



APPENDIX/HANDOUTS

One copy of each handout is provided here in hard copy. Print-ready PDF files of each document are included on the enclosed CD for your use in printing quantities for distribution.

Section 1: Introduction

- 1-1 Examples of two policy documents from local agencies (Used with permission)
- 1-2 Fact Sheet: Elder Abuse Prevalence and Incidence (National)
- 1-3 2007 Wisconsin Reports on prevalence of elder abuse: 35 page PDF file on disc
(Hard copy not included)
- 1-4 Types of Elder Abuse and Referral Sources in Milwaukee County

Section 2: Signs/Symptoms

- 2-1 Behavioral indicators of potential abuse
- 2-2 Risk factors
- 2-3 Profiles of Victims in Milwaukee County: Gender, Age, Living Arrangement
- 2-4 Other Characteristics of Victims in Milwaukee County

Section 4: Abusers

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- 4-2 Milwaukee County Data: Profiles of Abusers: Gender, Relationship to Victim
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SECTION: NURSING SERVICES

POLICY & PROCEDURE MANUAL

SUBJECT: ABUSE, NEGLECT AND INJURIES OF UNKNOWN ORIGIN, MISAPPROPRIATION OF PROPERTY REPORTING AND INVESTIGATION

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POLICY: According to the Wisconsin State and Federal Law, all allegations of abuse, mistreatment, neglect, or misappropriation of resident property need to be thoroughly investigated. Will follow established regulations regarding the notification, investigation and reporting of abuse, neglect, mistreatment or facts. Preventative measures to prevent reoccurrence of a similar incident; will be initiated. The facts will then be analyzed and concluded in a final summary. Will do all that is within its control to prevent occurrences by screening and training staff and by protecting our residents to the degree possible.

LEARNING OF INCIDENTS:

Any person can report an incident if they have reason to suspect or believe that caregiver misconduct or an injury of unknown origin occurred. The person may become aware on the incident in one or more of the following ways:

- By observing or hearing all or part of an incident
- By indirectly observing or hearing all or part of an incident
- By discovering or coming upon an incident shortly after it occurred
- By hearing or learning about an incident from another person with knowledge of the incident
- By observing an injury or injuries (physical, mental or emotional) to a resident
- By discovering or otherwise learning of the misappropriation of a residents property
- By otherwise learning of a suspicious incident

DEFINITIONS/ALLEGED VIOLATIONS:

- **Mistreatment** –(No definition at this time)
- **Neglect** –Failure to provide goods and services necessary to avoid physical harm, mental anguish or mental illness.
- **Abuse** –The willful infliction of injury, unreasonable confinement, intimidation or punishment with resulting physical harm, pain or mental anguish.
- **Injuries of unknown origin** –An injury should be classified as an “injury of unknown” when both of the following conditions are met:
 - The source of the injury was not observed by any person or the source of the injury could not be explained by the resident; and
 - The injury is suspicious because of the extent of the injury or the location of the injury (e.g. the injury is located in an area not generally vulnerable to trauma (upper arms/abdomen/chest/back/face) or the number of injuries observed at one particular point in time or the incidence of injuries over time.
- **Misappropriation of resident property** –the deliberate misplacement, exploitation, or wrongful temporary or permanent use of a resident’s belongings or money without the residents consent.

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REPORTING PROCEDURE:

1. All employees are expected to respond to resident needs, questions and concerns consistent with their position and to refer these to appropriate personnel if unable to follow through with proper action.
2. All employees are expected to report accident/incident occurrences, resident, family and/or visitor allegations of abuse, mistreatment, neglect or misappropriation of property and injuries of unknown origins to their department supervisor, social worker and/or nurse manager/supervisor/ADON and/or DOSS. The nurse manager/supervisor/ADON and/or DOSS should immediately assess the situation to determine if the concern is an allegation of abuse, mistreatment, neglect and/or misappropriation of property and take steps to protect this and other residents.
3. If an allegation involves specific staff member(s) identified the staff member(s) should be removed from the unit, informed of the investigation and their statement obtained, then suspended until further notice. The employee(s) should be informed of the protective reason for suspension. Upon conclusion of the investigation, the employee(s) may be returned to work with pay for time off, if the allegations are unsounded.
4. The Nurse Manager/Supervisor or DOSS reports the information to the Director of Nursing (DON)/designee immediately (that is, ASAP but not to exceed 24 hours).
5. The director of Nursing/designee, will inform the Administrator/designee, immediately (that is, ASAP but not to exceed 24 hours) and/or the Director of Social Services (DOSS)/designee, as needed, upon notification.
6. The Bureau of Quality Assurance will be notified of initial allegations of willful abuse, neglect, mistreatment, or misappropriation of property within 24 hours. Facility staff will complete the form "Alleged Nursing Home Resident Mistreatment, Neglect and Abuse Report" (DDE-2617) and fax it to: 608-243-2020 within 24 hours (*Note: Copies of the form are found in the Supervisors binder).
7. If there is any indication of criminal intent or action, local law enforcement will be notified.
8. Employees who witness or receive complaints but do not report them are subject to disciplinary action.

INVESTIGATION PROCEDURE:

9. The Accident/Incident Report form is used to document the incident, obtain statement(s) and/or interview(s) and gather necessary information from involved parties at the time of discovery. Use the "Resident Rights Investigation Statement" form when a statement needs to be written by an involved party for an abuse investigation. Use the "Witness Statement" forms when statements are taken by telephone. Employees will review and sign documented statements to assure accuracy and agreement with written statement, whenever possible. (When did the incident happen, where did it happen and who was present at the time, what was seen or heard, what happened and how did it happen?)

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INVESTIGATION PROCEDURE:

10. Licensed staff will attempt to determine how an “Injury of Unknown Origin” (IOU) occurred, by interviewing staff or others that may have knowledge (include the resident, CNA’s nurses, supervisor, and/or other department staff. Obtain statements from staff that worked on the resident’s unit and/or had contact with the resident a minimum of 3 shifts prior to report of the incident. Document staff recollection of all aspects of care, environment, or circumstances possibly related to the IUO (e.g., for bruise/skin tear –a transfer, a hand caught or bumped, a previous fall). Discontinue the investigation if the origin cannot be determined or if the injury is consistent with a known behavior or event. Attempt to identify ways that repeat injury can be avoided.
11. If an allegation is specific to a person and time frame, concentrate on interviewing the resident involved, staff making the allegation, accused staff member(s), other residents or visitors with information or any witnesses to the event. Anyone that was present at the time or had contact with the resident between alleged incident and time the allegation was reported. (Was the care plan followed?)
12. If a resident injury is involved, document the location, size, color, condition, etc. Include in the investigation information related to; resident change of condition, new care related issues or a condition or diagnosis such as severe osteoporosis, dementia, delirium, etc., which could contribute to the investigation. Consider in the investigation medications, which could influence an injury such as Coumadin, Prednisone, Plavix, aspirin, etc. Identify if the resident had a recent blood draw, x-rays or had left the facility to go out on pass or to the hospital/physicians office, etc. Was bruise/skin, tear noted after their return?
13. The nurse, manager, supervisor, ADON/designee should include in the report copies of relevant documentation nursing notes, photographs, and/or diagrams, physician notes, consultations, accident/incident occurrence reports, relevant treatments such as medication or chemotherapy causing bruising or easy skin tears, relevant history such as previous fracture, psychological testing, x-rays, or other relevant reports. Is there reason to believe that the incident could not have happened, the resident or staff was not present at the time the incident was truly an accident?

SECTION: NURSING SERVICE

POLICY & PROCEDURE MANUAL

SUBJECT: ABUSE PREVENTION

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POLICY: Each resident has the right to be free from abuse, neglect, mistreatment and misappropriation of property. The facility will provide information on how to report concerns, incidents and grievances without fear of reprisal to residents, responsible parties and staff. The facility will provide feedback regarding concerns that have been expressed.

Will assure that all parties are involved in the reporting and the investigating of alleged abuse; mistreatment, neglect and/or misappropriation are protected from any reprisals originating from any individual involved in the process.

PROCEDURE: The facility has systems in place to assist with the identification intervention and corrections of situations which could lead to abuse, neglect, mistreatment and/or misappropriation of property.

Preventative measures include, but are not limited to:

1. All potential employees are screened for a history of abuse, neglect, mistreatment or misappropriation. This includes reference checking of previous/current employment and checking with the appropriate licensing boards and registries. Disclosure background checks are done on all potential employees. Screening of potential employees is the responsibility of Human Resources. (See H.R. policy/procedure manual for specific policies).
2. All employees hired will be oriented to issues relating to abuse prohibition. This orientation will be initiated in General Orientation and be continued in Department Specific Orientation. On-going Education will be done through formal and informal Inservice Programs and Dementia Training. There will be a list of Mandatory Inservices yearly for all employees relating to Resident Rights and Abuse Prohibition.
3. All staff is educated about the necessity and responsibility of reporting any possible abuse during General Orientation and at least yearly inservices. Areas covered in training include, but are not limited to: Facility Mission/Philosophy and Core Values and the relationship to resident care/ Resident Rights; definitions of abuse, neglect, mistreatment, and misappropriation of resident property; the procedure for reporting abuse/neglect/mistreatment or misappropriation without reprisal; definition of catastrophic reactions and appropriate interventions for dealing with situations involving residents who have aggressive or catastrophic reactions, as well as, techniques/interventions to avoid frustration in work environment.
4. The Social Service Department acts as resident advocate and freely speaks up for the protection/welfare of the resident.
5. Residents/responsible parties are informed of their Bill of Rights and the grievance process for reporting concerns and alleged abuse upon admission and at least annually. The Resident Council is a forum for on-going problem solving of issues and for education of residents.
6. Specialized dementia training is provided annually for all regularly scheduled employees to the LEAD dementia unit.

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7. On-going dementia/behavior management inservices are provided for all employees of the facility, which include yearly inservices on Residents Rights and Dementia.
8. The psychoactive Committee reviews residents with difficult behaviors and recommends interventions for reducing difficult behaviors and related stresses.
9. All residents' behavior related incident/accidents are reviewed by the Interdisciplinary Team. Resident behavior induced staff injuries are reviewed by the Workers Comp Sub-Committee of the Safety and Health Committee.
10. Resident behavior concerns and interventions are addressed on Resident Information sheets and Care Plans as indicated.
11. The facility maintains behavior monitoring policies.
12. Human Resource, Employee Health Nurse and/or Department Directors are involved in making EAP referrals for staff in need of stress management or counseling to the Mission Development Director for assistance and follow up.
13. The Mission Development Director and the Corporate Responsibility Program monitors the effectiveness of the Inservice/EAP programs, to facility the integration of Core Values in all aspects of resident care.
14. Human Resource tracks and trends missing employee items and Social Service tracks and trends missing resident items. They report results to the Safety and Health Committee and Interdisciplinary Quality Improvement Committee (IQIC).
15. During an investigation, the alleged staff member(s) is/are removed from immediate contact with the resident. Pending resolution, staff may be permanently re-assigned based on the best interest of both employee and resident.
16. Disciplinary action will be enforced for any individual engaged in retaliatory actions against any person (staff or resident) involved in the reporting of alleged abuse, mistreatment, neglect and/or misappropriation of property.

Approved By Director of Nursing:

Date:

Fact Sheet

NATIONAL CENTER ON ELDER ABUSE

Elder Abuse Prevalence and Incidence

No one knows precisely how many older Americans are being abused, neglected, or exploited. While evidence accumulated to date suggests that many thousands have been harmed, there are no official national statistics. There are several reasons:

- Definitions of elder abuse vary. It is difficult to pinpoint exactly what actions or inactions constitute abuse, and the problem remains greatly hidden.
- State statistics vary widely as there is no uniform reporting system.
- Comprehensive national data are not collected.

In the absence of a large-scale, nationwide tracking system, studies of prevalence and incidence conducted over the past few years by independent investigators have been crucial in helping us to understand the magnitude of the problem.

This fact sheet highlights some of the most widely used estimates of elder abuse prevalence and incidence in the United States today. Readers are strongly encouraged to consult the original studies for further information.

What Do the Studies Say?

Prevalence

- According to the best available estimates, between 1 and 2 million Americans age 65 or older have been injured, exploited, or otherwise mistreated by someone on whom they depended for care or protection.

(Elder Mistreatment: Abuse, Neglect and Exploitation in an Aging America. 2003.

Washington, DC: National Research Council Panel to Review Risk and Prevalence of Elder Abuse and Neglect.)

- Estimates of the frequency of elder abuse range from 2% to 10% based on various sampling, survey methods, and case definitions.

(Lachs, Mark S., and Karl Pillemer. October 2004. "Elder Abuse," *The Lancet*, Vol. 364: 1192-1263.)

- Data on elder abuse in domestic settings suggest that 1 in 14 incidents, *excluding* incidents of self-neglect, come to the attention of authorities.

(Pillemer, Karl, and David Finkelhor. 1988. "The Prevalence of Elder Abuse: A Random Sample Survey," *The Gerontologist*, 28: 51-57.)

- Current estimates put the overall reporting of financial exploitation at only 1 in 25 cases, suggesting that there may be at least 5 million financial abuse victims each year.

(Wasik, John F. 2000. "The Fleecing of America's Elderly," *Consumers Digest*, March/April.)

- It is estimated that for every one case of elder abuse, neglect, exploitation, or self-neglect reported to authorities, about five more go unreported.

(National Elder Abuse Incidence Study. 1998.

Washington, DC: National Center on Elder Abuse at American Public Human Services Association.)

About Prevalence and Incidence

Prevalence refers to the *total* number of people who have experienced abuse, neglect, or exploitation in a specified time period.

Incidence is the number of *new* cases identified or reported at a given point in time—usually one year.

Many factors affect actual prevalence and incidence. National estimates may vary, due to differences in research methods, sample sizes, and definitions across studies.

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"Population-based surveys of elder mistreatment occurrence are feasible and should be given a high priority."

— National Research Council to Review Risk and Prevalence of Elder Abuse and Neglect, 2003

Elder Abuse Prevalence and Incidence

National Center on Elder Abuse Partners

NATIONAL ASSOCIATION OF STATE UNITS ON AGING
Lead partner
 1201 15th Street, NW
 Suite 350
 Washington, DC 20005
 202.898.2586

AMERICAN BAR ASSOCIATION COMMISSION ON LAW AND AGING
 740 15th Street, NW
 Washington, DC 20005
 202.662.8692

CLEARINGHOUSE ON ABUSE AND NEGLECT OF THE ELDERLY
 Department of Consumer Studies
 University of Delaware
 Newark, DE 19716
 302.831.3525

NATIONAL ADULT PROTECTIVE SERVICES ASSOCIATION
 1900 13th Street
 Suite 303
 Boulder, CO 80302
 720.565.0906

NATIONAL COMMITTEE FOR THE PREVENTION OF ELDER ABUSE
 1612 K Street, NW
 Suite 400
 Washington, DC 20006
 202.682.4140

Incidence

- In 1996, nearly 450,000 adults aged 60 and over were abused and/or neglected in domestic settings. Factoring in self-neglect, the total number of incidents was approximately 551,000.
(National Elder Abuse Incidence Study. 1998. Washington, DC: National Center on Elder Abuse at American Public Human Services Association.)
- A University of Iowa study based on 1999 data found 190,005 domestic elder abuse reports from 17 states; 242,430 domestic elder abuse investigations from 47 states; and 102,879 substantiations from 35 states. Significantly higher investigation rates were found for states that require mandatory reporting and tracking of reports.
(Jogerst, Gerald J., et al. 2003. "Domestic Elder Abuse and the Law," American Journal of Public Health, Vol. 93, No. 12: 2131-2136.)
- In 2000, states were asked to indicate the number of elder/adult reports received in the most recent year for which data were available. Based on figures from 54 states, the total number of reports was 472,813.
(A Response to the Abuse of Vulnerable Adults: The 2000 Survey of State Adult Protective Services. 2003. Washington, DC: National Center on Elder Abuse.)
- In 2003, state Long Term Care Ombudsman programs nationally investigated 20,673 complaints of abuse, gross neglect, and exploitation on behalf of nursing home and board and care residents. Among seven types of abuse categories, physical abuse was the most common type reported.
(National Ombudsman Reporting System Data Tables. 2003. Washington, DC: U.S. Administration on Aging.)

Finding Data and Statistics

The Clearinghouse on Abuse and Neglect of the Elderly (CANE) Annotated Bibliography: "The Scope of Elder Abuse: Prevalence, Incidence, and Estimates" is available to assist scholars, policymakers, and others interested in finding additional data and statistics.

Search CANE's abstracts database at db.rdms.udel.edu:8080/CANE/index.jsp. For assistance, e-mail *CANE-UD@udel.edu*. Selected statistics and links to state data sources may also be accessed through the NCEA Web site elderabusecenter.org.

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All findings, conclusions, and recommendations expressed in this publication are those of the authors and do not necessarily reflect the views of the U.S. Administration on Aging.

National Association of State Units on Aging,
 March 2005

The National Center on Elder Abuse (NCEA)

serves as a national resource for elder rights advocates, adult protective services, law enforcement and legal professionals, medical and mental health providers, public policy leaders, educators, researchers, and concerned citizens. It is the mission of NCEA to promote understanding, knowledge sharing, and action on elder abuse, neglect, and exploitation.

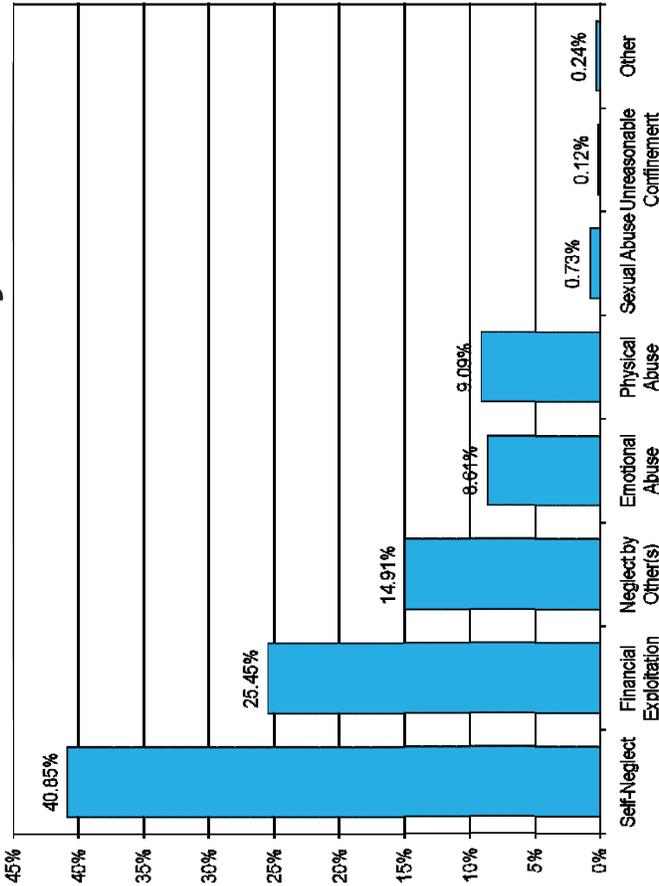
National Center on Elder Abuse
 National Association of State Units on Aging
 1201 15th Street, NW, Suite 350
 Washington, DC 20005
 202.898.2586 / Fax 202.898.2538
ncea@nasua.org

HANDOUT 1-3
35 page document;
printable pdf on CD

Wisconsin's Annual Elder Abuse and Neglect Report: 2007

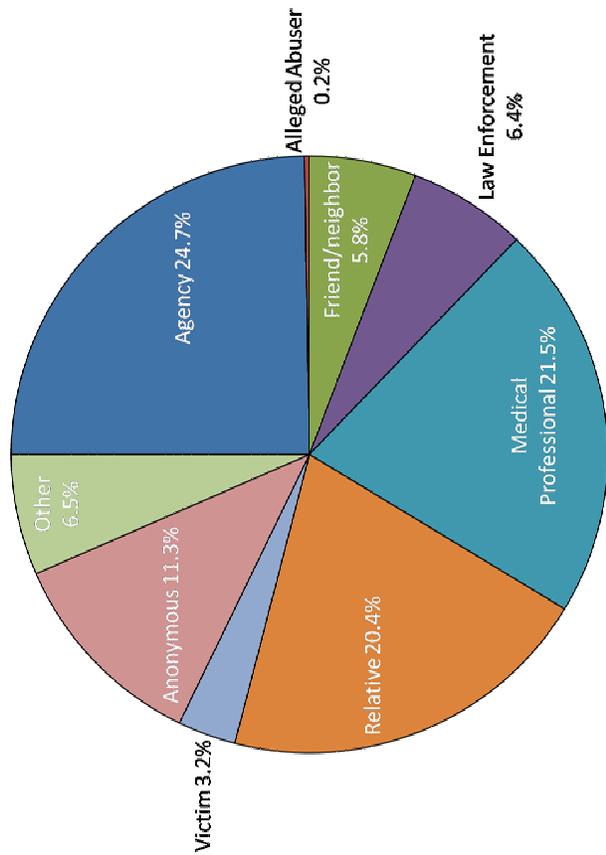
*A statewide summary of reports
submitted by Wisconsin counties*

Types of Elder Abuse in Milwaukee County



As you can see from this graph, self-neglect comprises the majority of reports of elder mistreatment in Milwaukee County, followed by financial exploitation and neglect by others.

Referral Sources in Milwaukee County



This chart shows the referral sources for calls coming into Milwaukee County's call center, with medical professionals representing nearly 22% of the referrals. The category of "medical professionals" includes physicians, nurses, EMS, etc.

Listed below are possible behavioral indicators of abuse by potential victims and abusers. Most or all of the forms need NOT be present for abuse to be occurring. One or two indicators may warrant further questioning and investigation.

POTENTIAL VICTIM may exhibit some of the behaviors listed below.

- Has repeated “accidental injuries.”
- Appears isolated.
- Says or hints at being afraid.
- Considers or attempts suicide.
- Has history of alcohol or drug abuse (including prescription drugs).
- Presents as a “difficult” client.
- Has vague, chronic, or non-specific complaints.
- Is unable to follow through on treatment plan or medical care.
- May miss appointments.
- Delay seeking medical help.
- Exhibits depression (mild or severe).
- Evidence of effects of stress and trauma such as chronic pain and other illnesses.

POTENTIAL ABUSER may do some of the things listed below.

- Is verbally abusive to workers or charming and friendly to worker.
- Says things like “he’s difficult,” “she’s stubborn,” “he’s so stupid,” or “she’s clumsy”
- Attempts to convince others that the person is incompetent or crazy.
- Is overly attentive to the victim.
- Controls the older person’s activities and outside contacts.
- Refuses to let an interview take place without being present.
- Talks about the family member as if he/she is not there or not a person (dehumanizes).
- Physically assaults or threatens violence against victim or worker.
- Threats of suicide or homicide or both.
- Threats of harassment.
- Stalking.
- Cancels elder’s appointments.
- Sabotages older person’s efforts to attend appointments by refusing to provide transportation or some other excuse.
- Takes elder to different doctors, hospitals and pharmacies to cover up abuse.
- Uses the legal system to harass the older person (e.g., mutual protective orders, making false charges).

Risk Factors for Elder Abuse

Elder abuse, like other types of domestic violence, is extremely complex. Generally a combination of psychological, social, and economic factors, along with the mental and physical conditions of the victim and the perpetrator, contribute to the occurrence of elder maltreatment.

Although the factors listed below cannot explain all types of elder maltreatment, because it is likely that different types (as well as each single incident) involve different casual factors, they are some of the risk factors researchers say seem to be related to elder abuse.

Domestic Violence Grown Old

It is important to acknowledge that spouses make up a large percentage of elder abusers, and that a substantial proportion of these cases are domestic violence grown old: partnerships in which one member of a couple has traditionally tried to exert power and control over the other through emotional abuse, physical violence and threats, isolation, and other tactics.

Personal Problems of Abusers

Particularly in the case of adult children, abusers often are dependent on their victims for financial assistance, housing, and other forms of support. Oftentimes they need this support because of personal problems, such as mental illness, alcohol or drug abuse, or other dysfunctional personality characteristics.

The risk of elder abuse seems to be particularly high when these adult children live with the elder.

Living with Others and Isolation

Both living with someone else and being socially isolated have been associated with higher elder abuse rates. These seemingly contradictory findings may turn out to be related in that abusers who live with the elder have more opportunity to abuse and yet may be isolated from the larger community themselves or may seek to isolate the elders from others so that the abuse is not discovered. Further research needs to be done to explore the relationship between these factors.

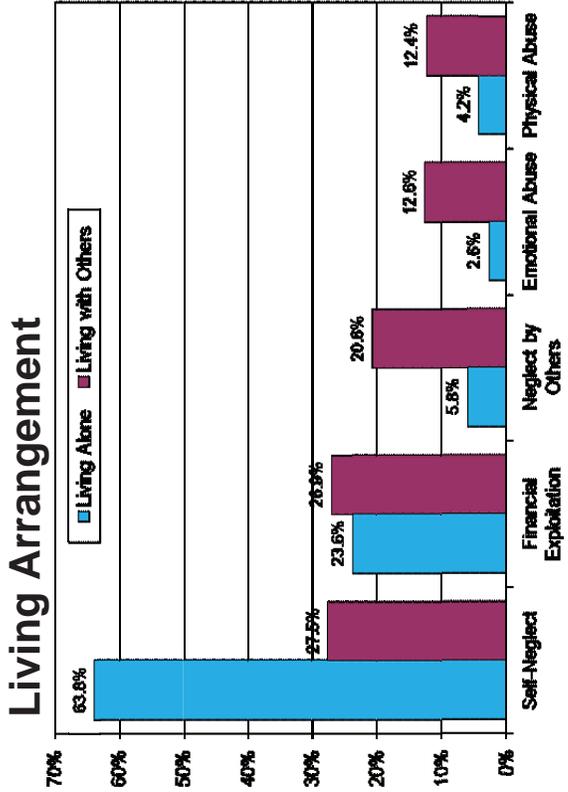
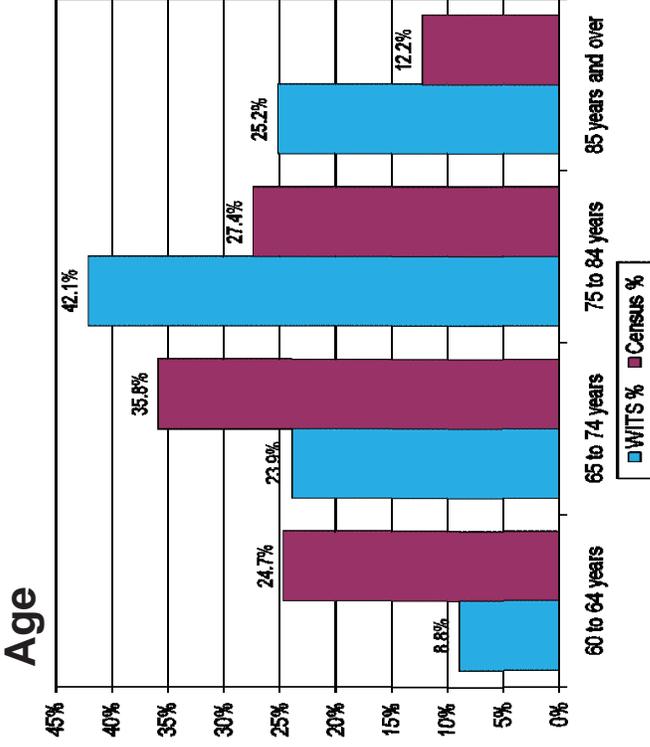
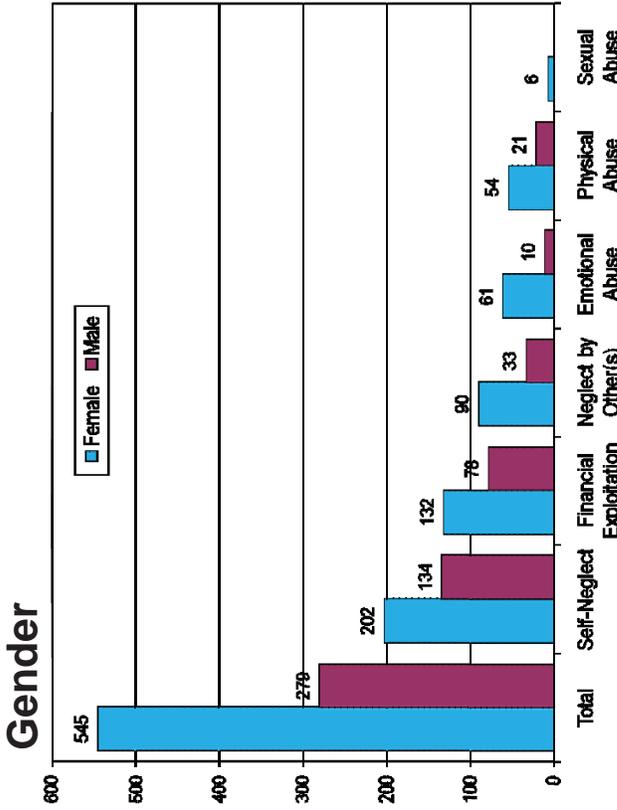
Other Theories

Many other theories about elder abuse have been developed. Few, unfortunately, have been tested adequately enough to definitively say whether they raise the risk of elder abuse or not. It is possible each of the following theories will ultimately be shown to account for a small percentage of elder abuse cases.

- **Caregiver stress.** This commonly-stated theory holds that well-intentioned caregivers are so overwhelmed by the burden of caring for dependent elders that they end up losing it and striking out, neglecting, or otherwise harming the elder. Much of the small amount of research that has been done has shown that few cases fit this model.
- **Personal characteristics of the elder.** Theories that fall under this umbrella hold that dementia, disruptive behaviors, problematic personality traits, and significant needs for assistance may all raise an elder's risk of being abused. Research on these possibilities has produced contradictory or unclear conclusions.

- **Cycle of violence.** Some theorists hold that domestic violence is a learned problem-solving behavior transmitted from one generation to the next. This theory seems well established in cases of domestic violence and child abuse, but no research to date has shown that it is a cause of elder abuse.

Profiles of Victims In Milwaukee County



Gender: In Milwaukee county, there were about twice as many reports of abuse for female victims than for males. All 6 cases of sexual abuse were among women. This trend does not follow with what has currently been shown in the literature, and may represent a reporting bias.

Age: It is easy to see that elders aged 75 and up are overrepresented in the reports of abuse and neglect. This trend of older victims, like gender, could represent a reporting bias or a flaw in study design of those studies reporting on it.

Living Arrangement: Consistent with risk factors found in the national literature, elders in the Milwaukee data have a distinct pattern of mistreatment based on their living arrangements. Elders living alone were much more likely to be victims of self-neglect, whereas elders living with someone were more likely to experience abuse and neglect inflicted by others.

Profiles of Victims in Milwaukee County: Additional Characteristics

Victims

- Frail: 81.3%
- Cognitively impaired: 15.4%
- Physically disabled: 7.5%
- Mental illness: 5.9%
- Substance abuse issues: 4.7%

This data shows proportions of victims with various other characteristics.

One thing to note is that for victims, over 80% of the elders were determined to be frail. Note that there are many ways to define frailty (some people define frailty as anybody over the age of 65, others define it as elders with a co-morbid illness) and there is not a set criteria list that used for the Wisconsin database.

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

THREATENING

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

TARGETING VULNERABILITIES

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

NEGLECTING

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

DENIES ACCESS TO SPIRITUAL TRADITIONS/EVENTS

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

NATIONAL CLEARINGHOUSE ON ABUSE IN LATER LIFE (NCALL)



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

FINANCIAL EXPLOITATION

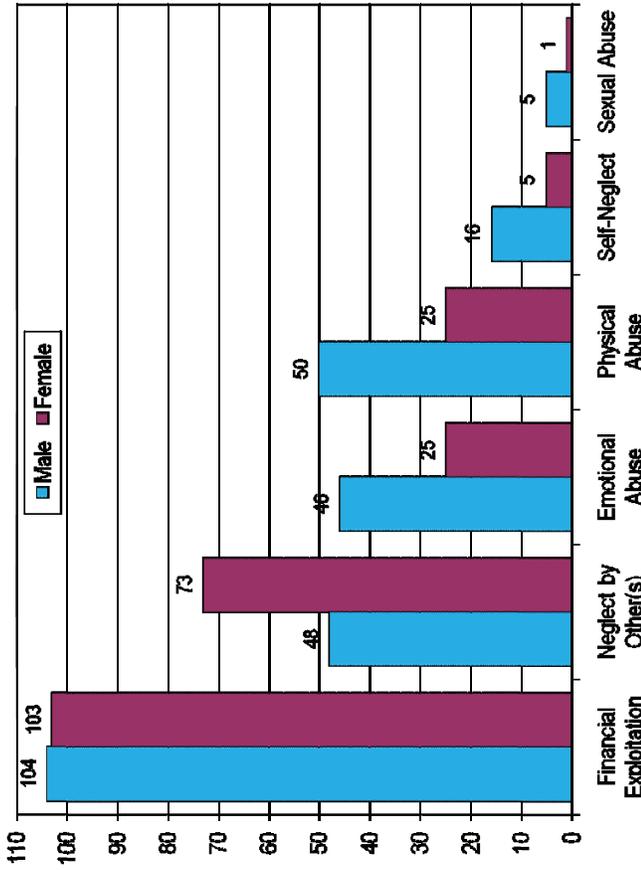
- Steals money, titles, or possessions
- Takes over accounts and bills and spending without permission
- Abuses a power of attorney
- Tells elder money is needed to repay drug dealer to stay safe

NATIONAL CLEARINGHOUSE ON ABUSE IN LATER LIFE (NCALL)



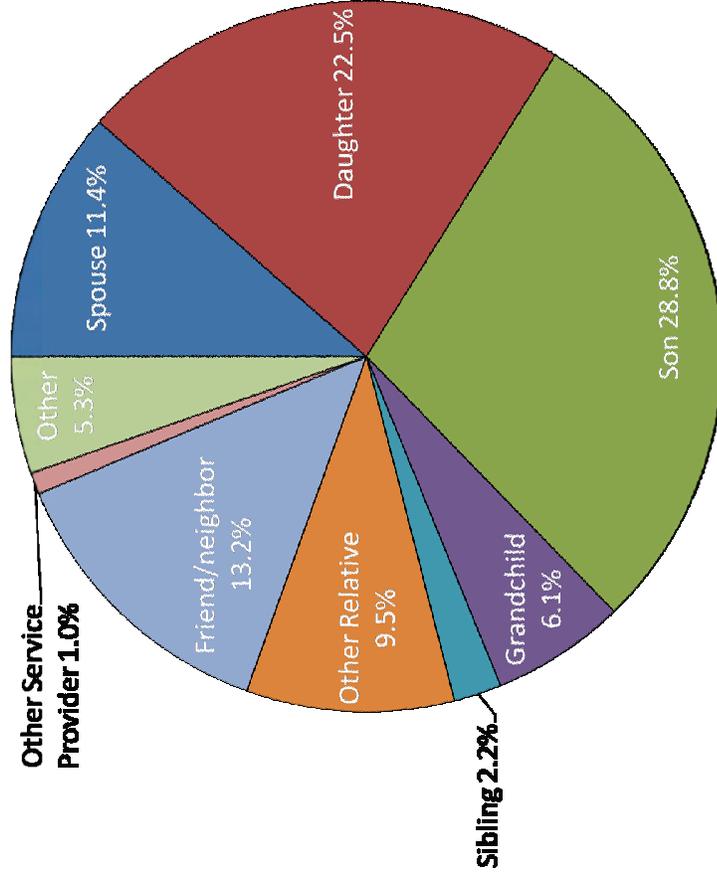
Profiles of Abusers in Milwaukee County:

Gender:



Overall, there were slightly more male abusers than female. It is interesting to note that elders were more likely to be neglected by women, [possibly a function of their caregiver roles], while physical abuse was more commonly perpetrated by men.

Relationship to Victim



The majority of abusers were relatives or friends of the elder. But elders who were victims of financial exploitation were less likely to be abused by somebody who is related to them than a stranger. Victims of neglect by others were more likely to have been abused by somebody related to them than by strangers. This may be a function of the natural role of family members to act as caregivers.

Profiles of Abusers in Milwaukee County: Additional Characteristics

Abusers

- Lives with elder: 51.5%
- Caregiver: 37.5%
- Drug abuse: 9.0%
- Substance abuse issues: 5.7%
- Financial dependence: 5.5%
- Mental illness: 3.9%
- Cognitively impaired: 1.6%



APPENDIX/RESOURCES

To Make a Report 24/7:

Milwaukee County Department on Aging - 414-289-6874

Toll Free: 1 866 229 9695

TTY: 414 289 8591

www.milwaukee.gov/county/aging

Email: aging_webinfo@milwaukeecounty.org

IMPACT@211

Social Service Community Hotline, for after hours and weekend reporting

Dial 211

Information and Education

Wisconsin Department of Health and Family Services

Information on reporting elder abuse

www.dhfs.state.wi.us/aging/elderabuse

To view the text of Wisconsin State Statutes on Elder abuse see the Wisconsin Legislature website at:

www.legis.state.wi.us/RSB/STATS.html

and enter 46.90 in the Statute number search box.

Alzheimer's Association of South Eastern Wisconsin - 414-479-8800

www.alz.org/sewi

Interfaith Older Adult Programs - 414-291-7500

www.interfaithmilw.org

Mental Health Association In Milwaukee County - 414-276-3122

www.mhawisconsin.org

Senior Law - 414-278-1222

www.seniorlaw.org

Senior Meal Program 414-289-6995

www.milwaukee.gov/county/aging

Local Family Caregiver Support Network - 220-8600

www.caregiversupportnetwork.org

For more information about caregiver stress see the following websites:

Local: www.caregiversupport.org
State: www.wisconsin caregiver.org
National: www.caregivinghelp.org

Coalition of Wisconsin Aging Groups

A statewide nonprofit, nonpartisan organization, CWAG is made up of individuals and member groups that represents over 125,000 people in Wisconsin. Born out of grassroots activism, CWAG formed as the voice of seniors in Wisconsin after 4,000 individuals marched on the state Capitol in 1977 to improve senior conditions in the state.

www.cwag.org

Disability Rights Wisconsin

A private non profit organization founded in 1977. Designated by the Governor to ensure the rights of all state citizens with disabilities through individual advocacy and system change, DRW is part of a national system of federally mandated independent disability agencies. DRW is completely independent of government and the disability service system in order to be free of any conflicts of interests which would undermine our capacity to advocate vigorously on behalf of the human and legal rights of people with disabilities.

www.disabilityrightswi.org

Wisconsin Coalition Against Sexual Assault

A statewide organization created and incorporated in 1985 to support and complement the work of Wisconsin's community-based sexual assault service provider programs and other organizations working to end sexual violence.

www.wcasa.org

Wisconsin Coalition Against Domestic Violence

A statewide organization created and incorporated in 1985 to support and complement the work of Wisconsin's community-based sexual assault service provider programs and other organizations working to end sexual violence.

www.cadv.org

Traumatic Brain Injury Association of Wisconsin

Committed to serving the over 50,000 individuals with brain injury and their families living in Wisconsin

www.biaw.org

National Organizations

National Center on Elder Abuse

The National Center on Elder Abuse (NCEA), directed by the U.S. Administration on Aging, is committed to helping national, state, and local partners in the field be fully prepared to ensure that older Americans will live with dignity, integrity, independence, and without abuse, neglect, and exploitation. The NCEA is a resource for policy makers, social service and health care practitioners, advocates and families.

www.ncea.aoa.gov

Clearinghouse on Abuse and Neglect of the Elderly (CANE)

This site is the nation's largest computerized catalog of elder abuse literature. With over 6,000 entries, search CANE's database to obtain references pertaining to many aspects of elder abuse and neglect.

www.cane.udel.edu

National Clearinghouse on Abuse in Later Life (NCALL)

A project of the Wisconsin Coalition Against Domestic Violence (WCADV), this Web site provides a variety of resources about abuse in later life. Many of the documents are downloadable and several are in Spanish. There are also links to Web sites of interest for people working in the elder abuse field.

www.ncall.us

National Committee for the Prevention of Elder Abuse (NCPEA)

The mission of NCPEA is to prevent abuse, neglect, and exploitation of older persons and adults with disabilities through research, advocacy, services, treatment, public and professional awareness, interdisciplinary exchange, and coalition building. NCPEA publishes the Journal of Elder Abuse and Neglect.

www.preventelderabuse.org

National Library of Medicine National Center on Elder Abuse

Research and resources about elder abuse compiled by the National Institute of Health

www.nlm.nih.gov

Administration on Aging Resource Page

The Administration on Aging website has information about the Older Americans Act, the federal legislation establishing the Administration on Aging, and information about a range of programs that offer services and opportunities for older Americans and their caregivers.

<http://www.aoa.gov/index.aspx>

American Psychological Association information page

This site has information on elder abuse and its impact on older people's lives.

<http://www.apa.org>

National Fraud Information Center (NCL)

This Web site provides tips about how to identify common scams and avoid telemarketing fraud. In addition, NCL has information about identity theft, how to get off marketing lists, and how to protect personal privacy.

<http://www.fraud.org/elderfraud>