



The Ohio Attorney General's

# Elder Financial Exploitation Symposium



**Friday June 8, 2018**

**1:00 – 4:30 pm**

**Guernsey County Senior  
Citizens Center**

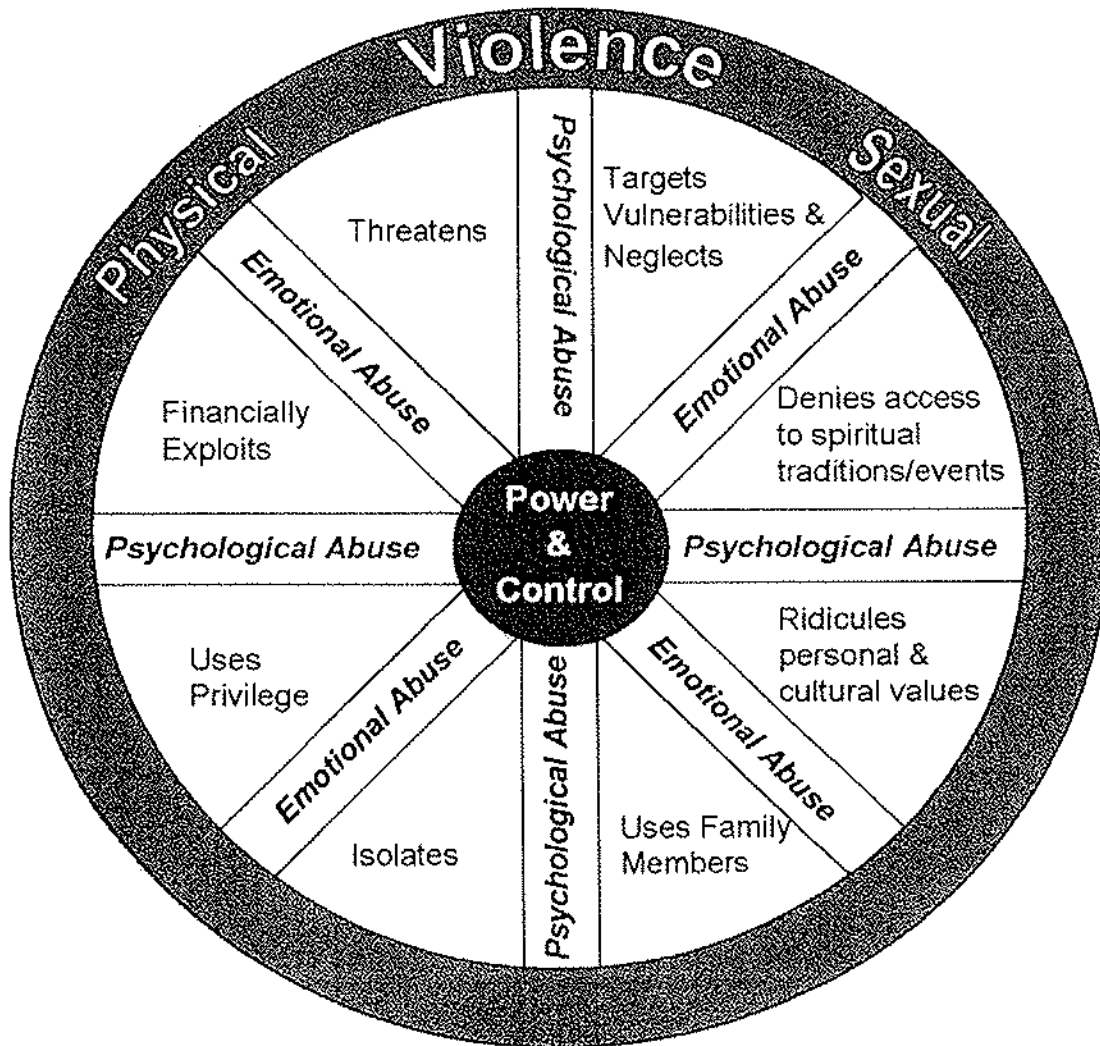
**Cambridge Ohio 43725**

**Participants Materials**

## ABUSE IN LATER LIFE WHEEL

Created by the National Clearinghouse on Abuse in Later Life (NCALL), a project of the Wisconsin Coalition Against Domestic Violence (WCADV)  
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[www.ncall.us/www.wcadv.org](http://www.ncall.us/www.wcadv.org)

This diagram adapted from the Power and Control/Equality wheels with permission by the Domestic Abuse Intervention Project, Duluth, MN (2006)



## ABUSE IN LATER LIFE WHEEL DEVELOPMENT

In early 1980, the Duluth Domestic Abuse Intervention Project asked women attending domestic violence educational groups to describe their experiences of being battered by their male partners. The Duluth Power and Control wheel was created using the most commonly repeated tactics. There are many additional abusive behaviors experienced by women that are not on the wheel due to the small space available.

In 1995, NCALL staff asked facilitators of older abused women's support groups to have participants review the Duluth wheel. These older women were asked if their experiences of abuse in later life were different or similar to younger victims/survivors. Participants from a handful of groups in Wisconsin, Minnesota and Illinois generously provided feedback. The older women's suggestions were used to create the Family Abuse in Later Life wheel by NCALL.

In 2005, NCALL took the Family Abuse in Later Life wheel back to older survivors, and asked them to review the wheel once again. Over 50 victims from eight states responded, many telling us that the wheel reflected the abuse in their lives, however, it did not adequately represent the ongoing psychological & emotional abuse they experienced throughout their relationships. The attached wheel illustrates this reality.

The outer rim of the wheel defines violence or the threat of violence that is evident in the relationship. The violence may be frequent or very limited, but fear and threats are present. The abuser uses threats to maintain power and control. Each of the pie pieces represent the different tactics abusers may use in a relationship. Abusers may not necessarily use all of the tactics or they may use one tactic more often. Any combination of tactics can be used to maintain power and control.

This wheel makes a distinction between emotional and psychological abuse. Emotional abuse is specific tactics, such as name-calling, put-downs, yelling and verbal attacks, used to demean the victim. Psychological abuse is the ongoing, manipulative, crazy making behavior that becomes an overriding factor/tactic in abusive relationships. Sometimes it can be very subtle, sometimes it is very intense and invasive.

The center represents the goal or the outcome of all of these behaviors interconnected with power and control bond.

With great respect and thanks to all those who assisted with this project.

## ABUSER TACTICS

### PHYSICAL ABUSE

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

### SEXUAL ABUSE

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

### PSYCHOLOGICAL ABUSE

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

### EMOTIONAL ABUSE

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

### FINANCIAL EXPLOITATION

- Steals money, titles, or possessions
- Takes over accounts and bills and spending without permission
- Abuses a power of attorney
- Tells elder money is needed to repay drug dealer to stay safe

### NEGLECTING

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

### THREATENING

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

**DENIES ACCESS TO SPIRITUAL TRADITIONS/EVENTS**

- Denies access to ceremonial traditions or church
- Ignores religious traditions
- Prevents from practicing traditional ceremonies/events

**TARGETING VULNERABILITIES**

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

**USING FAMILY MEMBERS**

- Magnifies disagreements
- Misleads family members about extent and nature of illnesses/conditions
- Excludes or denies access to family
- Forces family to keep secrets
- Threatens and denies access to grandchildren
- Leaves grandchildren with grandparent without honoring grandparents needs and wishes

**RIDICULES PERSONAL & CULTURAL VALUES**

- Ridicules personal/cultural values
- Makes fun of a person's racial background, sexual preference or ethnic background
- Entices or forces to lie, commit a crime or do other acts that go against the victim's value system

**ISOLATION**

- Controls what victim does, whom they see, and where they go
- Limits time with friends and family
- Denies access to phone or mail
- Fails to visit or make contact

**USING PRIVILEGE**

- Treats victim like a servant
- Makes all major decisions
- Ignores needs, wants, desires
- Undervalues victim's life experience
- Takes advantage of community status, i.e. racial, sexual orientation, gender, economic

## VICTIM INDICATORS OF ABUSE, NEGLECT AND EXPLOITATION

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

### GENERAL BEHAVIOR INDICATORS

Victim signs can include but are not limited to:

- Is afraid to speak in the presence of the suspect or looks to the suspect to answer questions.
- Is confined (e.g. tied to furniture or locked in a room).
- Is isolated.
- Denies, minimizes, or blames self for what has happened is hesitant to discuss, or gives "coded" disclosures – such as "my son has a temper."
- Changes in behavior without explanation.
- Waits or fails to seek out help or medical treatment, missed appointments, or frequently changes doctors or hospitals.
- Visits hospital or physician with vague complaints such as anxiety, headaches, or digestive problems.
- Provides implausible or inconsistent explanations about what has occurred.
- Appears afraid, embarrassed, ashamed, withdrawn, or depressed.
- Reports being abused neglected or exploited.
- suddenly withdraws from routine activities

### INDICATORS OF PHYSICAL ABUSE

- Bruises, black eyes, welts, lacerations, and rope marks.
- Bone fractures, broken bones, and skull fractures.
- Open wounds, cuts, punctures, untreated injuries.
- Sprains, dislocations, and internal injuries/bleeding.
- Broken eyeglasses/frames, physical signs of being subjected to punishment, and signs of being restrained.
- Laboratory findings of a medication overdose or underutilization of prescribed drugs.
- Injuries in various degrees of healing.
- Patterned injuries caused by an object.
- Injuries NOT in locations normally associated with accidental injuries such as: on the outside of arms, inside of legs, scalp, around throat, face, soles of feet, inside mouth, on or behind the ears, on the trunk, genitalia, and buttocks.
- Repeated, unexplained, or untreated injuries.

### INDICATORS OF SEXUAL ABUSE

- Infections, pain, or bleeding in genital areas.
- Difficulty walking or sitting.
- Torn, stained, and/or bloody clothing, including underwear, bedding, or furnishings.
- Inappropriate (enmeshed) relationship between older adult and suspect.
- Bruises to outer arms, chest, mouth, genitals, abdomen, pelvis, or inside thighs.
- Bite marks.

- Unexplained STDs or HIV.
- Coded disclosures such as "I might be pregnant" or "He makes me do bad things."

#### **INDICATORS OF NEGLECT**

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

#### **INDICATORS OF FINANCIAL EXPLOITATION**

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

#### **SUSPECT INDICATORS OF ABUSE, NEGLECT AND EXPLOITATION**

- Suspect signs can include, but are not limited to:
- Provides inconsistent and conflicting explanations about the older adult's injuries.
- Belittles, threatens, or insults the older adult.
- Handles the older adult roughly.
- Ignores the older adult's need for assistance or is reluctant to help the older adult.
- Has a past history of being abusive.
- Does not speak to or provide companionship to the older adult and isolates him or her from the outside world, friends or relatives.
- Controls and dominates the older adult, is always present when anyone talks with the older adult, speaks for him/her, and is overly protective or defensive.
- Portrays self as victim or only caring person in older adult's life.
- May be charming and helpful toward professionals and the victim while others are present.
- Abuses the older adult's pets.
- Controls and dominates the older adult's life/activities.
- Justifies and minimizes own actions.

**ENVIRONMENTAL INDICATORS OF ABUSE, NEGLECT AND EXPLOITATION**

Environmental signs of elder abuse include, but are not limited to:

- An unclean or unsanitary living environment.
- Strong odors of urine and or feces.
- Lack of food.
- Lack of medication or assistive devices (if needed by older adult).
- Lack of heat, electricity, or running water.
- Safety issues.
- Abused or neglected pets.
- Damage to home caused by abusive behavior such as broken door frames, holes punched in walls, and broken items, such as a phone.
- Dangerous environment due to basic safety and health standards not being met.
- Infestation of insects or rodents.
- House, roof, yard in disrepair.
- Evidence of hoarding.



## INTERVIEWING CONSIDERATIONS: OLDER ADULTS

When possible, considering the following:

- Speak slowly and clearly, but avoid shouting and over-enunciating.
- Attempt to minimize distractions.
- Ask questions one at a time and do not rush the older adult to answer the questions. Give the older victim time to organize and collect his/her thoughts. Be patient in waiting for responses.
- Realize that silence does not necessarily mean s/he does not understand the question. Use plain language, avoid jargon and use short sentences.
- Be careful not to use a condescending tone.
- Be honest and forthcoming to the victim about confidentiality and mandatory reporting requirements to agencies.
- Avoid interviewing a victim with family or others present.
- If the victim is living in a facility, law enforcement should interview the victim away from the staff and other residents.
- Determine when is the best time of day for the older adult to conduct an interview and any follow-up interviews. Older victims may be taking medications or need to eat or sleep at certain times of the day.
- Plan for and be available for the necessary amount of time. Some interviews with older individuals take longer to complete. Officers may need to conduct more than one interview to obtain the necessary information.
- Consider glare, noise and comfort so both of you are able to concentrate.
- Be sure the victim has any needed items, such as glasses, hearing aids or communication board, to conduct the interview.
- If using printed materials, or if the victim needs to sign any forms, consider having documents in large type.
- Convey the message to the older victim that the abusers are responsible for their own behavior. The offender's use of abuse is unacceptable and not justified.
- Acknowledge the older victim's fears, anxiety, anger, or ambivalence; validate the older adult's feelings.
- Pay attention to your own body language and reactions, taking care to not appear to blame, accuse, or disbelieve the victim.
- Watch the victim's body language. Reassure the older victim that cooperation is important and appreciated.
- The victim is not responsible for the prosecution of the suspect - that it is the responsibility of officers and prosecutors.

Older victims may not have the words to describe the abuse they have experienced. Asking about sexual abuse or marital rape may not result in a positive response. Asking if they have ever been forced to have sex or have been forced to perform sexual acts that they are not comfortable with may result in a positive response from victims. Use the same words that the older individual uses for body parts and acts. Do not correct the older adult's language.

## BEGINNING THE INTERVIEW

Begin the interview with general, non-invasive questions ("How are you feeling?", "How would you like for me to address you?", "I am sorry this happened to you.") to show concern for the victim's well-being and to help the victim relax. Build rapport with the older victim through questions about his/her interests, hobbies, pets, and likes and dislikes. Officers can gather this information by looking for signs of a pet (food and water bowls, leashes, pet toys, etc.), photographs, magazines, and collectibles. Make sure the victim knows who you are, why you are there, and how the information will be used.

For a younger officer, the older person may feel the officer does not have enough experience to be helpful. It can be useful to acknowledge the age difference and remind the victim that the officer is there to help. Ask if the victim needs any accommodations to complete the interview, such as glasses, a hearing aid or breaks to take medications or eat.

### GENERAL QUESTIONS

- Ask the victim's name, address, phone number and who lives in the home for documentation. (*Whether or not a person can clearly answer these questions may provide some information about cognitive function*).
- Ask "What do you do on a typical day?" (This will help provide information about how much the victim gets out and who the victim sees).

### INITIAL QUESTIONS ABOUT ABUSE

- What happened?
- Officers should ensure they provide the older adult victim with ample time to answer and should try to not interrupt.
- When did this occur?
- Was anyone else involved? If so, how do you know this individual?
- Has this happened before?
- Shows if there is a history of abuse.
- If officers are unclear about anything the victim is recounting, officers should ask more specific questions for clarification.

### CLOSING THE INTERVIEW

- Ask if there is anything else the older adult would like to add.
- Ask if the older adult has any questions for the officers.
- Officers should avoid abruptly ending an interview with an older adult. Instead, officers should bring up topics discussed during the rapport-building stage of the interview.
- Reiterate that the abuser is responsible for the abuse and that services and assistance are available.
- Discuss safety planning options (e.g., what to do if the abuser contacts the victim, etc.) and provide resources.
- Thank the older adult, indicate what will happen next, and provide your contact information.
- Make appropriate referrals, such as APS, the aging network, or a domestic violence or sexual assault program.

## INTERVIEWING STRATEGIES:

### COMMUNICATION ISSUES

- Many victims of elder abuse are healthy and active and do not have significant disabilities or health issues. Functional abilities and limitations can affect interviews and investigations. Consider the following strategies if communication is an issue during an elder abuse investigation.
- Ask the person if he or she can understand what the officers are saying and if there is another form of communication (i.e., writing answers, communication boards, computers, blinking) that would make it easier for them.
- Ask if an interpreter is needed and what type.
- In some cases, using visual aids to communicate with the older victim may be helpful.
- Face the older adult so the older adult can observe facial expressions and lip and hand movements.
- Do not assume that because the older adult has hearing impairments that the older adult can read lips.
- Does the older adult know American Sign Language (ASL)? Be sure to use a certified interpreter if one is available. In order to obtain accurate information, officers should never use the caregiver, friends or family members as interpreters.

### WRITTEN MATERIALS

- Ask if reading glasses or other adaptive equipment would make it easier for the victim to see any written material.
- Ensure that what is written or drawn is in large print or enlarged image.
- Move what is written or drawn into a position where the older adult can see the material. Some degenerative vision impairments result in being able to see in the peripheral but not what is straight ahead. These vision impairments are also a reason some older adults may not look directly at officers.
- Offer to fill out forms and read aloud written information for victims. Explain what printed materials you are providing and make those materials available—as is legally required, with few exceptions, by ADA and Section 504—in alternative format, including large print, audiotape, computer diskette, and Braille, on request.

### TIPS ON USING FOCUSED, OPEN-ENDED QUESTIONS

Too often when reconstructing a crime, the questions focus on details of where, when, who, what, and how. Open-ended questions may present challenges for people with cognitive limitations or dementia, but it is even harder when they are asked to pinpoint details when there are many to sort through. Organizing what they remember into these categories is extremely difficult.

When it comes to “reconstructing the circumstances” of the crime, victims with cognitive limitations, including dementia, may have trouble sequencing events . . . knowing the exact hour and day something happened . . . or answering complex questions about the crime. Use focused open-ended questions as a strategy to gather information from these victims without leading them.

Establish the victim's daily routine without asking about the crime. This will help sequence and time the events so you can then ask whether details of a crime happened before or after