as reducing a transportation barrier even if the client was unable or unwilling to utilize the service.

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The Client Data Form

Briefly explain successes and/or ongoing needs for each barrier checked:

Example:

Instructions:

Use this section to tell us about successes, but also challenges that you and the client encountered with the criminal justice or other service systems

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Talking points:

This section is your opportunity to explain your experience with the case. Please note: it is NOT appropriate to use this form to complain about the client. Rather, it's an opportunity to explain the frustrations you and the client encountered in dealing with the criminal justice and service provision systems.

This also assists us to focus the topics of upcoming webinars, as well as in determining potentials for future programming.



Talking points:

Teamwork and collaboration are essential, when used appropriately. Some thoughts to keep in mind:

- Know your role: in high stress situations, it can be easy to take on too much. People come to us in crisis, and with myriad concerns and needs. We may feel pressure from ourselves, our colleagues, other professionals, and from clients & their family members to “fix” the situation. That is not our role. As service providers, we are not responsible for our clients or their outcomes. We are, however, responsible to our clients to provide them with competent service within boundaries. Knowing your role is essential for:
 - Providing competent service
 - Promoting our own self care
 - Providing a trauma-informed response
- Respect confidentiality: as service providers, we must balance our own ethical standards, our professions’ ethical standards, our agencies’ policies and procedures, and the law. Consider:
 - Client safety
 - Others’ safety
 - What MUST be disclosed
 - Reason for disclosure
 - Releases of information
- Drop your ego: you prove more by *doing* your job well than by telling people about it.
- Find common ground: while the expression of our roles may differ, we are all there for a single, unified purpose: the client.
- Complementary services: find ways to appropriately share responsibilities so that work may be done more seamlessly.

Teamwork is achieved by effective communication!

- E-mail is perhaps the easiest method of communication, yet may lead to more problems
- Active listening
- Choose your battles

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Outreach for Referrals

Rack card available on the EJA Program website:
<https://www.lifespan-roch.org/s/ElderJustice-Outreach-Card-dpdf.pdf>

BREAK THE SILENCE
 Update Elder Abuse Center of Lifespan
ELDER JUSTICE ADVOCATE PROGRAM
 Improving criminal justice outcomes for older adults in New York State

RED FLAGS
 Financial Abuse: Involuntarily liquidates assets, transfers and accounts, altered wills and estate, unusual bank withdrawals, checks returned or "bounced," loss of property, improper use of power of attorney.

WHEN IN DIALOGUE WITH A SURVIVOR OF ELDER ABUSE:

- Speak clearly and directly.
- Be respectful and do not talk down. The older adult should feel safe to talk to you.
- Ask if the older adult is content your questions and make decisions.
- Avoid asking for personal information.
- Avoid asking for personal information unless you have a legal right to do so.
- Be respectful of the older adult's privacy and confidentiality.
- Be respectful of the older adult's time.

PENDING HELP
 Adult Service Helpline for a confidential information for a free local 24/7 helpline: 800.342.8811

Note to trainer(s):

Provide this rack card to organizations and individuals from whom you may receive referrals. *Some suggestions as to distribution locations are:*

- Office for the Aging
- Adult Protective Services
- Local domestic violence or sexual assault programs
- Law Enforcement Agencies
- District Attorney's Offices
- Civil legal services
- Family Court personnel
- Other allied professionals

109

Self Care

Atlas of a Social Worker's Brain

Social workers to stage one-hour walkout over working conditions

Where do I begin with this?
 I can fix this!
 They didn't cover this in school...
 Will this day ever end?
 This is one screwed up life...
 Just when I think I've heard it all...
 Oh my I can't help THIS one
 I could write a book...

THIS IS KNOWN AS A "LUNCH BREAK" TO EVERYBODY NOT IN SOCIAL WORK

Why you, in a bit stressed, Why do you eat?

Talking points: Vicarious trauma is a very real component of doing this work. It's essential that we all care for ourselves so that we can continue to do this work and maintain our own lives.

Large group discussion: Trainer can state:
I use _____ to cope with the work that I do. What helps you?

<p>110</p>	<p style="text-align: center;"> Questions, Comments, Concerns? Thank you! </p> 	
<p>111</p>	<p> Thank You To our funders: the Office for Victims of Crime Additional thanks to the New York State Office of Victim Services, SUNY Brockport, the NYS Office of the Attorney General, and to our Advisory Board: </p> <ul style="list-style-type: none"> • Gwen Wright, Executive Director, NYS Office for the Prevention of Domestic Violence • Alan Lawitz, Director of Aging Services, NYS Office of Children & Family Services • Greg Olsen, Acting Director, NYS Office for the Aging • Joseph Saba, ADA, Oneida County District Attorney's Office • Sheriff Barry Virts, Wayne County Sheriff's Office • Lisa Gerritse, Monroe County Sheriff's Office Victim's Assistance 	

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C	<i>Pre/Post-Test</i>	Pages	78-79
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E	<i>Training Evaluation</i>	Page	82
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G	<i>Trauma-Informed vs. Non-Trauma-Informed Care</i>	Page	90
H	<i>Elder Justice Advocate Project: A Guide for Advocates</i>	Pages	91-92
I	<i>Elder Justice Advocate Project: Trauma Cycle</i>	Page	93
J	<i>NCALL Abuse in Later Life Power & Control Wheel</i>	Pages	94-95
K	<i>American Bar Association & American Psychological Association's Assessment of Older Adults with Diminished Capacity: A Handbook for Psychologists (Appendices G and H)</i>	Pages	96-100
L	<i>Stalking Resource Center: Stalking Fact Sheet</i>	Page	101
M	<i>NNEDV Technology Safety Plan</i>	Pages	102-103
N	<i>NCALL Technology and Abuse in Later Life</i>	Pages	104-106
O	<i>Case Scenarios: Mrs. Davis & Mr. Jackson</i>	Pages	107-108
P	<i>For Your Reference: Brief Summaries of Some Relevant New York State Statutes</i>	Pages	109-120
Q	<i>Age-Associated Financial Vulnerability: An Emerging Public Health Issue</i>	Pages	121-124
R	<i>How to Avoid Common Scams that Target Older Adults</i>	Pages	125-127
S	<i>NCALL Changes Due to Normal Aging and Potential for Abuse/Neglect</i>	Pages	128-130
T	<i>NCEA: Research to Practice Translation – Bruising in Older Adults</i>	Pages	131-133
U	<i>Training Institute on Strangulation Prevention: Signs & Symptoms of Strangulation</i>	Page	134
V	<i>National Sexual Violence Resource Center: Sexual Violence in Later Life</i>	Pages	135-141
W	<i>Elder Justice Advocate Project: Elder Abuse Court Card (plus large print version)</i>	Pages	142-149
X	<i>Office of Victim Services Advisory Bulletin</i>	Pages	150-153
Y	<i>Highlights of recent NYS Office of Victim Services statutory changes that benefit vulnerable victims</i>	Page	154

For Participants

- PowerPoint slides (2 – 3 slides per page)
- Handouts (see Appendix B for checklist)
- Trainers' business cards
- Pen (optional)
- Pre-test
- Evaluation form
- Post-test (hand out during afternoon break)*
- Certificates of attendance (may be sent after the training)*

For Trainers

Equipment

- Computer
- Speakers
- Power cords
- A/V adapters
- Projector
- Screen
- USB drive with PowerPoint, videos, and other materials
- Microphone (optional)
- Clicker (optional)
- Extra batteries (if applicable)

Materials

- Registration and sign in materials
- Trainers' slides
- Case scenarios
- Trainers' manual
- Caterer's information/phone number (if applicable)
- Participant materials
- Flip charts/markers (optional)

<i>Handout</i>	✓	<i>Handout Title/Description</i>	<i>Appendix</i>
1	<input type="checkbox"/>	Trauma-Informed vs. Non-Trauma-Informed Care	G
2	<input type="checkbox"/>	Elder Justice Advocate Project: Working with Older Adults: A Guide for Advocates	H
3	<input type="checkbox"/>	Elder Justice Advocate Project: Trauma Cycle	I
4	<input type="checkbox"/>	NCALL Abuse in Later Life Power & Control Wheel	J
5	<input type="checkbox"/>	Assessment of Older Adults with Diminished Capacity: A Handbook for Psychologists – Appendix G: Medical Conditions Affecting Capacity & Appendix H: Temporary and Reversible Causes of Confusion (American Bar Association & American Psychological Association)	K
6	<input type="checkbox"/>	Stalking Resource Center: Stalking Fact Sheet	L
7	<input type="checkbox"/>	NNEDV Technology Safety Plan	M
8	<input type="checkbox"/>	NCALL Technology and Abuse in Later Life	N
9	<input type="checkbox"/>	Case Scenarios: Mrs. Davis and Mr. Jackson	O
10	<input type="checkbox"/>	For Your Reference: Brief Summaries of Some Relevant New York State Statutes	P
11	<input type="checkbox"/>	Age-Associated Financial Vulnerability: An Emerging Public Health Issue (Lachs & Han, 2015)	Q
12	<input type="checkbox"/>	How to Avoid Common Scams that Target Older Adults (Brown, 2017)	R
13	<input type="checkbox"/>	NCALL Changes Due to Normal Aging and Potential for Abuse/Neglect	S
14	<input type="checkbox"/>	NCEA Research to Practice: Bruising in Older Adults: Accidental Bruising and Bruising from Physical Abuse	T
15	<input type="checkbox"/>	Training Institute on Strangulation Prevention: Signs and Symptoms of Strangulation	U
16	<input type="checkbox"/>	National Sexual Violence Resource Center Materials	V
17	<input type="checkbox"/>	Elder Justice Advocate Project: Elder Abuse Court Card (plus large print)	W
18	<input type="checkbox"/>	Office of Victim Services Advisory Bulletin	X
19	<input type="checkbox"/>	Highlights of Recent NYS Office of Victim Services Statutory Changes	Y

Advocate Name: _____

1. I feel comfortable with my current knowledge on how to provide advocacy within the criminal justice system to address ageist tendencies that may dismiss older victims as unreliable witnesses or misinterpret sensory deficits.
 - a. True
 - b. False
2. I feel confident that I could give a comprehensive definition of elder abuse if I needed to define it for a colleague or client.
 - a. True
 - b. False
3. Adult Protective Services has the authority to remove older adults from their homes.
 - a. True
 - b. False
 - c. It depends
4. New York State is a mandated reporting state for elder abuse.
 - a. True
 - b. False
5. What are the types of elder abuse?
 - a. Financial exploitation, neglect, physical, sexual, and emotional
 - b. Physical, sexual, neglect, and financial exploitation
 - c. Psychological, physical, emotional, and financial exploitation
6. Using a Trauma-Informed Care (TIC) response means we ask: “What is wrong with this person?”
 - a. True
 - b. False
7. The TIC principle that supports the idea that we cultivate an atmosphere of doing “with” rather than doing “to” or “for” is:
 - a. Empowerment
 - b. Connectedness
 - c. Collaboration
 - d. Safety

OVER →

8. We use a trauma informed care response to avoid inadvertently re-traumatizing the person with whom we are working.
 - a. True
 - b. False
9. I feel I know enough about Trauma Informed Care (TIC) to provide a trauma informed response to an older adult victim who is engaged with law enforcement and /or prosecutors in the investigation/prosecution of their elder abuse case.
 - a. True
 - b. False
10. Filling out the paperwork for Crime Victims Compensation is easy and that is why so many victims use this resource.
 - a. True
 - b. False
11. If you are 60 or over, you may apply for benefits from the Victims Crime Fund to replace your essential personal property or cash that was not covered by any other resource.
 - a. True
 - b. False
12. *Victim advocates can help* ensure the Office of Victim Services (OVS) has all the paperwork necessary to determine if you are eligible for *assistance*.
 - a. True
 - b. False
13. I feel confident in my current ability to help individual victims take advantage of new Crime Victim Compensation resources.
 - a. True
 - b. False
14. Some individuals identify confusion in older adults as dementia when it may be a sign of trauma.
 - a. True
 - b. False
15. What are some reasons older adults don't report abuse? Circle all that apply.
 - a. Shame/Embarrassment
 - b. Fear
 - c. Retaliation
 - d. Pride
 - e. Enjoys being mistreated

1. I feel comfortable with my current knowledge on how to provide advocacy within the criminal justice system to address ageist tendencies that may dismiss older victims as unreliable witnesses or misinterpret sensory deficits.

a. True

b. False

2. I feel confident that I could give a comprehensive definition of elder abuse if I needed to define it for a colleague or client.

a. True

b. False

3. Adult Protective Services has the authority to remove older adults from their homes.

a. True

b. False

c. It depends

In general, the answer is “no”; however, if APS in NYS obtains Guardianship over an older adult, they may be able to remove an older adult.

4. New York State is a mandated reporting state for elder abuse.

a. True

b. False

5. What are the types of elder abuse?

a. Financial exploitation, neglect, physical, sexual, and emotional

b. Physical, sexual, neglect, and financial exploitation

c. Psychological, physical, emotional, and financial exploitation

There is no mandated reporting law for most professionals in the community. There may be Federal or profession-specific laws, rules, or regulations that apply in certain circumstances.

6. Using a Trauma-Informed Care (TIC) response means we ask: “What is wrong with this person?”

a. True

b. False

7. The TIC principle that supports the idea that we cultivate an atmosphere of doing “with” rather than doing “to” or “for” is:

a. Empowerment

b. Connectedness

c. Collaboration

d. Safety

OVER →

8. We use a trauma informed care response to avoid inadvertently re-traumatizing the person with whom we are working.

Your feedback is important to us!

Date: _____ Location of Training: _____

Presenter Knowledge	Excellent <input type="checkbox"/>	Good <input type="checkbox"/>	Fair <input type="checkbox"/>	Poor <input type="checkbox"/>
Presentation Rating	Excellent <input type="checkbox"/>	Good <input type="checkbox"/>	Fair <input type="checkbox"/>	Poor <input type="checkbox"/>

Was the presenter well-prepared?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Did your knowledge increase because of this presentation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Would you recommend this presentation to a colleague?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

What can be improved?	
Other comments:	
Suggestions for future webinar topics and speakers:	



Elder Justice Advocate Project Monthly Report

Month reporting: _____

DUE: By the 5th day of the following month

Advocate name: _____

Agency: _____

E-mail address: _____

Total NEW clients	<i>Clients seen for the <u>first time</u> in the reporting month, or if the client is being reopened for a <u>new issue or concern</u></i>	_____
Total ONGOING clients	<i>Clients are considered "ongoing" if they carry over from the month or months prior</i>	_____

Please return monthly reports and client information forms to:

Tracey Siebert-Konopko, Program Manager

*e-mail: tsiebert@lifespan-roch.org | fax: 585-244-9114 (attn: Tracey S-K)

Lifespan | 1900 S. Clinton Ave. | Rochester, NY 14618

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Elder Justice Advocate Project Client Information Form

Case Opening Date: _____

Case Closing Date: _____

Advocate Name: _____ Agency: _____

E-mail: _____ Phone: _____

Case ID #: _____ Gender Identity: _____ Age: _____ County: _____

Race/Ethnicity (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> African American/Black | <input type="checkbox"/> Native Hawaiian/Pacific Islander |
| <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> White |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Hispanic/Latino(a) | |

Relationship of Primary Perpetrator to Client:

- | | |
|--|--|
| <input type="checkbox"/> Adult child or grandchild | <input type="checkbox"/> Other household member (not related) |
| <input type="checkbox"/> Current/former spouse or intimate partner | <input type="checkbox"/> Caregiver (paid or unpaid) |
| <input type="checkbox"/> Other family member(s) | <input type="checkbox"/> Acquaintance (i.e. neighbor, coworker, employee/er) |
| <input type="checkbox"/> Stranger | <input type="checkbox"/> Unknown |

Type of Elder Mistreatment (check all that apply)

- Emotional/Psychological
 Financial
 Neglect
 Physical
 Sexual
 Scam/ID Theft
 Crime* (list all that apply): _____

Service provision over the course of the case: (check all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Support/guidance through the criminal justice process | <input type="checkbox"/> Civil or Criminal conviction | Was this case reviewed by an Enhanced Multidisciplinary Team? |
| <input type="checkbox"/> Court advocacy (criminal or civil) | <input type="checkbox"/> Order of Protection | |
| <input type="checkbox"/> Eliminating/reducing barriers* | <input type="checkbox"/> Petition initiated | <input type="checkbox"/> Yes |
| <input type="checkbox"/> Information and referral | <input type="checkbox"/> Order obtained | <input type="checkbox"/> No |
| <input type="checkbox"/> Law enforcement investigation initiated | <input type="checkbox"/> Crime Victims Compensation | <input type="checkbox"/> Unsure |
| <input type="checkbox"/> Referral to District Attorney | <input type="checkbox"/> Claim submitted | |
| <input type="checkbox"/> Prosecution initiated | <input type="checkbox"/> Amount taken (if known): _____ | |
| <i>*Please describe on back of page</i> | <input type="checkbox"/> Amount received (if applicable): _____ | |

Over →

Overcoming barriers

Please check off any barriers that you assisted the client to reduce or eliminate:

<input checked="" type="checkbox"/>	Barrier	Instruction	<input checked="" type="checkbox"/>	Barrier	Instruction
<input type="checkbox"/>	Communication	Use if you assisted the client in obtaining an official translator, interpreter, or any other resource to enhance or enable written, oral, or electronic communication	<input type="checkbox"/>	Medical or Physical	Use this if you assisted the client in coordinating physical access to the court system (i.e. time of day, ADA considerations) or if you assisted in ensuring that they had appropriate medical equipment/medications/considerations while in court
<input type="checkbox"/>	Emotional	Use if you assisted the client by providing emotional support post incident(s). This could include using trauma-informed approaches when working with a client, crisis intervention, safety planning, referring to/providing individual or group counseling. <i>This will be applicable for most clients</i>	<input type="checkbox"/>	Systemic	Use this if you advocated for, or otherwise assisted a client with the criminal justice system process. This could include liaising with law enforcement officers, the District Attorney's office, or court personnel on behalf of the client. Also use if you assisted the client in obtaining legal representation
<input type="checkbox"/>	Transportation	Use this if you assisted the client by providing referrals or other resources to transport the client to necessary court, medical, and community-based programming	<input type="checkbox"/>	Other: _____	Use this sparingly to describe any other services you provided or barriers identified during the case

Briefly explain successes and/or ongoing needs for each barrier checked:

Example:

Please return monthly reports and client information forms to:

Tracey Siebert-Konopko, Program Manager

*e-mail: tsiebert@lifespan-roch.org | fax: 585-244-9114 (attn: Tracey S-K)

Lifespan | 1900 S. Clinton Ave. | Rochester, NY 14618



Elder Justice Advocate Project Client Information Form

Case Opening Date: 04/23/2018Case Closing Date: 05/23/2018

Advocate Name: <u>Tracey Siebert-Konopko</u> Agency: <u>Lifespan</u>	
E-mail: <u>tsiebert@lifespan-roch.org</u> Phone: <u>585-287-6380</u>	
Case ID #: <u>Monroe042318</u>	Gender Identity: <u>Female</u> Age: <u>84</u> County: <u>Monroe</u>
Race/Ethnicity (check all that apply):	
<input checked="" type="checkbox"/> African American/Black	<input type="checkbox"/> Native Hawaiian/Pacific Islander
<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> White
<input type="checkbox"/> Asian	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Hispanic/Latino(a)	
Relationship of <u>Primary</u> Perpetrator to Client:	
<input type="checkbox"/> Adult child or grandchild	<input type="checkbox"/> Other household member (not related)
<input checked="" type="checkbox"/> Current/former spouse or intimate partner	<input type="checkbox"/> Caregiver (paid or unpaid)
<input type="checkbox"/> Other family member(s)	<input type="checkbox"/> Acquaintance (i.e. neighbor, coworker, employee/er)
<input type="checkbox"/> Stranger	<input type="checkbox"/> Unknown
Type of Elder Mistreatment (check all that apply)	
<input checked="" type="checkbox"/> Emotional/Psychological	<input checked="" type="checkbox"/> Financial
<input type="checkbox"/> Neglect	<input checked="" type="checkbox"/> Physical
<input type="checkbox"/> Sexual	<input type="checkbox"/> Scam/ID Theft
<input checked="" type="checkbox"/> Crime* (list all that apply): <u>Criminal Obstruction of Breathing</u>	
Service provision over the course of the case: (check all that apply)	
<input checked="" type="checkbox"/> Support/guidance through the criminal justice process	<input type="checkbox"/> Civil or Criminal conviction
<input checked="" type="checkbox"/> Court advocacy (criminal or civil)	<input checked="" type="checkbox"/> Order of Protection
<input checked="" type="checkbox"/> Eliminating/reducing barriers*	<input checked="" type="checkbox"/> Petition initiated
<input checked="" type="checkbox"/> Information and referral	<input checked="" type="checkbox"/> Order obtained
<input checked="" type="checkbox"/> Law enforcement investigation initiated	<input type="checkbox"/> Crime Victims Compensation
<input checked="" type="checkbox"/> Referral to District Attorney	<input type="checkbox"/> Claim submitted
<input type="checkbox"/> Prosecution initiated	<input type="checkbox"/> Amount taken (if known): _____
<i>*Please describe on back of page</i>	<input type="checkbox"/> Amount received (if applicable): _____
	Was this case reviewed by an Enhanced Multidisciplinary Team?
	<input type="checkbox"/> Yes
	<input checked="" type="checkbox"/> No
	<input type="checkbox"/> Unsure

Over →

Please check off any barriers that you assisted the client to reduce or eliminate:

<input checked="" type="checkbox"/>	Barrier	Instruction	<input checked="" type="checkbox"/>	Barrier	Instruction
<input type="checkbox"/>	Communication	Use if you assisted the client in obtaining an official translator, interpreter, or any other resource to enhance or enable written, oral, or electronic communication	<input checked="" type="checkbox"/>	Medical or Physical	Use this if you assisted the client in coordinating physical access to the court system (i.e. time of day, ADA considerations) or if you assisted in ensuring that they had appropriate medical equipment/medications/considerations while in court
<input checked="" type="checkbox"/>	Emotional	Use if you assisted the client by providing emotional support post incident(s). This could include using trauma-informed approaches when working with a client, crisis intervention, safety planning, referring to/providing individual or group counseling. <i>This will be applicable for most clients</i>	<input checked="" type="checkbox"/>	Systemic	Use this if you advocated for, or otherwise assisted a client with the criminal justice system process. This could include liaising with law enforcement officers, the District Attorney's office, or court personnel on behalf of the client. Also use if you assisted the client in obtaining legal representation
<input checked="" type="checkbox"/>	Transportation	Use this if you assisted the client by providing referrals or other resources to transport the client to necessary court, medical, and community-based programming	<input type="checkbox"/>	Other: <input type="text"/>	Use this sparingly to describe any other services you provided or barriers identified during the case

Briefly explain successes and/or ongoing needs for each barrier checked:

Example:

Emotional: Advocate assisted client in safety planning, and provided emotional support while obtaining an Order of Protection through Family Court. Advocate provided immediate crisis intervention after her husband attempted to strangle her.

Transportation: Advocate located a faith-based transportation service to provide client with transportation to/from court.

Medical/physical: Advocate assisted client by advocating for an earlier court appearance for her Order of Protection.

Systemic: Advocate helped the client to contact law enforcement and waited with her until they arrived.

Ongoing need: transportation remains a concern in our community.

Please return monthly reports and client information forms to:

CaTyra Polland, Program Coordinator

*e-mail: cpolland@lifespanrochester.org | fax: 585-244-9114 (attn: CaTyra)

Lifespan | 1900 S. Clinton Ave. | Rochester, NY 14618

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Elder Justice Advocate Project Intake Form: Instructions

Monthly Reporting

DUE: 5th day of the following month e.g. May's monthly report would be due by June 5th

Monthly reports will include a tally of NEW and ONGOING clients for each month:

- **NEW clients:** clients are considered "new" if an Advocate sees them *for the first time* in the reporting month, or if the client is being reopened for a *new* issue or concern. For example: Mrs. Jones is referred in May after her son assaults her and is referred again in August for a stranger scam. Mrs. Jones could be counted as a "new" client in May and in August.
- **ONGOING clients:** clients are considered "ongoing" if they carry over from the month or months prior.

Client Intake Form

DUE: upon case closure. Can be turned in with monthly reports, if easier

This form should be filled out for each client (age 60+ only) served by the Advocate at any point throughout the criminal or civil justice processes. Completed forms should be sent to Lifespan *after a case is closed or the referring situation has been resolved*. Please ensure that the Advocate's name and contact information is at the top of the sheet so that we may contact him or her with additional questions.

Client Demographics:

- Please note that Lifespan keeps this information safe and confidential. Client names are not required on this form; however, please keep track of personal identifying information for clients within your own files.
- Preferred method of creating ID tags: name of county + intake date (ex: Monroe042318). If more than one intake is done on a date, add a letter at the end (ex: Monroe042318a, Monroe042318b).

Service Information:

Service	Check this box if:
Support/guidance through the criminal justice process	The Advocate has provided case management, advocacy, information about the criminal justice process, or other criminal justice related support to a client by phone, in-person, or through e-mail. Example: a 65-year-old client, Richard, is referred to you after he is assaulted by his partner. You explain the process of obtaining an Order of Protection and provide some safety planning.
Court advocacy	The Advocate accompanies a client to court or advocates with the court on behalf of the client (i.e. by sitting with the client through the process, accommodating an earlier start time, assistance with filling out forms, etc). Example: Richard decides that he would like to petition for an Order of Protection. You accompany Richard to court, where he obtains a temporary Order.
Eliminating or reducing barriers	The Advocate has assisted the client in obtaining physical or emotional access to the criminal justice system (i.e. finding reliable transportation, obtaining assistive devices, helping to obtain legal representation for client, etc.). Example: through your work with Richard, he discloses that he has never sought an Order before because he is unaware of his options also fears discrimination. You also learn that he largely depends on his partner for transportation as Richard does not like to drive. You provide guidance and support to Richard, which reduces some of his emotional barriers to seeking an Order. You also locate a reliable, affordable ride service for Richard so that he may attend court appearances. <i>Note: most of the actions that are taken by the Advocate will fit into this category. Please describe in further detail on the second page of the Intake form.</i>

<i>Information and referral</i>	<p>The Advocate provides guidance, referrals, or resource information provided to clients that is not directly related to the criminal justice process (i.e. referrals to Adult Protective Services, information about local resources for older adults and their caregivers).</p> <p>Example: with Richard's consent, you refer him to a local agency that has LGBTQ+ friendly programming. Richard also identifies that he would like to find a new Primary Care Physician, as he and his partner have been going to the same one, and you provide him with a list of physicians who are taking new patients.</p>
<i>Law Enforcement investigation initiated</i>	<p>The Advocate provides any intervention or advocacy that encourages a more active and meaningful collaboration between the client and law enforcement officers.</p> <p>Example: Richard's partner does vacate the shared property, but returns without police escort several hours later to collect his personal belongings. While doing so, he also takes some of Richard's belongings. You assist Richard in contacting the police to inform them of the violation, and explain the necessity of having Richard's belongings returned to him.</p>
<i>Referral to District Attorney</i>	<p>The Advocate consults with the District Attorney's Office regarding the client's case, even if no prosecution ensues. This can be through direct conversations with the DA's Office or indirectly through conversations with law enforcement officers.</p> <p>Example: as you work with Richard, additional concerns regarding financial exploitation arise. You discuss the case at an E-MDT meeting with the DA's Office and law enforcement.</p>
<i>Prosecution initiated</i>	<p>A perpetrator is prosecuted for crimes against the client while the client is working with the Advocate or as a direct result of work done with or by the Advocate.</p> <p><i>Note: the Advocate does not need to have directly requested prosecution for this service to be checked.</i></p>
<i>Civil or Criminal conviction</i>	<p>A perpetrator is convicted of a crime in criminal court, or there is a judgment in favor of the client in a civil complaint while the client is working with the Advocate or as a direct result of work done with or by the Advocate.</p> <p><i>Note: the Advocate does not need to have directly requested prosecution or civil remediation for this service to be checked.</i></p>
<i>Order of Protection</i>	<p>The Advocate works with law enforcement and the client to secure a criminal court Order, or advises, accompanies, or otherwise assists the client in obtaining a temporary or permanent Order of Protection in Family Court. Orders may be refrain or stay-away.</p>
<i>Crime Victims Compensation</i>	<p>The Advocate advises the client about the availability of the Crime Victims fund through the Office on Victim Services (OVS), assists in completing an application for claims, or advocates with OVS on behalf of the client.</p> <p><i>Note: the claim does not need to be successful to check off this box.</i></p>
<i>E-MDT review</i>	<p>The Advocate has direct or indirect knowledge that the client's case (for which the Advocate is involved) has been reviewed by an *Enhanced Multidisciplinary Team (not available in all counties at this time).</p> <p><i>Note: the Advocate does not have to have attended the E-MDT meetings.</i></p>

***Enhanced Multidisciplinary Teams:** E-MDTs are comprised of professionals from various disciplines whose primary focus is to investigate, intervene, and prevent financial exploitation of older adults. E-MDTs have unique access to a forensic accountant and geriatric psychiatrist in addition to drawing on the expertise of disciplines including aging services, the financial industry, and local legal and law enforcement. The team provides a holistic response which includes recommendations and support to those working on complex cases of financial exploitation.

Please return monthly reports and client intake forms to:

Tracey Siebert-Konopko, Program Manager

e-mail: tsiebert@lifespan-roch.org | fax: 585-244-9114 (attn: Tracey S-K)

Lifespan | 1900 S. Clinton Ave. | Rochester, NY 14618

Trauma-Informed vs. Non-Trauma-Informed Care

Trauma-Informed	Non-Trauma-Informed
> Recognition of high prevalence of trauma	> Lack of education on trauma prevalence & “universal” precautions
> Recognition of primary and co-occurring trauma diagnoses	> Over-diagnosis of Schizophrenia, Bipolar, Conduct Disorder, & singular addictions
> Assess for traumatic histories & symptoms	> cursory or no trauma assessment
> Recognition of culture and practices that are re-traumatizing	> “Tradition of Toughness” valued as best care approach
> Power/control minimized – constant attention to culture	> Keys, security uniforms, staff demeanor, tone of voice
> Caregivers/supporters – <i>collaboration</i>	> Rule enforcers – <i>compliance</i>
> Address training needs of staff to improve knowledge & sensitivity	> “Patient-blaming” as fallback position without training
> Staff understand function of behaviors (rage, repetition-compulsion, self-injury)	> Behavior seen as intentionally proactive
> Objective, Neutral Language	> Labeling language: manipulative, needy, attention-seeking
> Transparent systems open to outside parties	> Closed system-advocates discouraged

Fallot & Harris, 2002; Cook et al., 2002; Ford, 2003; Cusack et al., Jennings, 1998; Prescott, 2000



Working with Older Adults: A Guide for Advocates

Older adults may face unique challenges as they navigate the criminal justice system.

Advocates can help assist older adults through the criminal justice system and beyond by reducing the barriers that older adults may face and by employing a trauma-informed approach in their practice.

Ways Older Adults are Harmed

- ❖ *Elder Abuse* – Emotional/Psychological, Financial, Neglect, Physical, Sexual.
- ❖ *Scams & ID Theft* - a dishonest scheme to deceive individuals out of their money and/or to obtain their personal information.
- ❖ *Other crimes committed by strangers.*

Reducing Barriers

- ❖ Attempt to schedule appointment and meetings earlier in the day (or whenever the older adult is the most comfortable/alert).
- ❖ Ask open-ended questions and allow time for the older adult to answer.
- ❖ Ensure that assistive devices, translators, medications, diet-appropriate foods, and fluids are available and functioning properly.
- ❖ Ensure that older adults are represented on publications, flyers, brochures, etc.
- ❖ Reduce the amount of ambient noise in the room.
- ❖ Assist with finding reliable, affordable transportation whenever possible.
- ❖ Find sturdy chairs with arms for the client.
- ❖ Ensure that tripping hazards are removed or well-marked.
- ❖ Ensure adequate lighting.
- ❖ Ensure privacy whenever possible. Maintain confidentiality.
- ❖ Locate a responsible other (family, faith communities, neighborhood program, social workers, etc.) to assist and provide support (with client consent).

Trauma Informed Care

“Trauma Informed Care is a strengths-based framework that is grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological, and emotional safety for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment.” – Hopper, Bassuk, & Olivet (2010).

Abuse is trauma

Older Adults may have experienced layers of trauma throughout their lifespan, the effects of which are cumulative.

Trauma symptoms can mimic dementia

It’s worth noting that multiple symptoms that are associated with trauma experienced at any age strongly mimic dementia. It’s also important to understand that *most* older adults *do not* have dementia.

Trauma Symptoms that Mimic Dementia

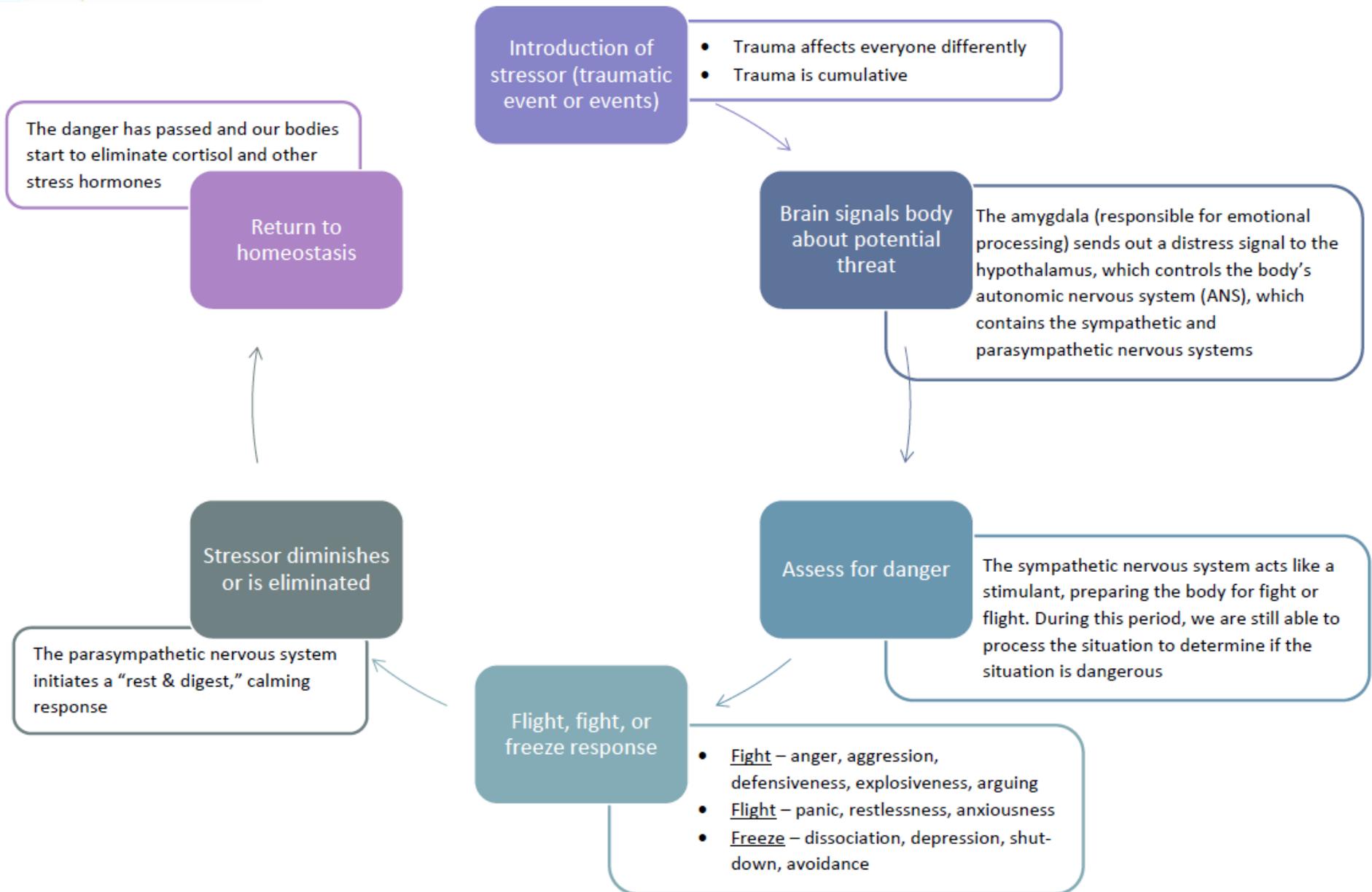
- Withdrawal
- Agitation
- Memory loss
- Difficulty problem solving
- Disorientation to time or space
- Verbal aggression
- Sleep disturbances

Using the Guiding Principles of Trauma-Informed Care with Older Adults

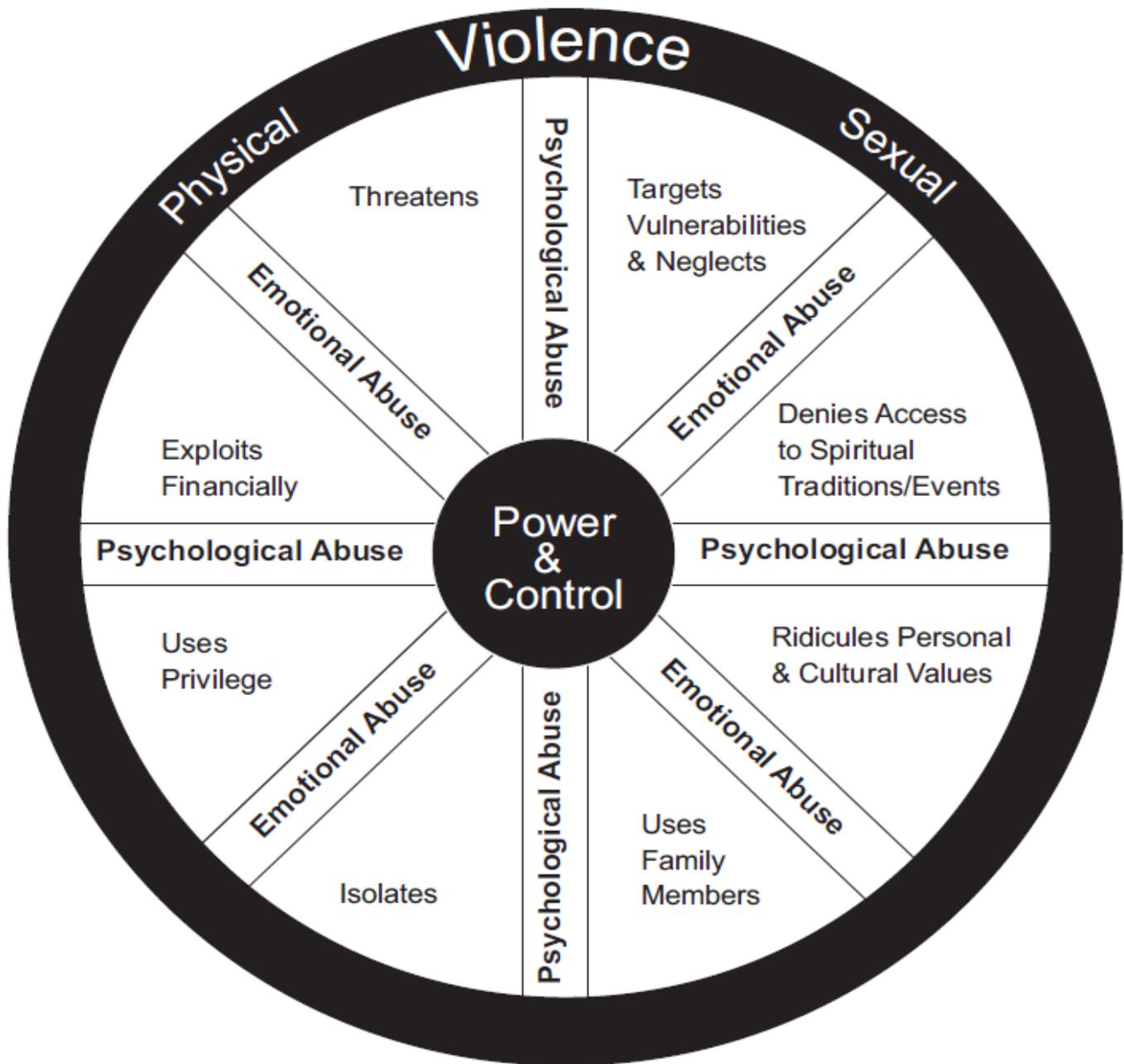
Principle	What	How
Safety	It's important to recognize that a survivor's safety has been compromised, and often by a person that she or he trusts and loves. Safety includes physical and emotional safety, and considers that the system is set up to inadvertently re-traumatize survivors.	<ul style="list-style-type: none"> ❖ <i>Introduce yourself to clients and explain your role.</i> ❖ <i>Attempt to meet clients where they feel the safest.</i> ❖ <i>Allow clients time to tell their stories.</i> ❖ <i>When appropriate, explore clients' triggers and help to mitigate them.</i> ❖ <i>Arrange for physical access to buildings and court appearances when possible.</i> ❖ <i>Reduce exposure to the perpetrator.</i> ❖ <i>Limit the number of times the clients must repeat themselves.</i> ❖ <i>Validate clients' experiences.</i>
Trustworthiness & Transparency	Understand that the survivor's trust in the system, his- or herself, or of loved ones (or a combination of the lot) has been broken. Being trustworthy as an advocate essentially means being consistent; providing competent information and guidance to clients, providing explanations of why or how things work, maintaining appropriate boundaries (important for both the advocate and the survivor), and providing informed consent to clients.	<ul style="list-style-type: none"> ❖ <i>Respect boundaries – both yours and the clients'.</i> ❖ <i>Be clear and explain what you are doing, when, and why.</i> ❖ <i>Repeat information as needed.</i> ❖ <i>Follow up and follow through.</i> ❖ <i>If you make a mistake, own up to it and make every attempt to alleviate it.</i> ❖ <i>Respect confidentiality.</i> ❖ <i>Know your role.</i>
Peer Support	Is considered a key vehicle for building trust, establishing safety, and empowerment. Peer support is voluntary, non-judgmental, and reciprocal.	<ul style="list-style-type: none"> ❖ <i>With colleagues: utilize supervision when available.</i> ❖ <i>Provide peer support group information to clients when available.</i> ❖ <i>Consider starting a support group for older adults.</i>
Collaboration & Mutuality	Refers to working with the client and other professionals to ensure consistency and effectiveness. This principle establishes that the survivor is the expert on his or her life, and that healing can occur when there is meaningful sharing of power and decision-making.	<ul style="list-style-type: none"> ❖ <i>Ask clients about their goals.</i> ❖ <i>Maintain communication with the client.</i> ❖ <i>Allow clients to express opinions and provide input.</i> ❖ <i>Understand that it isn't your role to "fix" clients and their situations; but to be a facilitator throughout their healing process.</i> ❖ <i>When appropriate, challenge colleagues who express ageist or victim-blaming attitudes.</i>
Empowerment, Choice, & Voice	A survivor's choice was stripped away by the perpetrator(s). It is essential to the well-being of the survivor, and to the effectiveness of any interventions, that any decisions that are made are in full compliance with the survivor's wishes whenever possible. This principle also emphasizes recognizing survivor's strengths and resiliency, which helps build a realistic sense of hope for the survivor's future.	<ul style="list-style-type: none"> ❖ <i>Encourage clients to make as many decisions as possible.</i> ❖ <i>Recognize that some of the decisions and reactions of the survivor are a function of coping.</i> ❖ <i>Work with the client to come up with healthy, productive coping mechanisms.</i> ❖ <i>Again, do not attempt to "fix" the situation for the client; rather, allow the client to come up with practical goals and facilitate accomplishing them.</i> ❖ <i>Use a strengths-based approach.</i>
Cultural, Historical, & Gender Issues	This principle establishes for a more holistic approach to working with a client; incorporating the client's own traditions and cultural connections whenever possible. Historical trauma is acknowledged.	<ul style="list-style-type: none"> ❖ <i>Ask clients how they'd like to be addressed.</i> ❖ <i>Allow clients the ability to tell you their story; you may be the only person who is willing to listen.</i> ❖ <i>Understand that older adults have experienced numerous traumas throughout their lives.</i> ❖ <i>Acknowledge that systems are in place that perpetuate -isms.</i> ❖ <i>Ask clients what is important to them when creating safety plans and interventions.</i>



Elder Justice Advocate Project: Trauma Cycle



Abuse in Later Life Power & Control Wheel



In 2006, NCALL adapted the Power and Control Wheel, developed by the Domestic Abuse Intervention Project, Duluth, MN. Resource updated, April 2011.

Tactics Used by Abusers

During 2005, NCALL staff asked facilitators of older abused women's support groups to have participants review the Duluth Domestic Abuse Intervention Project's Power and Control Wheel. Over 50 survivors from eight states responded. NCALL created this Abuse in Later Life Wheel from their input.

In addition to the tactics on the wheel, many offenders justify or minimize the abuse and deny that they are abusive. Perpetrators of abuse in later life may make comments like "she's just too difficult to care for" or "he abused me as a child" to blame the victim, or try to minimize the abuse by stating the victim bruises easily or injuries are the incidental result of providing care. The list below provides additional examples of some of the behaviors victims might experience under each tactic included on the wheel.

Physical Abuse

- Hits, chokes, burns, pinches, throws things, restrains

Sexual Abuse

- Sexually harms during care giving
- Forces sex acts
- Forces elder to watch pornography

Psychological Abuse

- Engages in crazy-making behavior
- Publicly humiliates

Emotional Abuse

- Yells, insults, calls names
- Degrades, blames

Targets Vulnerabilities & Neglects

- Takes or denies access to items needed for daily living
- Refuses transportation
- Denies food, heat, care, or medication
- Does not follow medical recommendations
- Refuses to dress or dresses inappropriately

Denies Access to Spiritual & Traditional Events

- Refuses transportation or access
- Destroys spiritual or traditional items of importance

Ridicules Personal & Cultural Values

- Disrespectful of cultural practices
- Ignores values when making decisions

Uses Family Members

- Misleads family members regarding condition of elder
- Excludes or denies access to family

Isolates

- Controls what elder does, who they see and what they do
- Denies access to phone or mail

Uses Privilege

- Speaks for elder at financial and medical appointments
- Makes all major decisions

Exploits Financially

- Steals money, titles, or possessions
- Abuses a power of attorney or guardianship

Threatens

- Threatens to leave or commit suicide
- Threatens to institutionalize
- Abuses or kills pet or prized livestock
- Displays or threatens with weapons

Appendix G. Medical Conditions Affecting Capacity³

<p>Dementia is a general term for a medical condition characterized by a loss of memory and functioning. Primary degenerative dementias are those with disease processes that result in a deteriorating course, including Alzheimer's disease, Lewy Body Dementia, and Frontal Dementia (each associated with a type of abnormal brain cell).</p>			
Condition	Etiology	Symptoms	Treatability
Alcoholic Dementia	A fairly common form of dementia, caused by long-term abuse of alcohol, usually for 20 years or more. Alcohol is a neurotoxin that passes the blood-brain barrier.	Memory loss, problem-solving difficulty, and impairments in visuospatial function are commonly found in patients with alcohol dementia.	Alcohol dementia is partially reversible, if there is long-term sobriety—cessation of use. There is evidence to suggest that some damaged brain tissue may regenerate following extended sobriety, leading to modest improvements in thinking and function.
Alzheimer's disease ("AD")	Most common type of dementia, caused by a progressive brain disease involving protein deposits in brain and disruption of neurotransmitter systems.	Initial short-term memory loss, followed by problems in language and communication, orientation to time and place, everyday problem solving, and eventually recognition of people and everyday objects. In the early stages, an individual may retain some decisional and functional abilities.	Progressive and irreversible, resulting ultimately in a terminal state. Medications may improve symptoms and cause a temporary brightening of function in the earlier stages.
Bipolar Disorder or Manic Depression	A psychiatric illness characterized by alternating periods of mania and depression.	May affect functional and decisional abilities in the manic stage or when the depressed stage is severe.	Can be treated with medications, but requires a strong commitment to treatment on the part of the individual. Varies over time; periodic re-evaluation is needed.

³ This list is meant to define terms as used in this book, and is not meant to define terms more universally. The glossary uses definitions from the *Diagnostic and Statistical Manual of Mental Disorders*, where available, and where not, definitions are based on the consensus of the working group.

Condition	Source	Symptoms	Treatability
Coma	A state of temporary or permanent unconsciousness.	Minimally responsive or unresponsive, unable to communicate decisions and needs a substitute decision maker.	Often temporary; regular re-evaluation required.
Delirium	A temporary confusional state with a wide variety of causes, such as dehydration, poor nutrition, multiple medication use, medication reaction, anesthesia, metabolic imbalances, and infections.	Substantially impaired attention and significant decisional and functional impairments across many domains. May be difficult to distinguish from the confusion and inattention characteristic of dementia.	Often temporary and reversible. If untreated may proceed to a dementia. It is important to rule out delirium before diagnosing dementia. To do so, a good understanding of the history and course of functional decline, as well as a full medical work-up, are necessary.
Frontal or Frontotemporal Dementia (Pick's disease is one example)	Broad category of dementia caused by brain diseases or small strokes that affect the frontal lobes of the brain.	Problems with personality and behavior are often the first changes, followed by problems in organization, judgment, insight, motivation, and the ability to engage in goal-oriented behavior.	Early in their disease, patients may have areas of retained functional ability, but as disease progresses they can rapidly lose all decisional capacity.
Jacob-Creutzfeldt Disease	A rare type of progressive dementia affecting humans that is related to "mad cow" disease.	The disease usually has a rapid course, with death occurring within two years of initial symptoms. These include fatigue, mental slowing, depression, bizarre ideations, confusion, and motor disturbances, including muscular jerking, leading finally to a vegetative state and death.	There is no treatment currently and the disease is relentlessly progressive.

Condition	Source	Symptoms	Treatability
Diffuse Lewy Body Dementia (DLB)	A type of dementia on the Parkinson disease spectrum.	DLB involves mental changes that precede or co-occur with motor changes. Visual hallucinations are common, as are fluctuations in mental capacity.	This disease is progressive and there are no known treatments. Parkinson medications are often of limited use.
Major Depression	A very common psychiatric illness.	Sad or disinterested mood, poor appetite, energy, sleep, and concentration, feelings of hopelessness, helplessness, and suicidality. In severe cases, poor hygiene, hallucinations, delusions, and impaired decisional and functional abilities.	Treatable and reversible, although in some resistant cases electroconvulsive therapy (ECT) is needed.
Developmental Disorders (“DD”), including Mental Retardation (“MR”)	Brain-related conditions that begin at birth or childhood (before age 18) and continue throughout adult life. MR concerns low-level intellectual functioning with functional deficits that can be found across many kinds of DD, including autism, Down syndrome, and cerebral palsy.	Functioning tends to be stable over time but lower than normal peers. MR is most commonly mild. Some conditions such as Down syndrome may develop a supervening dementia later in life, causing decline in already limited decisional and functional abilities.	Not reversible, but everyday functioning can be improved with a wide range of supports, interventions, and less restrictive alternatives. Individuals with DD have a wide range of decisional and functional abilities and, thus, require careful assessment by skilled clinicians.
Parkinson’s Disease (PD)	Progressive brain disease that initially affects motor function, but in many cases proceeds to dementia.	PD presents initially with problems with tremors and physical movement, followed by problems with expression and thinking, and leading sometimes to dementia after a number of years.	PD is progressive, but motor symptoms can be treated for many years. Eventually, medications become ineffective and most physical and mental capacities are lost. Evaluation of capacity must avoid confusion of physical for cognitive impairment.

Condition	Source	Symptoms	Treatability
Persistent Vegetative State (PSV)	A state of minimal or no responsiveness following emergence from coma.	Patient is mute and immobile with an absence of all higher mental activity. Cannot communicate decisions and requires a substitute decision maker for all areas.	Cases of PSV usually lead to death within a year's time.
Schizophrenia	A chronic brain-based psychiatric illness	Hallucinations and delusions; poor judgment, insight, planning, personal hygiene, interpersonal skills. May range from mild to severe. Impact on functional and decisional abilities is variable.	Many symptoms can be successfully treated with medication. Capacity loss may occur when patients go off their medications.
Stroke or Cerebral Vascular Accident ("CVA")	A significant bleeding in the brain, or a blockage of oxygen to the brain.	May affect just one part of the brain, so individuals should be carefully assessed to determine their functional and decisional abilities.	Some level of recovery and improved function over the first year; thus a temporary guardianship might be considered if the stroke is recent.
Traumatic Brain Injury ("TBI")	A blow to the head that usually involves loss of consciousness.	Individuals with mild and moderate TBI may appear superficially the same as before the accident, but have persisting problems with motivation, judgment, and organization. Those with severe TBI may have profound problems with everyday functioning.	Usually show recovery of thinking and functional abilities over the first year; thus a temporary guardianship should be considered if the injury is recent.
Vascular Cognitive Impairment	Multiple infarcts that cause cognitive impairment	Functional strengths and weaknesses may vary, depending on the extent and location of the strokes.	May remain stable over time if underlying cerebrovascular or heart disease is successfully managed.
Vascular Dementia ("VaD")	Multiple strokes that accumulate and cause dementia.	Functional strengths and weaknesses may vary, depending on the extent and location of the strokes.	May worsen if cerebrovascular disease continues to cause progressive impairment.

Appendix H. Temporary and Reversible Causes of Confusion

In evaluating capacity, remain mindful of possible temporary or reversible causes of confusion. **If any of these are present:**

- Provide appropriate treatment or accommodations.
- Re-assess capacity after treatment or accommodation.

Common Medical Causes

Causes of Delirium

Look for:

Consider how long the problem has been going on?
Were standard lab tests and vitals done?

- | | |
|--|---|
| <input type="checkbox"/> Drugs ⁴ | > 6 meds or > 3 new meds or use of drugs that cause confusion |
| <input type="checkbox"/> Electrolytes | Low sodium, blood sugar, calcium, etc. |
| <input type="checkbox"/> Lack of Drugs, Water, Food | Pain, malnutrition, dehydration |
| <input type="checkbox"/> Infection or Intoxification | Sepsis, urinary track infection, pneumonia; alcohol, metals, solvents |
| <input type="checkbox"/> Reduced Sensory Input | Impaired vision, hearing, nerve conduction |
| <input type="checkbox"/> Intracranial Causes | Subdural hematoma, meningitis, seizure, brain tumor |
| <input type="checkbox"/> Urinary Retention/Fecal Impaction | Drugs, constipation |
| <input type="checkbox"/> Myocardial | Heart Attack, heart failure, arrhythmia |

Other Causes of Confusion

- | | |
|--|---|
| <input type="checkbox"/> Liver or kidney disease | Hepatitis, diabetes, renal failure |
| <input type="checkbox"/> Vitamin deficiency | Folate, nicotinic acid, thiamine, vitamin B12 |
| <input type="checkbox"/> Post surgical state | Anesthesia, pain |

Common Psychosocial Causes

Was a careful case history taken?

- Depression is a common cause of confusion and is mistaken for dementia or delirium**
- Transfer trauma (a recent move that has the individual disoriented)
- Recent death of a spouse or loved one
- Recent stressful event
- Insomnia

Common Miscommunication Problems

Could the older adult see, hear, and understand questions?

- Difficulty understanding English
- Decisions impacted by religious, cultural, or ethnic background
- Low educational or reading level; illiterate
- Difficulty hearing or seeing

⁴ The Delirium mnemonic is adapted from the work of Rudolph, J.L., and Marcantonio, E.R.

Stalking
resource center

stalking

fact sheet

THE NATIONAL CENTER FOR
Victims of Crime

WHAT IS STALKING?

While legal definitions of stalking vary from one jurisdiction to another, a good working definition of stalking is a *course of conduct directed at a specific person that would cause a reasonable person to feel fear.*

STALKING VICTIMIZATION

- 7.5 million people are stalked in one year in the United States.
- 15% of women and 6% of men have experienced stalking victimization at some point during their lifetime in which they felt very fearful or believed that they or someone close to them would be harmed or killed.
- The majority of stalking victims are stalked by someone they know: 61% of female victims and 44% of male victims of stalking are stalked by a current or former intimate partner, 25% of female victims and 32% of male victims are stalked by an acquaintance.
- About half of all victims of stalking indicated that they were stalked before the age of 25. About 14% of female victims and 16% of male victims experienced stalking between the ages of 11 and 17.
- Approaching the victim or showing up in places when the victim didn't want them to be there; making unwanted telephone calls; leaving the victim unwanted messages (text or voice); and watching or following the victim from a distance, or spying on the victim with a listening device, camera, or global positioning system were the most commonly reported stalker tactics by both female and male victims of stalking.

STALKING AND INTIMATE PARTNER FEMICIDE

- 76% of intimate partner femicide victims have been stalked by their intimate partner.
- 67% had been physically abused by their intimate partner.
- 89% of femicide victims who had been physically assaulted had also been stalked in the 12 months before their murder.
- 79% of abused femicide victims reported being stalked during the same period that they were abused.
- 54% of femicide victims reported stalking to police before they were killed by their stalkers.

[Judith McFarlane et al., "Stalking and Intimate Partner Femicide," *Homicide Studies* 3, no. 4 (1999).]

Last updated January 2015

THE STALKING RESOURCE CENTER

The mission of the Stalking Resource Center is to enhance the ability of professionals, organizations, and systems to effectively respond to stalking. The Stalking Resource Center envisions a future in which the criminal justice system and its many allied community partners will effectively collaborate and respond to stalking, improve victim safety and well-being, and hold offenders accountable. Visit us online at www.victimsofcrime.org/src. Contact us at 202-467-8700 or src@ncvc.org.

This document may be reproduced only in its entirety. Any alterations must be approved by the Stalking Resource Center.

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RECON STUDY OF STALKERS

- 2/3 of stalkers pursue their victims at least once per week, many daily, using more than one method.
- 78% of stalkers use more than one means of approach.
- Weapons are used to harm or threaten victims in 1 out of 5 cases.
- Almost 1/3 of stalkers have stalked before.
- Intimate partner stalkers frequently approach their targets, and their behaviors escalate quickly.

[Kris Mohandie et al., "The RECON Typology of Stalking: Reliability and Validity Based upon a Large Sample of North American Stalkers," *Journal of Forensic Sciences*, 51, no. 1 (2006).]

IMPACT OF STALKING ON VICTIMS

- 46% of stalking victims fear not knowing what will happen next.
- 29% of stalking victims fear the stalking will never stop.
- 1 in 8 employed stalking victims lose time from work as a result of their victimization and more than half lose 5 days of work or more.
- 1 in 7 stalking victims move as a result of their victimization.

[Baum et al.]

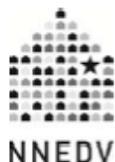
- The prevalence of anxiety, insomnia, social dysfunction, and severe depression is much higher among stalking victims than the general population, especially if the stalking involves being followed or having one's property destroyed.

[Eric Blauuw et al., "The Toll of Stalking," *Journal of Interpersonal Violence*, 17, no. 1 (2002):50-63.]

STALKING LAWS

- Stalking is a crime under the laws of 50 states, the District of Columbia, the U.S. Territories, and the Federal government.
- Less than 1/3 of states classify stalking as a felony upon first offense.
- More than 1/2 of states classify stalking as a felony upon second or subsequent offense or when the crime involves aggravating factors.
- Aggravating factors may include: possession of a deadly weapon, violation of a court order or condition of probation/parole, victim under 16 years, or same victim as prior occasions.

For a compilation of state, tribal, and federal laws visit www.victimsofcrime.org/src.



Technology Safety Plan

A Guide for Survivors and Advocates

This document contains general information about safety planning with victims of domestic and sexual violence, stalking and trafficking in situations of technology abuse. As an overview, this document provides general tips and suggestions. For more specific safety planning strategies, please consult one of our safety planning guides to a particular technology or situation and please contact a local victim advocate who can help you with a more thorough safety plan.

Trust your instincts. If you suspect that the abusive person is harassing, stalking, or monitoring you using technology, it is possible and likely. Abusers, stalkers and perpetrators can be incredibly persistent and creative in maintaining control and technology is another tool for them to misuse.

Get more information. Navigating violence, abuse, and stalking is very difficult and dangerous. Work with a victim advocate to discuss your options and to help you plan for your safety. You can call the National Domestic Violence Hotline at 1-800-799-7233, the National Sexual Assault Hotline at 1-800-656-4673, or the National Human Trafficking hotline at 1-888-373-7888.

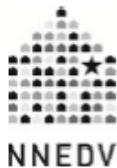
Look for patterns to identify misused technology. Carefully try to figure out how or which technology is being used to harass, stalk, or monitor you. For example, if you suspect you're being watched, is it in a particular room in your house? If you suspect you're being followed, is it just when you're in your car or wherever you go? Narrowing down the potential source of technology will help you create a more precise safety plan.

General safety tips. If it seems like the person knows too much about your activity, it could be from a variety of sources. The abuser could be monitoring your computer or cell phone. The perpetrator could be accessing your online accounts or gathering information about you online. Or the stalker could be monitoring your location.

Use a safer computer/device. If you suspect that the abusive person is monitoring your computer activities try using a safer computer, tablet, or device to prevent the abusive person from seeing what you're doing.

Change passwords and usernames. Change the usernames and passwords of your online accounts on the safe computer. Don't use the new username and password on the computer that is being likely monitored. Consider creating brand new accounts, such as a new email address. Also consider using a non-identifying username instead of your actual name and don't use the same password for your accounts.

Check your cell phone settings. Go through your phone's settings to ensure that other devices aren't connected to the phone and that Bluetooth and location access is limited or turned off. If your phone allows apps to be downloaded, make sure you know what each of the apps do; if you don't use it or don't know what it is, delete the app. Pay attention to excessive battery or data usage as that may indicate that a program may be in use on your phone constantly. Call your phone carrier to ask about location settings or third-part applications.



Technology Safety Plan

A Guide for Survivors and Advocates

Get a new cell phone. If you suspect that your cell phone is being monitored, the safest thing is to get a new phone with an account that the abusive person doesn't have access to. A pay-as-you-go phone is an inexpensive alternative. Put a passcode on your phone and ensure that location settings and Bluetooth settings are turned off.

Have your car checked. If the abusive person knows where you are whenever you are in your car, you may consider having your car checked for hidden location devices. Ask a trusted mechanic or law enforcement to check the car thoroughly.

Limit the information you give out about yourself. Most things we do these days asks for personally identifying information—whether it is to make a purchase, open a discount card or create an account. Limit the information that you provide since you don't know who else they will share your information.

Get a P.O. Box or inquire about Address Confidentiality Programs. If you're concerned about someone knowing your actual address, you can open a private mail box or if your state has an address confidentiality program, check to see if you can be a part of that program. (Note that this is most helpful if you have recently moved or the abusive person doesn't already know your address.)

Hidden cameras. If you suspect cameras in your home, figure out where the camera is hidden based on the information shared by the abusive person (for example, the abusive person seems to know details of what you're doing when you're in the living room) or gifts to you or members of your household from the abusive person. Some camera detectors may be helpful in locating the cameras, but remember that some detectors will only locate wireless cameras or wired cameras. Either remove the camera or, if that may be dangerous, limit what you do in the room that is being monitored. If your computer/tablet has a built-in web camera, consider disabling the camera when you aren't using it. Or you can cover the camera with a piece of removable tape.

Document the incidences. If possible, document the stalking or harassing behavior. Check out NNEDV's stalking log for an example. Sometimes, a harassing or stalking incident by itself may seem minor. But a series of incidences will show a pattern of behavior that can be proved as criminal stalking or harassment.

Report the incidences. If you feel safe in doing so, report the incidences to law enforcement and ask for a police report. If the harassing behavior is online, report it to the website. Many sites have links where you can report abusive content.

Think about your safety. Oftentimes, many victims want to stop the abusive behavior by getting rid of the technology. However, for some abusive individuals, this may escalate their controlling and dangerous behavior if they feel their control is threatened and you are removing all access. Think about what may happen if you remove the camera or the GPS. Incorporate that into your safety planning. For example, some survivors choose to use a safer computer, device or phone, but not disabling to the monitored device to continue collecting evidence.



Technology and Abuse in Later Life

The Dynamics of Abuse in Later Life

Abuse in later life is the willful abuse, neglect, or financial exploitation of an older adult that is perpetrated by someone in an ongoing relationship of trust with the victim. Abusers may be, for example, a spouse, partner, family member, or caregiver. The term applies to victims who are age 50 and older.

As is true with interpersonal violence involving younger victims, power and control dynamics are often present in abuse in later life cases. It is common to find that perpetrators use many of the same abuser tactics found in domestic violence and sexual assault cases involving younger victims, like intimidation and stalking, to prevent older victims from seeking help or reporting their abuse. It should also be recognized that there are a number of unique abuser tactics used against older victims. Perpetrators of abuse in later life are often found to target vulnerabilities, neglect, isolate and psychologically or emotionally abuse their victims. To learn more about the dynamics of abuse in later life, please visit: www.ncall.us.

Technology and Abuse in Later Life

Technology is an invaluable resource to aid older survivors in finding safety and coping with issues of abuse in later life. In this increasingly digital age, however, technology can be misused by abusers in dangerous, even lethal, ways. Technologies that abusers misuse include, but are not limited to: phones, emails, text messaging, instant messaging, computers, applications, spyware or other computer monitoring tools, TTY (text telephones), relay services and other assistive devices, GPS and other location tracking services, cameras and a variety of other surveillance equipment.

The following pages provide an overview of the ways abusers might misuse technologies to cause harm to their victims. In addition to the tactics listed, many offenders justify or minimize the abuse and deny that they are abusive. Perpetrators may normalize the control and abuse by making comments like “this is for his own safety” or “she’s just too old to understand.”

Tactics Used by Abusers

Coercion and Threats

- Makes threats via email, instant and text messages and social media.
- Forces victim to participate in illegal online activities.
- Posts photos or stories of victim online without his or her consent.
- Abuses victim for not responding to emails, calls or texts quickly enough.

Emotional and Psychological Abuse

- Impersonates victim online. *For example:* creating a social media account using the victim's name without his or her consent.
- Ridicules or puts down victim using technology.
- Manipulates technology to confuse or scare victim. *For example:* changing settings, making a computer talk/make sounds, etc.
- Sends victim disturbing or offensive information or website links.

Financial Exploitation

- Tracks or manipulates victim's financial accounts online.
- Denies victim's access to online accounts.
- Uses technology to defraud victim of assets, titles or properties.
- Forces victim to make unwanted online purchases.

Intimidating, Monitoring and Stalking

- Monitors victim's activities, online or offline, using technology. *For example:* using spyware to track computer activity or hiding a cell phone in the victim's car to listen to her and/or to track her location via GPS.
- Secretly changes victim's files or device settings.
- Constantly contacts victim using technology. *For example:* calling or texting repeatedly or sending unwanted messages.

Isolation

- Cuts off or limits victim's technology use and access.
- Controls what the victim does and who he or she may contact online.
- Uses technology to discredit victim.

Targeting Vulnerabilities & Neglecting

- Compromises safety and independence of victim by withholding, removing or damaging technology or assistive devices. *For example:* altering an electronic device's settings so that it doesn't function properly.
- Uses "safety" of victim as an excuse for controlling or limiting access to technology.

Using Family and Trusted Others

- Misleads others (children, grandchildren, friends, caregivers) about victim's wellbeing. *For example:* sending emails from the victim's account to suggest that everything is fine or intercepting the victim's email to keep him or her from telling friends or family about the abuse or from seeking help.
- Misleads victim to distrust others. *For example:* telling the victim that a caregiver is making electronic withdrawals from his or her financial account.
- Discredits victim through electronic communication with family.
- Manipulates victim's family and trusted others to monitor online activities or get information such as account numbers or passwords. *For example:* convincing others that the victim is unfit to care for him or herself and therefore needs online supervision.

Using Privilege and Oppression

- Makes all of the decisions about technology.
- Takes advantage of victim's lack of knowledge of technology.
- Makes victim feel stupid and incapable of understanding technology.
- Uses age of victim as an excuse for controlling or limiting access to technology.
- Withholds access to victim's online healthcare and telemedicine information.



ncall

National Clearinghouse on Abuse in Later Life,
a project of End Domestic Abuse Wisconsin
www.ncall.us

3



Elder Justice Advocate Project Case Scenarios

Mrs. Davis

The History

- Mrs. Davis has owned her home for 43 years and has always taken pride in her gardens. She is a widow; whose husband was an alcoholic and was physically abusive to her and their three children
- Children:
- Jeffrey - the oldest, spotty employment, single, mostly lived with parents
- Kurt - middle child, committed suicide 20 years ago
- Carol - youngest child, Bipolar, has been inpatient x2, has a decent relationship with Mrs. Davis

The Ongoing Behaviors: Jeffrey

- Jeffrey's behaviors have always been controlling, but escalated after his father's death
- Forcibly enters Mrs. Davis's room, intercepts all communication, berates and threatens her, threatens to commit suicide if she doesn't comply with his wishes
- He tries to convince her that she has Alzheimer's because bills keep being missed or paid late
- Mrs. Davis suspects that Jeffrey has opened credit cards in her name
- He has destroyed furniture, ripped up rose bushes, pushed/slapped his mother

The Incident(s)

- Mrs. Davis was able to meet with Victim Assistance from her local police dept. She was fearful of confronting him or taking any further action, but kept the VAP's business card. Jeffrey found the card in her dashboard and became enraged
- Jeffrey shoved his mother onto her bed, causing bruising to her collar bone and pain
- A month later, Jeffrey threatened and disparaged Carol to family friends. Carol sought a TOP against Jeffrey
- Jeffrey blamed Mrs. Davis for the TOP and threatened to kill his mother & sister, to burn down the house, and to destroy Mrs. Davis's remaining gardens
- Carol was awarded a full stay-away OP. When Jeffrey was served he entered Mrs. Davis's room, strangled, and pushed her. She did not lose consciousness, but sustained bruising on her chest
- Mrs. Davis attempted to contact the VAP later that day, but the call was routed to Jeffrey
- Mrs. Davis left the house and obtained her own TOP; two hours after service, Mrs. Davis returned home and Jeffrey was still removing items (including some of Mrs. Davis's) from the home. VAP called 911 re: being on the property after having been vacated and for the theft of Mrs. Davis's items
- Community-based social worker assisted Mrs. Davis during and after the incident, finding 6-months of her bills & statements hidden under Jeffrey's mattress

Afterwards

- Jeffrey was charged with Criminal Contempt 2nd, Assault 2nd, and petit Larceny
- He pleaded guilty to Assault 3rd; larceny dropped; pleaded guilty to Criminal Contempt 2nd - sentenced to probation, restitution, 5-year criminal court OP
- Afterwards, an "anonymous" report was made to the DMV regarding Mrs. Davis's driving



Elder Justice Advocate Project Case Scenarios

Mr. Jackson

Scenario 1:

- You receive a referral from a police officer for Mr. Jackson, a 75-year-old male who is living in the community. The officer states that she has been called out to the house numerous times, and that it's often for non-emergency situations (for example: the most recent call was because Mr. Jackson saw a neighbor throwing leaves on Mr. Jackson's lawn)
- You visit Mr. Jackson, and discover that the house is in disrepair; you observe grime covering every visible surface, and unclear pathways throughout the house. It takes Mr. Jackson several minutes to get to the door to let you in
- Mr. Jackson's self-care is lacking; you observe a significant odor about his person, his teeth appear long-neglected, and his clothing is in a state of disarray
- Mr. Jackson appears to retain capacity; he is very clear as to date, time, and place. He can articulate his frustrations with his neighbor clearly

Scenario 2:

- You return to Mr. Jackson's house a few weeks later. This time, his adult son is there as well. Son has recently lost his job and has moved in with Mr. Jackson
- Mr. Jackson tells you that his son has always struggled with keeping a job. He has schizophrenia, and while he does well when he is on his medications, he often goes off them because they make him feel "fuzzy. I'm not myself at all"
- You discover that the son has lived with Mr. Jackson off and on for most of his life
- You note that Mr. Jackson's demeanor is more depressed; he makes less eye contact, slumps his shoulders, and has a flat affect
- The house is notably worse than it was the last time you were there. Now there are flies all over, and one point of egress is completely blocked by son's belongings
- Mr. Jackson tells you that he wants to have the house cleaned up, but every time he's done it, son returns home. Son states that he doesn't think the house is that bad; he's lived in much worse conditions. He does not appear to understand the dangers currently present

Scenario 3:

- You haven't heard from Mr. Jackson in several years, when you get another referral from the same officer. She states that Mr. Jackson recently suffered a stroke, and that he has difficulty performing his ADLs. He also has aphasia
- You return to the house. Son is still living there. At this point, the roof is leaking and the house is still filthy
- Mr. Jackson does remember you, though he can't recall your name. He is oriented to place and time of day, but cannot recall the month or season of the year. He speaks in generalizations and is unable to provide detailed explanations as to what has occurred recently. While you are there, Mr. Jackson soils himself. He calls to his son, who berates Mr. Jackson and tells him to stop being a baby
- Over the course of several weeks, you monitor the situation, providing links to helpful referrals, educational programs, and personal care aides. Mr. Jackson is unable to provide appropriate consent or approval. Son accepts services at first, but refuses to follow through or pay, stating that they are "too expensive"



NEW YORK *Takes Action* AGAINST
ELDER MISTREATMENT AND NEGLECT



For Your Reference – Brief Summaries of Some Relevant New York State Statutes

McKinney's Consolidated Laws of New York, Book 39, Penal Law (PL)

Practice Commentaries by William Donnino

There are many other crimes that are not included in this list. Please see statutes for additional offenses that may be useful to consider. **This list is for general reference only.** The information below only provides selected segments of the statutes and is only updated periodically. You should always double check the statutes for complete and up-to-date information – see reference links on last page of this document. Some recent legislative updates can also be found periodically on the NYS Coalition on Elder Abuse website www.nyselderabuse.org.

PENAL LAW ARTICLE 120 – ASSAULT AND RELATED OFFENSES	
<p>§ 120.05 Assault in the second degree ...guilty of assault in the second degree when:</p>	<ol style="list-style-type: none"> 1. With intent to cause serious physical injury to another person, he causes such injury to such person or to a third person; or 2. With intent to cause physical injury to another person, he causes such injury to such person or to a third person by means of a deadly weapon or a dangerous instrument; or 3. <i>language amended, effective November 1, 2014</i> 3-a and 11-a. <i>relate to preventing a local social services employee from performing duties or causing physical injury to such employee</i> 4. Recklessly causes serious physical injury to another person by means of a deadly weapon or a dangerous instrument; or 12. With intent to cause physical injury to a person who is sixty-five years of age or older, he or she causes such injury to such person, and the actor is more than ten years younger than such person.
<p><i>Class D felony</i></p>	
<p>§ 120.13 Menacing in the first degree</p>	<p>...when he or she commits menacing in the second degree and was previously convicted of menacing in the second degree...within the preceding ten years.</p>
<p><i>Class E felony</i> <i>(note – there is a penalty upgrade due to prior conviction)</i></p>	
<p>§ 120.14 Menacing in the second degree ...guilty of menacing in the second degree when</p>	<ol style="list-style-type: none"> 3. He or she commits the crime of menacing in the third degree in violation of ... an order of protection..., which directed the defendant to stay away from the person on whose behalf the order was issued.
<p><i>Class A misdemeanor</i> <i>(note – penalty upgrade for a violation of an order of protection)</i></p>	
<p>§ 120.20 Reckless endangerment in the second degree</p>	<p>...when he recklessly engages in conduct which creates a substantial risk of serious physical injury.</p>
<p><i>Class A misdemeanor</i></p>	



<p>§ 120.25 Reckless endangerment in the first degree</p> <p><i>Class D felony</i> (note – Consider this as a possibility when presented with what looks to be neglect; specific fact patterns are required.)</p>	<p>...when, under circumstances evincing depraved indifference to human life, he recklessly creates a grave risk of death to another.</p>
<p>§ 120.45 Stalking in the fourth degree – new language below effective on Oct 21, 2014</p>	<p>For the purposes of subdivision two of this section, “following” shall include the unauthorized tracking of such person’s movements or location through the use of a global positioning system or other device.</p>
<p>§ 120.50 Stalking in the third degree ...guilty of stalking in the third degree when he or she:</p> <p><i>Class A misdemeanor</i> (note – penalty upgrade due to prior conviction)</p>	<p>4. Commits the crime of stalking in the fourth degree and was previously convicted within the preceding ten years of stalking in the fourth degree.</p>
<p>§ 120.55 Stalking in the second degree ...guilty of stalking in the second degree when he or she:</p> <p><i>Class E felony</i> (note – penalty upgrade due to prior conviction or multiple victims)</p>	<p>3. Commits crime of stalking in the fourth degree and was previously convicted of stalking in the third Degree (PL §120.50 [4]) against any person; or</p> <p>5. Commits crime of stalking in the third degree (PL §120.50 [3]) against ten or more persons, in ten or more separate transactions, for which the actor has not been previously convicted.</p>
<p>Additional Assault and Related Offenses to consider:</p> <ul style="list-style-type: none"> • § 120.10 Assault in the first degree • § 120.15 Menacing in the third degree • § 120.60 Stalking in the first degree 	

PENAL LAW ARTICLE 121 – STRANGULATION AND RELATED OFFENSES	
<p>§121.11 Criminal obstruction of breathing or blood circulation ... when, with intent to impede the normal breathing or circulation of the blood of another person, he or she:</p> <p><i>Class A misdemeanor</i></p>	<p>a. applies pressure on the throat or neck of such person; or</p> <p>b. blocks the nose or mouth of such person.</p>
<p>§121.12 Strangulation in the second degree</p> <p><i>Class D felony</i></p>	<p>... when he or she commits the crime of criminal obstruction ..., and thereby causes stupor, loss of consciousness for any period of time, or any other physical injury or impairment.</p>
<p>§121.13 Strangulation in the first degree</p> <p><i>Class C felony</i></p>	<p>... when he or she commits the crime of criminal obstruction ..., and thereby causes serious physical injury to such other person.</p>
<p><i>Note: Criminal obstruction of breathing or blood circulation or strangulation was added to the list of family offenses that may be alleged in a petition – Family Court Act §821 (1) (a). Chapter 309 signed Aug 3, 2011.</i></p>	



PENAL LAW ARTICLE 130 – SEX OFFENSES	
<p>§ 130.00 Sex Offenses; definitions of terms</p> <p>§ 130.05 Sex offenses; lack of consent</p>	<p>5. “Mentally disabled” ...mental disease or defect which renders him or her incapable of appraising the nature of his or her conduct.</p> <p>6. “Mentally incapacitated” ...rendered temporarily incapable of appraising or controlling his conduct ...influence of narcotic or intoxicating substance administered to him without his consent...</p> <p>7. “Physically helpless” ...unconscious or for any other reason is physically unable to communicate unwillingness to an act.</p>
<p>§ 130.30 Rape in the second degree</p> <p><i>Class D felony</i></p>	<p>2. ...incapable of consent by reason of being mentally disabled or mentally incapacitated.</p>
<p>§ 130.35 Rape in the first degree</p> <p><i>Class B felony</i></p>	<p>1. By forcible compulsion;</p> <p>2. ...incapable of consent by reason of being physically helpless;</p>
<p>§ 130.45 Criminal sexual act in the second degree</p> <p><i>Class D felony</i></p>	<p>2. ...incapable of consent by reason of being mentally disabled or mentally incapacitated.</p>
<p>§ 130.50 Criminal sexual act in the first degree</p> <p><i>Class B felony</i></p>	<p>1. By forcible compulsion;</p> <p>2. ...incapable of consent by reason of being physically helpless;</p>
<p>§ 130.65 Sexual abuse in the first degree</p> <p><i>Class D felony</i> (note – A physically helpless victim results in a higher crime, however these cases are very fact specific.)</p>	<p>2. ...incapable of consent by reason of being physically helpless;</p>
<p>Additional Sex Offenses to consider:</p> <ul style="list-style-type: none"> • § 130.40 Criminal sexual act in the third degree • § 130.52 Forcible touching • § 130.55 Sexual abuse in the third degree • § 130.65-a Aggravated sexual abuse in the fourth degree • Check statutes for additional sections to consider 	

PENAL LAW ARTICLE 135 – KIDNAPPING, COERCION AND RELATED OFFENSES	
<p>§ 135.00 Unlawful imprisonment, kidnapping and custodial interference; definition of terms.</p>	<p>1. “Restrain” means to restrict a person’s movements intentionally and unlawfully in such manner as to interfere substantially with his liberty by moving him ..., or by confining ..., without consent and with knowledge that the restriction is unlawful. A person is so moved or confined “without consent” when such is accomplished by (a) physical force, intimidation or deception, or (b) any means whatever, including acquiescence of the victim, if ...</p>



<p>§ 135.05 Unlawful imprisonment in the second degree.</p> <p><i>Class A misdemeanor</i></p>	<p>...guilty of unlawful imprisonment in the second degree when he restrains another person.</p>
<p>§ 135.10 Unlawful imprisonment in the first degree.</p> <p><i>Class E felony</i></p>	<p>...guilty of unlawful imprisonment in the first degree when he restrains another person under circumstances which expose the latter to risk of serious physical injury.</p>
<p>§ 135.60 Coercion in the second degree</p> <p><i>Class A misdemeanor</i></p>	<p>...when he compels or induces a person to engage in conduct ..., or abstain from conduct, ... by instilling fear that the actor or another will:</p> <ol style="list-style-type: none"> 1. Cause physical injury to a person; or 2. Cause damage to property; or 3. Engage in other conduct constituting a crime; or ... 9. Perform any other act which ... is calculated to harm another person....
<p>§ 135.65 Coercion in the first degree</p> <p><i>Class D felony</i> (note – Coercion 1st and 2nd have similar elements, see statutes & practice commentary)</p>	<ol style="list-style-type: none"> 1. He commits such crime by instilling fear that he will cause physical injury to a person or cause damage to property; or ...

PENAL LAW ARTICLE 155 – LARCENY

§ 155.00 Larceny; definitions of terms (note – see statute)

<p>§ 155.05 Larceny; defined</p>	<ol style="list-style-type: none"> 1. Person steals property and commits larceny when, with intent to deprive another of property or to appropriate same to himself or a third person, he wrongfully takes, obtains or withholds such property from an owner. 2. Includes wrongful taking, obtaining or withholding of another's property, with intent prescribed in subdivision (1), in any of the following ways: <ol style="list-style-type: none"> (a) By conduct defined or known as common law larceny by trespassory taking, common law larceny by trick, embezzlement, or obtaining property by false pretenses; (d) By false promise. ...pursuant to a scheme to defraud, ...proof of defendant's intention must be based on evidence establishing that the facts and circumstances are consistent with guilty intent. (e) By extortion. ...when he compels or induces another person to deliver such property to himself or another by instilling fear that if property is not delivered, the actor or another will: <ol style="list-style-type: none"> (i) cause physical injury to some person in the future; or (ii) cause damage to property; or ... (ix) perform any other act...which is calculated to harm another....
<p>§ 155.20 Larceny; value of stolen property</p>	<p>(note – see statute)</p>



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<p>§ 155.25 Petit larceny</p> <p><i>Class A misdemeanor</i></p>	<p>...when he steals property</p>
<p>§ 155.30 Grand larceny in the fourth degree</p> <p><i>Class E felony</i></p>	<p>...when he steals property and when:</p> <ol style="list-style-type: none"> 1. value exceeds one thousand dollars; or 4. property is a credit card or debit card; or 5. regardless of value, is taken from the person of another; or 6. regardless of value, is obtained by extortion; or 7. property consists of one or more firearms, rifles or shotguns; or 8. value exceeds one hundred dollars and is a motor vehicle, other than a motorcycle; or 10. property consists of access device person intends to use unlawfully to obtain phone service ...
<p>§ 155.35 Grand larceny in the third degree</p> <p><i>Class D felony</i></p>	<p>...when value of property exceeds three thousand dollars</p>
<p>§ 155.40 Grand larceny in the second degree</p> <p><i>Class C felony</i></p>	<p>...when he steals property and when:</p> <ol style="list-style-type: none"> 1. value exceeds fifty thousand dollars; or 2. regardless of value, is obtained by extortion by instilling fear that the actor or another will (a) cause physical injury to some person in the future, or (b) cause damage to property, or ...
<p>§ 155.42 Grand larceny in the first degree</p> <p><i>Class B felony</i></p>	<p>...when value of property exceeds one million dollars</p>
<p>§ 155.45 Larceny; pleading and proof</p>	<p>2. ...An indictment charging larceny by extortion must be supported by proof establishing larceny by extortion.</p> <p><i>(note – coercion & larceny by extortion are similar crimes, see statutes & practice commentaries)</i></p>
<p>Additional Offense Relating to Theft to consider:</p> <ul style="list-style-type: none"> • § 165.20 Fraudulently obtaining a signature <i>Class A misdemeanor</i> • Penal Law Article 170 – Forgery and Related Offenses 	



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PENAL LAW ARTICLE 190 – OTHER FRAUDS	
<p>§ 190.65 – Scheme to defraud in the first degree</p> <p><i>Class E felony</i></p>	<p>1. ...guilty of scheme to defraud in the first degree when: (c) engages in scheme constituting systematic ongoing course of conduct with intent to defraud more than one person, more than one of whom is vulnerable elderly person as defined in § 260.30 (3) or to obtain property from more than one person, more than one of whom is a vulnerable elderly person as defined in § 260.30, by false or fraudulent pretenses, representations or promises, and so obtains property from one or more such persons.</p> <p>2. ...prosecution under 1 (c), it shall be necessary to prove identity of at least one such vulnerable elderly person as defined in § 260.30 (3).</p> <p><i>(note – other paragraphs in this section may also be useful for victims not fitting the vulnerable elderly person definition)</i></p>
<p>§ 190.78 Identity theft in the third degree</p> <p><i>Class A misdemeanor</i></p>	<p>...when he knowingly and with intent to defraud assumes the identity of another person by presenting himself as that other person, or by acting as that other person or by using personal identifying information of that other person, and thereby:</p> <p>1. obtains goods, money, property or services or uses credit in the name of such other person or causes financial loss to such person or to another person or persons; or</p> <p>2. commits a class A misdemeanor or higher-level crime</p>
<p>Other fraud related offenses to consider:</p> <ul style="list-style-type: none"> • §§ 190.79 and 190.80 Identity theft in the second degree & first degree 	



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PENAL LAW ARTICLE 215 – OTHER OFFENSES RELATING TO JUDICIAL AND OTHER PROCEEDINGS

§ 215.51 Criminal contempt in the first degree

*Class E felony
(note – includes penalty upgrades due to prior convictions)*

...guilty of criminal contempt in the first degree when:

(b) in violation of a duly served order of protection..., he or she:

(i) – (vi) intentionally places or attempts to place a person whose protection such order was issued in reasonable fear of physical injury, serious physical injury or death by displaying a dangerous instrument or by threat; or by repeatedly following such person or engaging in a course of conduct; or by various means of communication; or with intent to harass, annoy, threaten or alarm the person, repeatedly makes telephone calls with no purpose of legitimate communication; or strikes, shoves, kicks or otherwise subjects such other person to physical contact or attempts or threatens to do so; or by physical menace, intentionally places or attempts to place a person whose protection such order was issued in reasonable fear of death, imminent serious physical injury or physical injury.

(note – ...shoves, kicks or otherwise subjects such other person...)

(c) he or she commits crime of criminal contempt in second degree (§ 215.50 [3]) by violating an order of protection...requiring defendant to stay away from the person, and where defendant has been previously convicted of aggravated criminal contempt or criminal contempt in the 1st or 2nd degree for violating an order of protection as described herein within the preceding five years.

(d) in violation of an order of protection, ... he or she intentionally or recklessly damages the property of a person for whose protection such order was issued in an amount exceeding \$250.

(note for subdivision (b) – each paragraph (i – vi) of subdivision (b) incorporates most of the elements of a variety of misdemeanor crimes – laws are strengthened and penalties upgraded when there is a violation of an order of protection)

Other offenses relating to judicial and other proceedings to consider:

- §§ 215.10 – 215.13 Tampering with a witness in the fourth degree to first degree
- §§ 215.15 – 215.17 Intimidating a victim or witness in the third degree to first degree
- § 215.50 Criminal contempt in the second degree
- § 215.52 Aggravated Criminal Contempt

PENAL LAW ARTICLE 240 – OFFENSES AGAINST PUBLIC ORDER

§ 240.25 Harassment in the first degree

Class B misdemeanor

§ 240.26 Harassment in the second degree

Violation



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<p>§ 240.30 Aggravated harassment in the second degree – reflects July 23, 2014 amendments effective immediately</p>	<p>...when:</p> <ol style="list-style-type: none"> 1. With intent to harass another person, the actor either: <ol style="list-style-type: none"> (a) communicates, anonymously or otherwise, by telephone, by computer or any other electronic means, or by mail, or by transmitting or delivering any other form of communication, a threat to cause physical harm to, or unlawful harm to the property of, such person, or a member of such person's same family or household as defined in CPL § 530.11 (1), and actor knows or reasonably should know that such communication will cause such person to reasonable fear harm to such person's physical safety or property, or to the physical safety or property of a member of such person's same family or household; or (b) causes a communication to be initiated anonymously or otherwise, by telephone ...; or 2. With intent to harass or threaten another person, he or she makes a telephone call, whether or not a conversation ensues, with no purpose of legitimate communication; or 3. With intent to harass, annoy, threaten or alarm another person, he or she strikes, shoves, kicks, or ...subjects another person to physical contact, or attempts or threatens ...because of a belief or perception regarding person's ...age, disability...regardless of whether the belief or perception is correct; or 4. With the intent to harass, annoy, threaten or alarm another person, he or she strikes, kicks, ... physical contact causing physical injury to such person or to family or household member of such person as defined in CPL § 530.11; or 5. He or she commits the crime of harassment in first degree and has previously been convicted of harassment in first degree as defined by PL § 240.25 within preceding ten years.
<p><i>Class A misdemeanor (note – penalty upgrade due to hate crime or prior conviction)</i></p>	<p>...with intent to harass, annoy, threaten or alarm, because of a belief or perception regarding ...age, disability...:</p> <ol style="list-style-type: none"> 2. Commits second degree aggravated harassment (PL § 240.30 [3]) and previously convicted of PL § 240.30 (3) or PL § 240.31 within preceding ten years.
<p>§ 240.31 Aggravated harassment in the first degree</p>	<p><i>Class E felony (note – penalty upgrade due to hate crime or prior conviction)</i></p>
<p>§ 240.75 Aggravated family offense</p>	<p><i>Class E felony (note – penalty upgrade due to hate crime or prior conviction)</i></p>



PENAL LAW ARTICLE 260 – OFFENSES RELATING TO CHILDREN, DISABLED PERSONS AND VULNERABLE ELDERLY PERSONS	
<p>§ 260.24 Endangering the welfare of an incompetent or physically disabled person in the second degree</p> <p><i>Class A misdemeanor</i></p>	<p>...when he or she recklessly engages in conduct which is likely to be injurious to the physical, mental or moral welfare of a person who is unable to care for himself or herself because of physical disability, mental disease or defect.</p> <p><i>(note – added in 2012 NYS Justice Center legislation for the Protection of People with Special Needs; 260.25 was amended)</i></p>
<p>§ 260.25 Endangering the welfare of an incompetent or physically disabled person in the first degree</p> <p><i>Class E Felony</i> <i>(note – 260.24 & 260.25 protect the elderly and younger disabled persons)</i></p>	<p>...when he knowingly acts in manner likely to be injurious to physical, mental or moral welfare of a person unable to care for himself or herself because of physical disability, mental disease or defect.</p>
<p>§ 260.31 Vulnerable elderly persons; definitions</p>	<p>For purpose of §§ 260.32 and 260.34:</p> <ol style="list-style-type: none"> 1. “Caregiver” – person who assumes responsibility for care of vulnerable elderly person, or an incompetent or physically disabled person pursuant to court order or receives monetary or other valuable consideration for providing care ... 2. “Sexual contact” – any touching of sexual or other intimate parts of person not married to the actor for purpose of gratifying sexual desire of either party, whether directly or through clothing, touching by either party. 3. “Vulnerable elderly person” – person sixty years of age or older, suffering from disease or infirmity associated with advanced age, manifested by demonstrable physical, mental or emotional dysfunction to extent that the person is incapable of adequately providing for his or her own health or personal care. 4. “Incompetent or physically disabled person” – an individual who is unable to care for himself or herself because of physical disability, mental disease or defect. <p><i>(note – In 2010, definition expanded to include incompetent or physically disabled person.)</i></p> <p><i>(note – think about what might be included as monetary or other valuable consideration – something other than direct payment may qualify and should at least be investigated)</i></p>
<p>§ 260.32 Endangering the welfare of a vulnerable elderly person, or an incompetent or physically disabled person in the second degree</p> <p><i>Class E felony</i></p>	<p>...when, being a caregiver for a vulnerable elderly person or an incompetent or physically disabled person:</p> <ol style="list-style-type: none"> 1. With intent, causes physical injury to such person; or 2. He or she recklessly causes physical injury to such person; or 3. With criminal negligence, causes physical injury to such person by means of a deadly weapon or dangerous instrument; or 4. Subjects such person to sexual contact without the latter’s consent <i>(note – specific requirements are explained in the statute)</i>



§ 260.34 Endangering the welfare of a vulnerable elderly, or an incompetent or physically disabled person in the first degree	...when, being a caregiver for a vulnerable elderly person or an incompetent or physically disabled person: 1. With intent to cause physical injury to such person, causes serious physical injury; or 2. Recklessly causes serious physical injury to such person.
<i>Class D felony</i>	
(note – Endangering the welfare statutes are similar to assault and sexual abuse statutes, but with higher penalty classifications.)	
Other offenses to consider: • § 260.24 Endangering the welfare of an incompetent or physically disabled person in the second degree	

PENAL LAW ARTICLE 485 – HATE CRIMES	
§ 485.05 Hate Crimes	<ol style="list-style-type: none"> 1. A person commits a hate crime when he or she commits a specific offense and either: <ol style="list-style-type: none"> (a) intentionally selects the person against whom the offense is committed or intended to be committed in whole or in substantial part because of a belief or perception regarding the race, color, national origin, ancestry, gender, religion, religious practice, age, disability or sexual orientation of a person regardless of whether the belief or perception is correct, or (b) intentionally commits the act or acts constituting the offense in whole or in substantial part because of a belief or perception regarding the race, color, national origin, ancestry, gender, religion, religious practice, age, disability or sexual orientation of a person, regardless of whether the belief or perception is correct. 3. (note – see statute for list of specified offenses) 4. (a) “age” means sixty years old or more; (b) “disability” means a physical or mental impairment that substantially limits a major life activity.

McKinney’s Consolidated Laws of New York, Book 2B, Agriculture and Markets (AG & M)

ARTICLE 26 – ANIMALS	
Sections 350 – 379	
§ 353 Overdriving, torturing and injuring animals; failure to provide sustenance	...tortures or cruelly beats or unjustifiably injures, maims, mutilates or kills any animal, whether wild or tame, and whether belonging to himself or to another, or deprives any animal of necessary sustenance, food or drink, or neglects or refuses to furnish it such sustenance or drink ...
<i>Class A misdemeanor</i>	
§ 353-a Aggravated cruelty to animals	...intentionally kills or intentionally causes serious physical injury to a companion animal with aggravated cruelty.
<i>Unclassified felony</i>	



Additional Domestic Violence related statutes

Criminal Procedure Law § 530.11 Procedures for family offense matters

Family Court Act § 812 (1) Procedures for family offense matters

For purposes of this article, "members of the same family or household" shall mean the following:

- (a) persons related by consanguinity or affinity;
- (b) persons legally married to one another;
- (c) persons formerly married to one another regardless of whether they still reside in the same household;
- (d) persons who have a child in common regardless of whether such persons have been married or have lived together at any time; and
- (e) persons who are not related by consanguinity or affinity and who are or have been in an intimate relationship regardless of whether such persons have lived together at any time. Factors the court may consider in determining whether a relationship is an "intimate relationship" include but are not limited to: the nature or type of relationship, regardless of whether the relationship is sexual in nature; the frequency of interaction between the persons; and the duration of the relationship. Neither a casual acquaintance nor ordinary fraternization between two individuals in business or social contexts shall be deemed to constitute an "intimate relationship".

Criminal Procedure Law § 140.10 Arrest without a warrant; by police officer; when and where authorized.

Family Court Act § 842-a Suspension of firearms license and ineligibility for such a license

Law signed and effective on December 18, 2013

Financial/Economic Abuse – A 7400 / S 5821 Chapter 526 Laws of 2013

Addresses financial and economic abuse by adding certain crimes of identity theft, larceny and coercion to the list of family offenses in the Family Court Act and the criminal procedure law. New law also adds a condition that can be included in orders of protection, requiring the abuser to return specific identification documents, such as passport, immigration papers, social security card, benefits or insurance card, etc. to the protected party.

Amends:

- Family Court Act §§ 446; 551; 656; 812; 821; 842; 1056
- Domestic Relations Law §§ 240; 252
- Criminal Procedure Law §§ 530.11; 530.12

Law signed and effective on September 4, 2014

Grand Jury Proceedings – A 8780 / S 7188 Chapter 347 Laws of 2014

Allows a social worker or informal caregiver to be present and give care to vulnerable elderly person during certain grand jury proceedings.

Amends: Criminal Procedure Law § 190.25 (3) (h)



New York Codes, Rules and Regulations (NYCRR)

Title 9 Section 6654.16 EISEP case management

(t) Any situation posing a possible severe or imminent threat to the health or safety of the client or any indication of possible abuse, mistreatment, or neglect of the client shall be documented in the client case record and reported to the local social services district, public health office, police or other appropriate agency immediately.

Additional law to consider:

Article 3-A of New York Lien Law may be helpful when a case involves unscrupulous contractors.

New – New York State Office of Victim Services

Effective **October 17, 2017** (Chap 55, 2017 Laws of NY; S2005-C / A3005-C), recent amendments to **Executive Law §621** (Definitions) & **§631** (Awards) provide expanded victim services, including reimbursement for loss of savings for vulnerable, older adult victims.

For additional information regarding **New York State laws and legislation**: <http://public.leginfo.state.ny.us>
For additional information regarding NYCRR: <http://www.dos.ny.gov/info/nycrr.html>

Prepared by Lifespan of Greater Rochester Inc.

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For additional reference materials related to elder mistreatment, please visit the **New York State Coalition on Elder Abuse** website: www.nyselderabuse.org.



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Age-Associated Financial Vulnerability: An Emerging Public Health Issue

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Various processes common in the aging brain may affect an older adult's ability to manage personal finances, the most recognized of which are dementing illnesses (1). These conditions can affect cognitive abilities, which may jeopardize an older adult's financial well-being over their longitudinal course. However, recent studies suggest that even cognitively intact older adults can have “functional” changes that may render them financially vulnerable. Social isolation also increases dramatically with age, which places older persons at risk for exploitation from predators. Furthermore, capitalistic enterprises can threaten the financial security of this group, which is perceived to be a large untapped market and, in an era of information overload, is often presented with a dizzying array of products and services.

We propose the concept of age-associated financial vulnerability (AAFV) and discuss aspects of its epidemiology from the vantage of a neuropsychologist (S.D.H) and geriatrician–epidemiologist (M.S.L) who are both researchers and clinicians working in the field of elder abuse. We believe that considering AAFV a clinical syndrome may be advantageous to further critical research, promote public policy work, and encourage physicians to recognize it.

Definition

We define AAFV as a pattern of financial behavior that places an older adult at substantial risk for a considerable loss of resources such that dramatic changes in quality of life would

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Final approval of the article: M.S. Lachs, S.D. Han.

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result and that is inconsistent with previous patterns of financial decision making during younger adult life. This condition can occur in the absence of dementia or other neurodegenerative diagnoses and may or may not be the presenting manifestation of such illnesses.

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We believe that this paradigm is useful for several reasons. First, it emphasizes that clinically relevant AAFV behaviors must affect quality of life. Second, the requirement that these behaviors be of recent onset and differ from previous financial decision-making patterns excludes patients who had poor premorbid financial literacy and decision making in the same way that dementia diagnoses require that cognitive impairment be “acquired.” The stipulation that AAFV need not be the presenting manifestation of new or established dementia likens it to such conditions as mild cognitive impairment, in which impairment is measurable. However, AAFV differs from this condition because cognitive impairment is not necessary for AAFV, as government case reports of financial exploitation among older adults have documented (2). The stipulation that AAFV need not be associated with cognitive impairment differentiates research on this condition from previous work that has focused on cognitive impairment as the driving force for financial vulnerability (3).

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Age-associated financial vulnerability and financial exploitation (4, 5) can be linked—AAFV may predispose an older adult to financial exploitation—however, we perceive them as conceptually different. Age-associated financial vulnerability focuses on a potential condition that may have multiple causes and ultimately may or may not lead to exploitation. We view financial exploitation as focusing on specific mechanisms that drive a particular outcome, often consisting of intentional or forceful methods of exploitation. In this sense, persons who do not show AAFV can be victims of financial exploitation. More is known about the effects of financial exploitation; less is known about AAFV because we believe that this concept is new.

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Epidemiology of AAFV: Prevalence and Risk Factors

Although a precise determination of the prevalence of AAFV would require assessment of a large population-based sample of older adults, community-based studies of elder abuse can offer insight. For example, in a recent study involving a weighted sample of more than 4000 older adults in New York State, 4.7% of participants reported experiencing some form of financial exploitation since turning age 60 years (6). This estimate is probably conservative because the study used telephone interviews, thereby excluding participants with substantial cognitive and other impairments that are potential risk factors. In addition, although not all financially vulnerable older adults are exploited, those with AAFV may lack insight into their vulnerability and are therefore unlikely to self-report.

Risk factors for AAFV, some of which have been documented clinically, are listed in the Table (7). In addition to cognitive impairment, social isolation is a risk factor because isolated persons may engage exploiters in a misguided attempt to cultivate social connections and these persons lack friends or family who could recognize evolving AAFV to mitigate or report it. Illness can also contribute to AAFV because desperate patients may be rendered susceptible to sham “remedies” peddled by unscrupulous salespersons (8).

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Conclusions and Future Directions

We believe that AAFV is a problem with serious effects on patients, their families, and society. Its roots reside in the curious intersection of several trends, including a rapidly aging society, age-associated changes in the human brain, shifts in the concentration of wealth to older demographic groups, and industry's adoption of marketing strategies that are increasingly becoming rooted in behavioral economics and cognitive neuroscience. Although some protective efforts have been made on the federal level (9) (for example, passage of the Elder Justice Act) as well as in business (for example, the Better Business Bureau) and academia (for example, Baylor College of Medicine's financial exploitation education program for physicians and other professionals) (10), progress is urgently needed on several other fronts. Research must be done to better understand whether AAFV is a clinical syndrome, determine who is at risk and why, and create screening and intervention programs using strategies similar to those used recently for financial exploitation (4). The role and responsibilities of physicians in protecting their patients with AAFV must be defined and supported with evidence-based tools. Given the public health and policy implications of AAFV, a rigorous debate must begin on how to balance protection of older adults with the autonomy afforded to all citizens.

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Table

Possible Factors Contributing to Age-Associated Financial Vulnerability

Domain Factor	Mechanism
Cognitive/emotional	
Executive dysfunction	Reduced ability to multitask, organize by time, and abstractly comprehend future ramifications of current financial actions
Acalculia	Inability to quickly calculate figures mentally to verify numbers or to perform numerical calculations
Frontal disinhibition	Reduced ability not to commit to financial courses of action with potentially negative consequences
Anxiety	May increase pressure to take bad financial risks or not pursue appropriate financial safeguards
Reduced ability to discern trustworthy persons	Results in having less information by which to discern good financial opportunities from bad financial risks
Medical and functional	
Serious progressive illness	Serious underlying medical illness unresponsive to traditional therapy may motivate patients to seek expensive and unproven treatments, creating susceptibility to fraud
Impaired mobility	Reduced ability to extricate themselves from an environment in which they are being pressured to make financial decisions
Vision and hearing loss	Decreased likelihood that complex financial transactions and/or documents are fully comprehended before execution
Polypharmacy	May contribute to delirium, directly influencing vulnerability; expense of medication may also lead to inadvisable risk-taking
Psychosocial	
Depression	Associated with executive dysfunction (7); shame and guilt may also preclude older persons from revealing their predicament to trusted friends and family who could extricate them from exploited role
Social isolation	No beneficent person within the older person's social network to recognize, mitigate, or report financial exploitation
Loneliness	Patients may engage potential exploiters as a mechanism of fostering social connectedness
Environmental/societal	
Wealth concentration	High concentration of wealth in older populations makes them targets of potential exploiters
Information overload	Complex offering of products and services may paradoxically reduce sound decision making in the aging brain
Sophisticated marketing	The aging brain may be more susceptible to increasing use of behavioral economics and cognitive neuroscience to sway consumers

How to Avoid Common Scams That Target Older Adults

Gary S. Brown

How to Avoid Common Scams That Target Older Adults

Vol. 2 Issue 5

By

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In New York alone, seniors lose as much as \$1.5 billion each year to financial exploitation. The national figure is undoubtedly much higher. Unfortunately, there are many ways for con artists and other criminals to gain entry into the lives of older adults: over the phone, through the internet, sometimes in their own homes.

This article focuses on common scams and frauds that target older adults, with emphasis on the warning signs and how to avoid becoming a victim. From telephone safety techniques to internet dos and don'ts, from recognizing scams to knowing how to avoid them, it's important for older adults to know the best ways to protect themselves.

The essence of a good scam is to trigger an emotional response in the victim, which leaves the victim not thinking clearly and more easily manipulated. Greed, fear, love, good will – all of these emotions are used by scammers. Even sophisticated, experienced and hardened consumers can be vulnerable if the scammer pushes the right emotional buttons. Some common scams to look out for include:

Lottery scams

An older adult gets a phone call, email or letter congratulating them on winning a lottery or sweepstakes, often from a foreign country. All the older adult needs to do to claim a large cash prize or giveaway is to pay the taxes up front. The "winners" are instructed to purchase pre-paid debit cards or gift cards, and then to call back and read aloud the serial numbers on the cards (which allows the funds to be transferred). However, the "winnings" never arrive and the scammers continue to contact the older adult asking for more money with the promise of an imminent windfall.

Protect Yourself:

Legitimate contests will never request money up front.

You cannot win a contest that you did not enter.

Telemarketers cannot legally ask you to pay by wire transfer, or by providing the serial number on a pre-paid debit card or gift card.

Foreign lotteries are illegal in the United States, so notification that you have won another country's lottery is fraudulent by definition.

"Grandparent" scam

An older adult receives a phone call from someone claiming to be their grandchild. The "grandchild" claims to be stranded in a foreign country, in trouble, and needs the grandparent to send money immediately. They usually ask the grandparent not to tell other relatives so they won't get in trouble. Later, the older adult finds out that the caller was an imposter.

• Protect Yourself:

Do not send money without verifying the identity of the caller. Ask the caller questions that only the real grandchild would know the answer to, such as the name of the grandchild's first pet.

Always check with another family member or friend to verify the caller's story – even if the caller asks you to keep it a secret.

For more information about this scam, download a brochure created by the New York Attorney General's Office [here](#).

IRS Scam

A scammer impersonating an IRS agent calls an older adult. The victim is told they owe a large amount in back taxes and will be arrested if the money isn't paid the same day. The scammer continues to hound and threaten the older adult until the victim agrees to pay, often by purchasing pre-paid debit cards or gift cards and calling back to read the serial numbers aloud.

• Protect Yourself:

The IRS will never ask you to pay a debt by wiring money or by loading money onto a pre-paid debit card or gift card and calling back with the serial numbers. Anyone who asks you to do this is an imposter.

If you receive a suspicious call from someone claiming to be an IRS agent, hang up the phone. You can call the IRS to find out if they were actually trying to reach you.

Don't trust your caller ID. Even though it may say a call is from "Washington, DC" or "IRS," scammers use Caller ID "spoofing" and can be calling from anywhere in the world.

For more information from the New York Attorney General's office on the IRS Scam, download a brochure [here](#).

Charity fraud

Someone contacts an older adult seeking a donation for a charity, often with a nice demeanor and a sad story. Either the majority of the money goes to the fundraising company and not the charity, or the charity is entirely fake and the scammers take the money.

• Protect Yourself:

Investigate before you donate. Learn about the charity's goals and programs and how they will use your donation. Check to see whether a charity is registered to fundraise in your state.

Pressure to donate immediately is a red flag. Ask the caller to send you some literature so that you can better research the charity.

Never give your Social Security number or other personally identifying information to someone asking for a charitable donation. Do not give credit card information to an organization you do not know well.

Home improvement scams

An individual claiming to be a contractor will coerce an older adult into making a large advance payment for home repairs. Often this scammer will knock on an older adult's door unsolicited and claim to have driven by and seen something that urgently needs to be fixed. The work is either shoddily done or never completed.

• Protect Yourself:

Research, check references and get at least two estimates whenever you plan to have repairs done on your home.

Be suspicious of anyone who makes an unsolicited offer to do home repairs.

Never pay the full amount before the job is finished and always pay by credit card or check, never cash.

Investment scams

A slick salesperson or "too good to be true" offer persuades an older adult to invest in a product or business that is either entirely fake or highly inappropriate for the investor's financial needs and goals. These scammers will also often charge victims steep commissions.

- **Protect Yourself:**

Question the credentials of people who represent themselves as investment professionals. Scammers may call themselves "senior specialists" to gain older adults' trust.

Never feel pressure to invest immediately. A reputable investment advisor will never try to rush you into making a decision. Take the time to research an investment before handing over any money.

People who sell financial products, as well as financial products themselves, must be registered with state officials.

For more information from the New York Attorney General's office on investment scams, download a brochure [here](#).

Internet scams

The internet is a wonderful place for older adults, but also has many scammers lurking. In a "phishing" scam, an authentic looking email directs you to a website resembling a bank's site or even the Social Security website, and prompts you to enter credit card or other personally identifying information to "verify your identity" or "address a problem with your account." That information is then used to steal the victim's identity and money.

- **Protect Yourself:**

Shop and bank online only when using a secure website, showing https:// in your web browser.

Never give out personally identifying information in response to an unsolicited email.

Do not click on links in emails from someone you do not recognize, regardless of who they claim to be.

If you receive an email claiming there is a problem with one of your accounts, do not reply directly. Instead, call the company using the phone number on your bank or credit card statement, or log directly onto the company's website.

Scam telephone calls

Older adults are experiencing an epidemic of scam telephone calls such as the IRS Scam and the Grandparent Scam mentioned above.

- **Protect Yourself:**

Think of the phone as a "one way" street. Only give out personal information if *you* placed the call.

Use Caller ID as a screening tool. Only answer the call if you recognize the number. Otherwise let the call ring through to voice mail.

If you think you're being victimized by a scam, immediately contact your local police, state attorney general's office, or the [Federal Trade Commission](#). For more detailed information on how older adults can protect themselves financially, visit the New York Attorney General's website at www.ag.ny.gov.



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.

National Clearinghouse on Abuse in Later Life (NCALL)

A Project of Wisconsin Coalition Against Domestic Violence
307 S. Paterson St., Suite 1, Madison, Wisconsin 53703-3517

Phone: 608-255-0539 • Fax/TTY: 608-255-3560 • www.ncall.us • www.wcadv.org

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 and 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	Bedsores Infections Fractures Isolation Dependence

Aging Process Changes	Normal Aging Outcomes	Implications For Potential Abuse
Mental and cognitive:		
<p>Some cognitive and mental functions decline</p> <p>Some cognitive skills including judgment, creativity, common sense, and breadth of knowledge and experience, are maintained or improved.</p> <p>Some cognitive skills, including abstraction, calculation, word frequency, verbal comprehension, and inductive reasoning, show slight or gradual decline.</p>	<p>Short-term memory declines but long-term recall is usually maintained</p> <p>Difficulty understanding abstract content.</p> <p>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.</p>	<p>Potential for financial abuse and exploitation</p> <p>Increased risk for self-neglect</p>

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



RESEARCH TO PRACTICE TRANSLATION

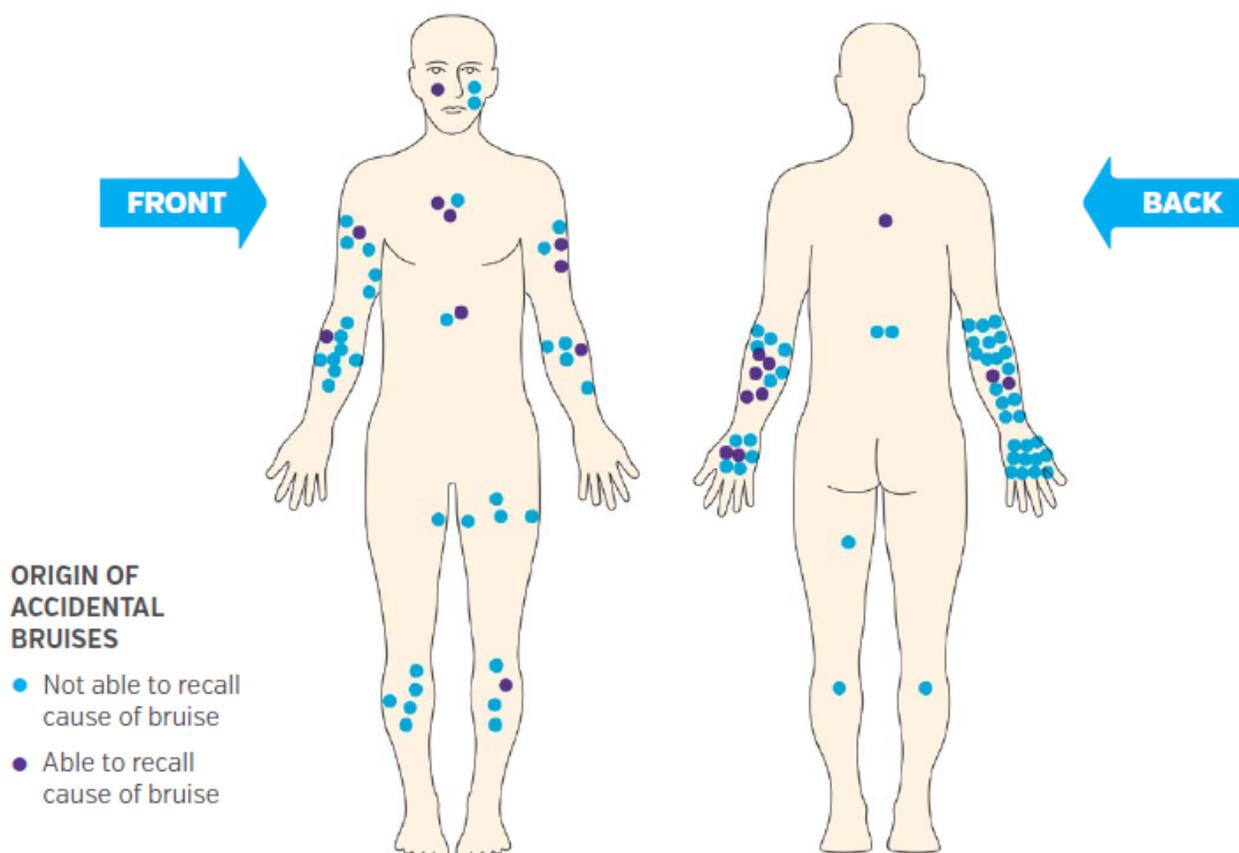
Bruising in Older Adults: Accidental Bruising and Bruising from Physical Abuse

Our research translations highlight key points of aging- and abuse-related research articles for use by practitioners working with older adults. Visit the National Center on Elder Abuse website and click Library for more information on research <https://ncea.acl.gov/>.

PART I: ACCIDENTAL BRUISING IN OLDER ADULTS

Key findings from a study of **accidental bruising in older adults**:

- > **Color of a bruise did not indicate its age.** A bruise could have any color from day one.
- > **90% of accidental bruises were on the extremities** rather than the trunk, neck or head.
- > **Less than a quarter of older adults with accidental bruises remembered** how they got them.
- > **Older adults taking medications** that interfere with coagulation pathways were more likely to have **multiple bruises**, but the bruises **did not last any longer** than the bruises of those who didn't take these medications.



Citation: Mosqueda L, Burnight K, Liao S. The life cycle of bruises in older adults. *J Am Geriatr Soc.* 2005 Aug;53(8):1339-43
This project was funded by Grant 2001-IJ-CX-K014 from the Department of Justice (DOJ), Office of Justice Programs

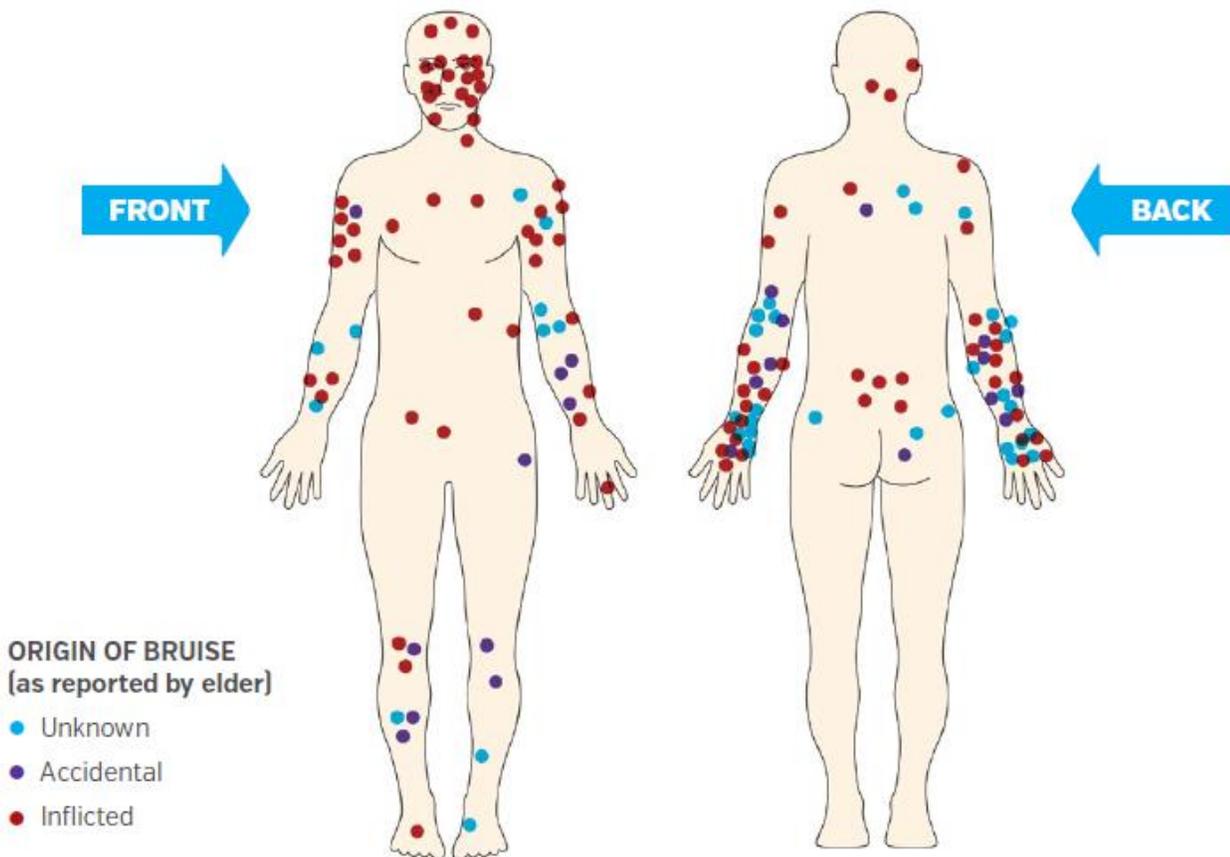
PART II: BRUISING IN OLDER ADULTS AS REPORTED BY ABUSED ELDERS

Key findings from a study of **bruising in older adults who have been physically abused** were:

1. Bruises were large. More than half of older adults with bruises who had been physically abused had at least one bruise **5 cm (about 2 inches) in diameter or larger**.
2. Could be anywhere, but note **especially if they are on face, lateral (same side as the thumb) or anterior (same side as the palm of the hand) surface of the arm, or on the back**. Older adults with bruises who had been abused had more bruises in these areas than older adults whose bruises were accidental.

And please,

3. Ask the older adult about bruises – gently and in private. 90% of older adults with bruises who have been physically abused **can tell you how they got their bruises**, and this **includes many older adults with memory problems and dementia**.

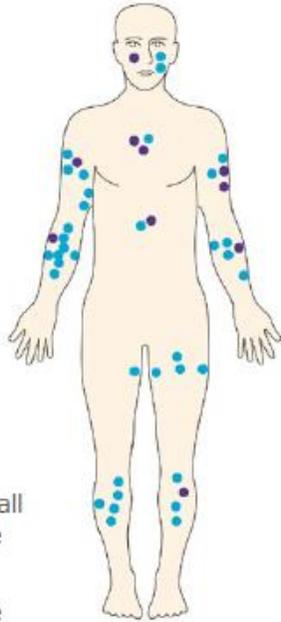


Citation: Wiglesworth A, Austin R, Corona M, Schneider D, Liao S, Gibbs L, Mosqueda L. Bruising as a marker of physical elder abuse. J Am Geriatr Soc. 2009 Jul;57(7):1191-6.

This project was funded by Grant 2005-IJ-CX-0048 from the Department of Justice (DOJ), Office of Justice Programs

Anterior Comparison

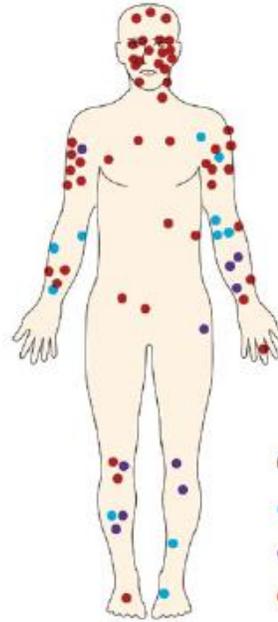
PART I: ACCIDENTAL



ORIGIN OF ACCIDENTAL BRUISES

- Not able to recall cause of bruise
- Able to recall cause of bruise

PART II: PHYSICAL ABUSE

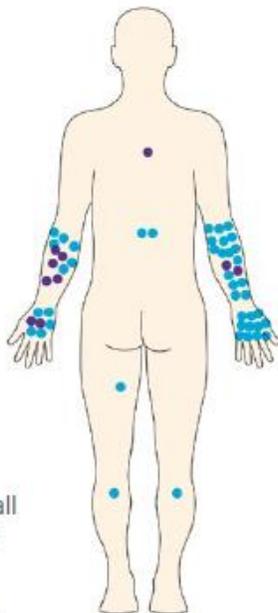


ORIGIN OF BRUISE

- Unknown
- Accidental
- Inflicted

Posterior Comparison

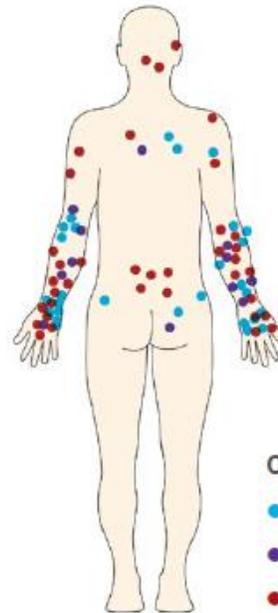
PART I: ACCIDENTAL



ORIGIN OF ACCIDENTAL BRUISES

- Not able to recall cause of bruise
- Able to recall cause of bruise

PART II: PHYSICAL ABUSE



ORIGIN OF BRUISE

- Unknown
- Accidental
- Inflicted

NCEA activities are supported in part by a grant from the Administration on Aging, U.S. Department of Health and Human Services (grant number 90-AB-0002) to the UCI Center of Excellence. Grantees undertaking projects under government sponsorship are encouraged to express freely their findings and conclusions. Therefore, points of view or opinions do not necessarily represent official Administration on Aging policy. <https://ncea.acl.gov/> | www.centeronelderabuse.org

SIGNS AND SYMPTOMS OF STRANGULATION

NEUROLOGICAL

- Loss of memory
- Loss of consciousness
- Behavioral changes
- Loss of sensation
- Extremity weakness
- Difficulty speaking
- Fainting
- Urination
- Defecation
- Vomiting
- Dizziness
- Headaches

SCALP

- Petechiae
- Bald spots (*from hair being pulled*)
- Bump to the head (*from blunt force trauma or falling to the ground*)

EYES & EYELIDS

- Petechiae to eyeball
- Petechiae to eyelid
- Bloody red eyeball(s)
- Vision changes
- Droopy eyelid

EARS

- Ringing in ears
- Petechiae on earlobe(s)
- Bruising behind the ear
- Bleeding in the ear

FACE

- Petechiae (*tiny red spots- slightly red or florid*)
- Scratch marks
- Facial drooping
- Swelling

MOUTH

- Bruising
- Swollen tongue
- Swollen lips
- Cuts/abrasions
- Internal Petechiae

CHEST

- Chest pain
- Redness
- Scratch marks
- Bruising
- Abrasions

NECK

- Redness
- Scratch marks
- Finger nail impressions
- Bruising (*thumb or fingers*)
- Swelling
- Ligature Marks

VOICE & THROAT CHANGES

- Raspy or hoarse voice
- Unable to speak
- Trouble swallowing
- Painful to swallow
- Clearing the throat
- Coughing
- Nausea
- Drooling
- Sore throat
- Stridor

BREATHING CHANGES

- Difficulty breathing
- Respiratory distress
- Unable to breathe

Source: *Strangulation in Intimate Partner Violence, Chapter 16, Intimate Partner Violence. Oxford University Press, Inc. 2009.*



www.strangulationtraininginstitute.com

Graphics by Yesenia Aceves

SEXUAL VIOLENCE IN LATER LIFE

Bulletin

Sexual violence against people in later life involves a broad range of contact and non-contact sexual offenses perpetrated against people age 60 and beyond. Oftentimes, older victims have experienced multiple victimizations throughout their lives. Historically, older people have not been considered potential or actual targets of sexual assault and, as a result, have been under-identified and underserved as victims.

This bulletin is designed to assist sexual assault advocates to more effectively serve people in later life and will briefly outline the following:

- research and practice findings
- the aging process
- responding to the needs of older victims
- tailoring outreach methods to include people in later life

Research and practice findings

Recognition of people in later life as potential and actual sexual assault victims and research on identified cases are in their infancy. As a result, much is unknown about the prevalence of sexual violence against people in later life as well as the cultural and demographic factors that influence its occurrence.

Prevalence of sexual violence in later life

Consistently, studies have found that less than five percent of victims presenting to emergency departments servicing sexual assault victims are older adults. However, there is reason to

believe that sexual assault against older people is even more underreported and hidden than assaults against younger age groups (Burgess & Clements, 2006). Sexual violence in later life occurs in private homes, community locations, and care facilities (Burgess et al., 2008; Eckert & Sugar, 2008).

Types of sexual assault during later life

Sexual assault perpetrated against older victims involves a similar range of behaviors reported in crimes against younger people including rape, molestation, sexual threats, harassment and forced exposure to pornography (Burgess et al., 2008; Ramsey-Klawnsnik, 2003; Teaster & Roberto, 2004). Sexual exploitation, including using older people to produce pornography, has also been identified. Sexual homicides of older people also occur (Jeary, 2005; Safarik et al., 2002).

¹ Various jurisdictions and agencies define the "elder" portion of life differently but typically as commencing at age 60 or 65. In contrast, the National Clearinghouse on Abuse in Later Life (NCALL) considers older victims to be those over age 50.



Perpetrators of sexual violence in later life

The majority of identified perpetrators in domestic settings are spouses/partners and incestuous sons and other relatives (Ramsey-Klawnsnik, 1991, 2003). The most frequently identified alleged perpetrators in care facilities are facility employees followed by facility residents (Burgess et al., 2000; Ramsey-Klawnsnik et al., 2008).



Victims of sexual violence in later life

As with sexual assault in the general population, the majority of identified victims are women and most perpetrators are males (Burgess et al., 2008; Ramsey-Klawnsnik, 2003; Ramsey-Klawnsnik et al., 2008; Teaster & Roberto, 2004). Victims as old as 100 have been identified and their sexual perpetrators range in age from juveniles to senior citizens (Burgess et al., 2008; Jeary, 2005; Ramsey-Klawnsnik et al., 2008). Studies have found that the majority of identified victims experience cognitive, functional, and physical limitations (Eckert & Sugar, 2008; Ramsey-Klawnsnik et al., 2008; Teaster & Roberto, 2004). These limitations increase risk for sexual assault and limit the ability for older people to protect themselves from sexual violence and seek intervention assistance (Chihowski & Hughes, 2008; Ramsey-Klawnsnik, 2003).

Effects of sexual violence in later life

Sexual assault can have extremely serious consequences for people in later life. Genital trauma is more frequent and more severe in older than younger victims (Eckert & Sugar, 2008; Poulos & Sheridan, 2008). Other physical injuries are often reported in addition to significant psychosocial trauma experienced by the victim (Burgess, Ramsey-Klawnsnik, & Gregorian, 2008).

Responding to the special needs of older victims

Age-related changes

Normal physical changes occur as the body ages. These changes impact the body's functions, health status, vulnerability to illness and debilitating conditions, and various abilities. These changes place older adults at greater risk of sexual and other victimization. Perpetrators may target them due to their physical and cognitive vulnerabilities. Additionally, they may depend on perpetrators for daily needs and/or to cope with debilitating conditions. Older individuals can be left unable to protect themselves from assault. Their ability to access and utilize intervention services can also be adversely affected. Please note, however, that physical age-related changes do not render older adults less intelligent or incapable of informed decision-making. Accumulated life experiences often result in older adults possessing significant wisdom, insight, and a broad range of effective problem-solving abilities. Advocates can play an integral role in building upon these strengths and inner resources.

In recognition of the age-related changes, it is important that advocates create a physical environment that is conducive to the needs of people in later life. For example, background and extraneous noise may be especially disconcerting to people with hearing declines. Written materials can be made more accessible to individuals with age-related vision changes by printing them in a large font. To make it easier to keep track of important information, legibly write out instructions, addresses, appointments, etc. When speaking with people in later life, be prepared to speak slowly and, if necessary, allow them time to process information and formulate their thoughts.

Sexual Violence In Later Life

Illnesses, injuries, and disabilities affecting people in later life

Illnesses, injuries, and disabilities can prohibit people from traveling to sexual assault centers to receive services. Those who have serious physical limitations, such as paralysis, may rarely leave their home environments unless transported by ambulance or a support person. Advocates can help to overcome this barrier by considering alternative service-delivery locations.

Victims who have significant cognitive impairments, such as dementia, may not benefit from traditional sexual assault counseling. Although long-term counseling would not be effective, it is still important that the advocate provide clear information in a calm and reassuring manner. While they may not remember the details, victims may remember that a kind person tried to help them and treated them respectfully. Advocates may also find ways to work with agency social work or recreational therapy departments to assist in creating supportive and safe environments around victims.

Advocates can also help to lessen a victim's trauma by consulting with the person's guardian, nurse, or family members and helping them to understand how assault-induced trauma affects victims, including people with dementia. For example, studies have found that following sexual assault, people who had been victimized in their care facilities experienced pervasive feelings of being unsafe there and a desperation to leave those facilities. Information sharing may help guardians and loved ones to understand that removing victims from the locations of their assaults can lessen feelings of terror.

Generational issues

Generational issues are also important considerations in providing culturally competent services to people in later life. People in later life typically grew up in social climates that did not openly discuss sexual matters, frequently blamed rape victims, and failed to provide services and advocacy to those who had been sexually assaulted. While our current social climate still struggles with these barriers, they were even greater for older generations. Advocates can expect that older victims' reactions, fears, worries, and concerns may differ from those of younger victims and may be experienced more intensely,



especially for individuals who have experienced multiple victimizations. Advocates can be instrumental in seeing the older victim holistically and addressing the scope of their experiences with violence during their lives through collaborations and support. A diverse staff of all ages may also help to create more comfortable environments for older adults.

Mandated reporting laws

To provide effective services, it is important that advocates learn and comply with the laws surrounding the reporting of elder abuse in their jurisdictions. If required to report sexual abuse of an older person to state authorities, it will be important to inform the individual of this and to follow all applicable laws and ethical requirements. To learn more about each jurisdiction's laws, contact the state Adult or Elder Protective Service Program, state Department of Public Health, or seek legal consultation.

Tailoring outreach methods to reach people in later life

People in later life who have been sexually assaulted have generally not sought or been referred to sexual assault services (Vierthaler, 2008). Advocates can change this by building partnerships with aging services to provide prevention education and service delivery information to older people. For example, organizations such as local Councils on Aging, nursing or assisted care facilities, and Senior Centers can be approached to host information sessions enabling advocates to directly reach the desired audience. Advocates can also work with these partners to prevent sexual violence against adults in later life through policy development, cross-training, and other efforts.

Individuals who experience extensive disabilities and rely upon the care of others are often unable to independently seek services. Building bridges to organizations that provide such care increases the likelihood that victims will be offered appropriate services. For example, collaboration with Adult Protective Services programs, nursing home Ombudsmen, and Elder Service Police officers may help to ensure that the victims they encounter are offered sexual assault services.

Public awareness materials such as posters and media spots are more likely to resonate with people in later life if they include information and images about older victims. For example, posters could include an image of an older person and the message, "Sexual assault is a risk across the lifespan." Raising awareness about sexual violence in later life and the availability of services designed to accommodate special needs will result in more older victims seeking and receiving services.

This bulletin was developed by Holly Ramsey-Klawnsnik, PhD, and is part of a Sexual Violence in Later Life Information Packet, where more information can be found. Contact the National Sexual Violence Resource Center for more information: <http://www.nsvrc.org> or 877-739-3895.

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SEXUAL VIOLENCE IN LATER LIFE A TECHNICAL ASSISTANCE GUIDE FOR ADVOCATES

ROLE OF ADVOCATES IN PRIMARY PREVENTION OF ELDER SEXUAL ABUSE

Advocates can serve as consultants to such providers in developing trainings, policies, and protocols to prevent sexual violence in their organizations and facilities. Training and networking with individuals employed in long-term care, assisted living facilities, and senior housing can help to make living environments safer for elders. For more information, see Vierthaler (2004).

How Advocates Can Help

“Despite the widespread availability of rape crisis services, elders generally are not seeking or being linked to these services when they are sexually assaulted,” (Vierthaler, 2008, p. 315).

Individuals involved in identifying and responding to sexual violence against people in later life can be more effective when they have an understanding of aging and generational issues as well as the special needs of older victims. There are a number of steps that sexual assault advocates can take to insure that older victims of sexual assault are recognized, protected, and served.

Sexual assault centers can be more user-friendly for people in later life when such centers are accessible both structurally and attitudinally to older adults. People in later life may be uncomfortable discussing highly private matters with very young advocates. When staff and volunteers represent a variety of ages, older victims may feel more at ease. Understanding this, advocates can prepare to help older victims move past paralyzing feelings of self-blame and

shame through counseling, support groups, and psycho-education. Further discussion of this topic is provided in Vierthaler (2008). See California District Attorneys Association (CDAA, 2003) training video for suggestions on interviewing and working with elder victims.

Physical accessibility issues facing older victims may include those contained in the Americans with Disabilities Act such as providing accommodations for mobility and sensory impairments. Accommodations may also include offering an older victim with hearing loss the use of a personal listening device to augment sound during counseling sessions. Advocates may need to slow the rate at which they provide information and allow older victims time to formulate their thoughts and put those thoughts into words. Due to normal memory changes, people in later life may need to have information repeated or written down. Allow extra time, if needed, when working with older persons who have special needs. Additional accommodations that may be required by elders are discussed in CDAA (2003) and Wisconsin Coalition Against Sexual Assault (1998).

Providing bus tokens, taxi fares, and reimbursement for travel may help some older victims to more easily access services. Victims with extensive mobility limitations are often unable to travel to a sexual assault center. Centers may need to provide telephone counseling or meet with a victim at a safe but easily accessible location, such as a facility providing elder care.

Some older victims do experience significant disabilities, including cognitive loss, dementia, and in some cases, inability to make informed decisions. Although long-term counseling would not be effective, it is still important that the advocate provide clear information, in a calm and reassuring manner. While they may not remember the details, the victim may remember that a kind person tried to help them and treated them respectfully.

Many victims who experience sexual violence in later life have endured multiple victimizations over the course of their lifespan. They may have experienced child sexual abuse, intimate partner violence, sexual violence in adulthood, and other types of violence. Advocates can be instrumental in addressing the immediate needs of older victims and connecting them with helpful support services that address the scope and magnitude of their experiences.

Advocates may also help elder victims with severe limitations in self-care ability by consulting with their guardians or loved ones regarding the psychosocial impact of sexual assault and ways to facilitate healing. For example, Burgess et al. (2008) and Ramsey-Klawnsnik et al. (2008) found that older victims who had been victimized in their care facilities experienced pervasive feelings of being unsafe there and urgent desires to leave those facilities. Information sharing may help guardians and loved ones to understand that removing victims from the locations of assault can lessen feelings of terror.

Additional suggestions for improving services to people in later life (adapted from the National Clearinghouse on Abuse in Later Life):

- Talk to older people in your community - they are the experts on how to enhance services to meet the needs of those in later life.
- Put older people in positions of power in your organization - get and keep several older board members and staff who can look at policy and practice and identify ways to better assist older victims.
- Assess your facility - is it user-friendly for older victims and people with disabilities?
- Be prepared for older victims to contact your center. Is staff willing to meet them in a safe place to talk if they can't get transportation to your center?
- Work collaboratively with aging units and adult protective services/elder abuse agencies with expertise in working with older victims.
- Be creative and flexible. As with all victims, the key to being successful with older people is listening carefully and giving them time to make decisions. See the National Clearinghouse on Abuse in Later Life (<http://www.nccall.us>) for further suggestions on meeting the needs of people in later life who have been victimized.

16 Sexual Violence in Later Life



Elder Justice Advocate Program Elder Abuse Court Card

This Card has been created to assist the Judiciary and other court personnel to identify and respond to complex cases of elder abuse and mistreatment.

<i>Types of Elder Abuse</i>	Emotional/Psychological Financial Neglect (active, passive, self) Physical Sexual	⚖️ Reference: New York State Social Services Law, Article 9B, Adult Protective Services, §473(6) for definitions of types of abuse. ⚖️ See: §473-b for immunity for good-faith reporting of endangered adults.
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<i>Risk Factors and Considerations</i>	
<i>History of abuse, violent behaviors, Orders of Protection</i>	⚖️ FCA §814 provides for communication between Family & Criminal Courts. ⚖️ <i>Reminder: ID Theft, Larceny, and Coercion are family offenses under CPL §530.11 and FCA §812.</i>
<i>Presence of weapons</i>	♦ Increases risk of lethality. ⚖️ See: CPL §530.12 - 14, FCA §828, §841, & §842-a (including 2018 changes), PL §400.00 et seq.
<i>Co-occurring Disorders (mental health and substance use disorders)</i>	♦ Of victims: increases vulnerability and decreases likelihood of being believed. Also: <ul style="list-style-type: none"> ♦ <i>Multiple medications are common.</i> ♦ <i>Older adults are prescribed opioids more often than any other age group.</i> ♦ <i>May be prescription, over-the-counter, recreational, or a combination.</i> ♦ Of suspects: <i>potentially</i> increases both unpredictability and risk of lethality. ⚖️ <i>Potential Remedy: Problem-solving courts such as Mental Health, Domestic Violence, and Veterans' Courts.</i>
<i>Health considerations</i>	♦ Older adults <i>may</i> have medical challenges that impact their ability to access and navigate the system. Some examples include: <ul style="list-style-type: none"> ♦ <i>Sensory impairments such as low vision or hearing loss.</i> ♦ <i>Bowel and bladder incontinence.</i> ♦ <i>Ambulation challenges.</i> ♦ <i>Cognitive decline/dementia.</i> ♦ <i>Sundowning.</i> ⚖️ <i>Potential remedies: conditional examinations (CPL §660.20), priority court times (CPLR §3403-a[4]), courtrooms with easy physical access, increased light, firm chairs, hearing amplification devices, and Remote Access to Court (if applicable; under FCA §531-a).</i>
<i>Financial and/or physical dependency</i>	♦ Victims and perpetrators may rely on each other for various needs; personal care, transportation, income, housing, and more. ♦ <i>Reminder: older adults' ability to rebound after a financial loss may be impacted by their ability to seek gainful employment and invest over time.</i>
<i>Other lethality predictors</i>	♦ Any physical or sexual abuse. ♦ Strangulation/ Criminal Obstruction of Breathing. ♦ Stalking. ♦ Abuse of others, including pets.



Elder Justice Advocate Program Elder Abuse Court Card

Some New York State Statutes to Consider

While NYS does not have a specific “elder abuse” statute, there are several statutes that contain enhancers based on the age of the victim.

⚖️ <i>PL §120.05</i>	Assault 2nd – provides that if the statutory requirements for Assault 3 rd (physical injury required, but NOT serious physical injury); <i>and</i> the victim is age 65+; <i>and</i> the perpetrator is at least 10 years younger than the victim – the crime can be charged as Assault 2 nd .
⚖️ <i>PL §260.32-34 and §260.24-25</i>	Endangering the Welfare statutes can be considered for myriad crimes against older adults. Consider what constitutes a “vulnerable elderly,” “physically disabled,” or “mentally incompetent” person, and whether a perpetrator can be charged in the absence of an injury. Note the definition of “caregiver” in PL 260.31(1).
⚖️ <i>PL §190.65</i>	Scheme to Defraud - §190.65(1)(c) contains enhancements for “vulnerable elderly persons.”
⚖️ <i>GBS §349-C</i>	Deceptive Practices & False Advertising allows for additional civil penalties.
⚖️ <i>PL §485.05</i>	Hate Crimes has a consideration for age (60+) and disability.

Additional consideration – Animal Abuse

- ⚖️ Agriculture & Marketing (A&M) §353 (Overdriving, Torturing, & Injuring Animals).
- ⚖️ A&M §353-a (Aggravated Cruelty to Animals).
- ⚖️ PL §145.00; 145.05; 145.10 (Criminal Mischief – NYS law considers pets to be “property”).

FINDING HELP

Adult Services Helpline (for contact information for your local Adult Protective Services office):	844-697-3505
NY Connects through Office for the Aging (local resources for older adults and their caregivers):	800-342-9871
New York State Hotline for Sexual Assault and Domestic Violence:	800-942-6906
New York State Unified Court System - ADA Office:	212-428-2760
New York State Judicial Committee on Elder Justice:	646-386-5540
The Upstate Elder Abuse Center at Lifespan (to locate an Elder Justice Advocate near you; direct services in Monroe & surrounding counties):	585-244-8400



Elder Justice Advocate Program Elder Abuse Court Card

1

This Card has been created to assist the Judiciary and other court personnel to identify and respond to complex cases of elder abuse and mistreatment.

Types of Elder Abuse

Emotional/Psychological

Financial

Neglect (active, passive, self)

Physical

Sexual

- Reference: New York State Social Services Law, Article 9B, Adult Protective Services, §473(6) for definitions of types of abuse.
- See: §473-b for immunity for good-faith reporting of endangered adults.

Risk Factors and Considerations

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- FCA §814 provides for communication between Family & Criminal Courts.



Elder Justice Advocate Program Elder Abuse Court Card

- **Reminder:** ID Theft, Larceny, and Coercion are family offenses under CPL §530.11 and FCA §812.

2. Presence of weapons

- **Increases risk of lethality.**
- See: CPL §530.12 - 14, FCA §828, §841, & §842-a (including 2018 changes), PL §400.00 et seq.

3. Co-occurring Disorders (mental health and substance use disorders)

- Of victims: increases vulnerability and decreases likelihood of being believed. Also:
 - Multiple medications are common.
 - May be prescription, over-the-counter, recreational, or a combination.
 - Older adults are prescribed opioids more often than any other age group.
- Of suspects: potentially increases both unpredictability and **risk of lethality.**
- **Potential Remedy:** Problem-solving courts such as Mental Health, Domestic Violence, and Veterans' Courts.



Elder Justice Advocate Program Elder Abuse Court Card

4. Health considerations

- Older adults may have medical challenges that impact their ability to access and navigate the system. Some examples include:
 - Sensory impairments such as low vision or hearing loss.
 - Ambulation challenges.
 - Bowel and bladder incontinence.
 - Cognitive decline/dementia.
- Sundowning.
- **Potential remedies: conditional examinations (CPL §660.20), priority court times (CPLR §3403-a[4]), courtrooms with easy physical access, increased light, firm chairs, hearing amplification devices, and Remote Access to Court (if applicable; under FCA §531-a).**

5. Financial and/or physical dependency

- Victims and perpetrators may rely on each other for various needs; personal care, transportation, income, housing, and more.



Elder Justice Advocate Program Elder Abuse Court Card

4

- Reminder: older adults' ability to rebound after a financial loss may be impacted by their ability to seek gainful employment and invest over time.

6. Other lethality predictors

- **Any physical or sexual abuse.**
- **Strangulation/ Criminal Obstruction of Breathing.**
- **Stalking.**
- **Abuse of others, including pets.**

Some New York State Statutes to Consider

While NYS does not have a specific “elder abuse” statute, there are several statutes that contain enhancers based on the age of the victim:

1. **PL §120.05 Assault 2nd** – provides that if the statutory requirements for Assault 3rd (physical injury required, but NOT serious physical injury); *and* the victim is age 65+; *and* the perpetrator is at least 10 years younger than the victim – the crime can be charged as Assault 2nd.



Elder Justice Advocate Program Elder Abuse Court Card

- 2. PL §260.32-34 and §260.24-25 Endangering the Welfare** statutes can be considered for myriad crimes against older adults. Consider what constitutes a “vulnerable elderly,” “physically disabled,” or “mentally incompetent” person, and whether a perpetrator can be charged in the absence of an injury. Note the definition of “caregiver” in PL 260.31(1).
- 3. PL §190.65 Scheme to Defraud - §190.65(1)(c)** contains enhancements for “vulnerable elderly persons.”
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Elder Justice Advocate Program Elder Abuse Court Card

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New York State Judicial Committee on Elder Justice

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The Upstate Elder Abuse Center at Lifespan (to locate an Elder Justice Advocate near you; direct services in Monroe & surrounding counties)

ADVISORY BULLETIN

TRANSMITTAL NO. 2017-02

TO: ALL FUNDED PROGRAMS
ADVISORY COUNCIL MEMBERS

FROM: ELIZABETH CRONIN, ESQ.
DIRECTOR

SUBJECT: CHANGES TO OVS ENACTING STATUTE

DATE: October 4, 2017

As you may know, this year there have been significant changes made to OVS' enacting statute. Two of these changes were signed into law as part of the 2017-18 State Budget and **take effect for all claims filed on or after October 17, 2017.**

IT IS CRUCIAL THAT OUR PARTNERS HAVE, AND PROVIDE THE CORRECT INFORMATION TO ALL CURRENT AND POTENTIAL OVS CLAIMANTS. These changes are **not applicable** to claims filed prior to the effective date and such pre-existing claims cannot be reopened for consideration of these new provisions. OVS will have new claim investigation procedures in place once these changes become effective.

These two changes include (1) the expansion of those eligible for non-personal injury (PI) crimes and (2) an expansion to the type of financial losses/eligible victims eligible for reimbursement.

(1) Subdivisions 11 and 12 of section 631 of the Executive law have been broadened to cover more non-PI crimes. Subdivision 11 will include additional menacing, criminal mischief, and robbery charges. Subdivision 12 will broaden the harassment and criminal contempt charges, include hate crime charges and also include the costs of securing a crime scene. **The details of these changes are in Part G of the attached bill text.**

(2) A new category of loss has been created to include "loss of savings" for a new group of eligible claimants who are considered vulnerable elderly or incompetent or physically disabled persons. Like loss of earnings and support, this loss is capped at \$30,000, but will be limited to the most vulnerable victims. Vulnerable elderly or incompetent or physically disabled persons are defined in the law as those who are unable to care for themselves. This change is for a distinct population and it is important that VAPs do not give potential claimants unrealistic expectations. **The details of these changes are in Part H of the attached bill text.**

OVS investigators will work with law enforcement and/or District Attorneys' Offices to gather the information we need to make eligibility and other claim determinations.

General questions related to the implementation of these changes should be directed to Crime Victim Specialist III, Karen Senez at (518) 457-8060.

On behalf of the New York State Office of Victim Services, thank you for your commitment to providing the highest quality services to innocent victims of crime in New York State.



Elizabeth Cronin, Esq.
Director

S. 2005--C

12

A. 3005--C

12

PART G

13 Section 1. Subdivisions 11 and 12 of section 631 of the executive law,
14 subdivision 11 as added by chapter 543 of the laws of 1995 and subdivi-
15 sion 12 as amended by chapter 188 of the laws of 2014, are amended to
16 read as follows:

17 11. Notwithstanding the provisions of subdivisions one, two and three
18 of this section, an individual who was a victim of either the crime of:
19 menacing in the second degree as defined in subdivision one of section
20 120.14 of the penal law; menacing in the third degree as defined in
21 section 120.15 of the penal law; unlawful imprisonment in the first
22 degree as defined in section 135.10 of the penal law[~~r~~]; kidnapping in
23 the second degree as defined in section 135.20 of the penal law [~~or~~];
24 kidnapping in the first degree as defined in section 135.25 of the penal
25 law; criminal mischief in the fourth degree as defined in subdivision
26 four of section 145.00 of the penal law; robbery in the third degree as
27 defined in section 160.05 of the penal law; robbery in the second degree
28 as defined in subdivision one, paragraph b of subdivision two or subdivi-
29 vision three of section 160.10 of the penal law; or robbery in the first
30 degree as defined in subdivisions two, three and four of section 160.15
31 of the penal law who has not been physically injured as a direct result
32 of such crime shall only be eligible for an award that includes loss of
33 earnings [~~or support~~] and the unreimbursed costs of counseling provided
34 to such victim on account of mental or emotional stress resulting from
35 the incident in which the crime occurred.

36 12. Notwithstanding the provisions of subdivisions one, two and three
37 of this section, an individual who was a victim of either the crime of
38 menacing in the second degree as defined in subdivision two or three of
39 section 120.14 of the penal law, menacing in the first degree as defined
40 in section 120.13 of the penal law, criminal obstruction of breathing or
41 blood circulation as defined in section 121.11 of the penal law, harass-
42 ment in the second degree as defined in [~~subdivision two or three of~~]
43 section 240.26 of the penal law, harassment in the first degree as
44 defined in section 240.25 of the penal law, aggravated harassment in the
45 second degree as defined in subdivision three or five of section 240.30
46 of the penal law, aggravated harassment in the first degree as defined
47 in subdivision two of section 240.31 of the penal law, criminal contempt
48 in the first degree as defined in [~~paragraph (ii) or (iv) of~~] subdivi-
49 sion (b) or subdivision (c) of section 215.51 of the penal law, or
50 stalking in the fourth, third, second or first degree as defined in
51 sections 120.45, 120.50, 120.55 and 120.60 of the penal law, respective-
52 ly, or a hate crime as defined in section 485.05 of the penal law who
53 has not been physically injured as a direct result of such crime shall
54 only be eligible for an award that includes loss of earning or support,

S. 2005--C

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A. 3005--C

1 the unreimbursed cost of repair or replacement of essential personal
2 property that has been lost, damaged or destroyed as a direct result of
3 such crime, the unreimbursed cost for security devices to enhance the
4 personal protection of such victim, transportation expenses incurred for
5 necessary court [~~expenses~~] appearances in connection with the prose-
6 cution of such crime, the unreimbursed costs of counseling provided to
7 such victim on account of mental or emotional stress resulting from the
8 incident in which the crime occurred, the unreimbursed cost of securing
9 a crime scene, reasonable relocation expenses, and for occupational or
10 job training.

11 § 2. This act shall take effect on the one hundred eightieth day after
12 it shall have become law, and apply to all claims filed on or after such
13 effective date.

14

PART H

15 Section 1. Subdivision 5 of section 621 of the executive law, as
16 amended by chapter 74 of the laws of 2007, is amended to read as
17 follows:

18 5. "Victim" shall mean (a) a person who suffers personal physical
19 injury as a direct result of a crime; (b) a person who is the victim of
20 either the crime of (1) unlawful imprisonment in the first degree as
21 defined in section 135.10 of the penal law, (2) kidnapping in the second
22 degree as defined in section 135.20 of the penal law, (3) kidnapping in
23 the first degree as defined in section 135.25 of the penal law, (4)
24 menacing in the first degree as defined in section 120.13 of the penal
25 law, (5) criminal obstruction of breathing or blood circulation as
26 defined in section 121.11 of the penal law, (6) harassment in the second
27 degree as defined in section 240.26 of the penal law, (7) harassment in
28 the first degree as defined in section 240.25 of the penal law, (8)
29 aggravated harassment in the second degree as defined in subdivision
30 three or five of section 240.30 of the penal law, (9) aggravated harass-
31 ment in the first degree as defined in subdivision two of section 240.31
32 of the penal law, (10) criminal contempt in the first degree as defined
33 in subdivision (b) or subdivision (c) of section 215.51 of the penal
34 law, (11) stalking in the fourth, third, second or first degree as
35 defined in sections 120.45, 120.50, 120.55 and 120.60 of the penal law,
36 (12) labor trafficking as defined in section 135.35 of the penal law, or
37 [+5] (13) sex trafficking as defined in section 230.34 of the penal
38 law; a vulnerable elderly person or an incompetent or physically disa-
39 bled person as defined in section 260.31 of the penal law who incurs a
40 loss of savings as defined in subdivision twenty-four of this section;
41 or a person who has had a frivolous lawsuit filed against them.

42 § 2. Section 621 of the executive law is amended by adding a new
43 subdivision 24 to read as follows:

44 24. "Loss of savings" shall mean the result of any act or series of
45 acts of larceny as defined in article one hundred fifty-five of the
46 penal law, indicated by a criminal justice agency as defined in subdivi-
47 sion one of section six hundred thirty-one of this article, in which
48 cash is stolen from a vulnerable elderly person or an incompetent or
49 physically disabled person as defined in section 260.31 of the penal
50 law.

51 § 3. Subdivision 2 of section 631 of the executive law, as amended by
52 chapter 162 of the laws of 2008, is amended to read as follows:

53 2. Any award made pursuant to this article shall be in an amount not
54 exceeding out-of-pocket expenses, including indebtedness reasonably

S. 2005--C

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A. 3005--C

1 incurred for medical or other services necessary as a result of the
2 injury upon which the claim is based; loss of earnings or support
3 resulting from such injury not to exceed thirty thousand dollars; loss
4 of savings not to exceed thirty thousand dollars; burial expenses not
5 exceeding six thousand dollars of a victim who died as a direct result
6 of a crime; the costs of crime scene cleanup and securing of a crime
7 scene not exceeding twenty-five hundred dollars; reasonable relocation
8 expenses not exceeding twenty-five hundred dollars; and the unreimbursed
9 cost of repair or replacement of articles of essential personal property
10 lost, damaged or destroyed as a direct result of the crime. An award for
11 loss of earnings shall include earnings lost by a parent or guardian as
12 a result of the hospitalization of a child victim under age eighteen for
13 injuries sustained as a direct result of a crime. In addition to the
14 medical or other services necessary as a result of the injury upon which
15 the claim is based, an award may be made for rehabilitative occupational
16 training for the purpose of job retraining or similar employment-orient-
17 ed rehabilitative services based upon the claimant's medical and employ-
18 ment history. For the purpose of this subdivision, rehabilitative occu-
19 pational training shall include but not be limited to educational
20 training and expenses. An award for rehabilitative occupational training
21 may be made to a victim, or to a family member of a victim where neces-
22 sary as a direct result of a crime.

23 § 4. Section 631 of the executive law is amended by adding a new
24 subdivision 3-a to read as follows:

25 3-a. Any award made for loss of savings shall, unless reduced pursuant
26 to other provisions of this article, be in an amount equal to the actual
27 loss sustained.

28 § 5. Subdivision 5 of section 631 of the executive law is amended by
29 adding a new paragraph (f) to read as follows:

30 (f) Notwithstanding the provisions of paragraph (a) of this subdivi-
31 sion, the office shall disregard for this purpose the responsibility of
32 the victim for his or her own loss of savings.

33 § 6. Section 631 of the executive law is amended by adding a new
34 subdivision 8-a to read as follows:

35 8-a. Notwithstanding the provisions of subdivision one of this
36 section, a vulnerable elderly person or an incompetent or physically
37 disabled person, as defined in section 260.31 of the penal law, who has
38 not been physically injured as a direct result of a crime, shall be
39 eligible for an award that includes loss of savings.

40 § 7. This act shall take effect on the one hundred eightieth day after
41 it shall have become a law, and shall apply to all claims filed on or
42 after such effective date.

Highlights of recent NYS Office of Victim Services statutory changes that benefit vulnerable victims – effective October 17, 2017

Executive Law §621

- (5) “**Victim**” shall mean ... a vulnerable elderly person or an incompetent or physically disabled person as defined in section 260.31 of the penal law who incurs a loss of savings as defined in subdivision twenty-four of this section;
- (24) “**Loss of savings**” shall mean the result of any act or series of acts of larceny as defined in article one hundred fifty-five of the penal law, indicated by a criminal justice agency as defined in subdivision one of section six hundred thirty-one of this article, in which cash is stolen from a vulnerable elderly person or an incompetent or physically disabled person as defined in section 260.31 of the penal law.

Executive Law §631

- (2) Any award made pursuant to this article shall be ... **loss of savings not to exceed thirty thousand dollars;**
- (3-a) Any **award made for loss of savings** shall, unless reduced pursuant to other provisions of this article, be in an amount equal to the actual loss sustained.
- (5) (f) Notwithstanding the provisions of paragraph (a) of this subdivision, the office shall **disregard for this purpose the responsibility of the victim for his or her own loss of savings.**
- (8-a) Notwithstanding the provisions of subdivision one of this section, a vulnerable elderly person or an incompetent or physically disabled person, as defined in section 260.31 of the penal law, **who has not been physically injured as a direct result of a crime, shall be eligible for an award that includes loss of savings.**



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