

Please urge law enforcement to
avoid asking victim if the victim
wishes to “press charges”

And I began to appreciate
that some prosecutors
have fallen into the same
misconceptions

Prosecutors need to
know that these cases
have such jury appeal

And prosecutors need to appreciate some frustrations that can develop when cases get dropped or not filed

Part of an e-mail I received
from a frustrated APS case
worker...

.....at any rate, not only are we struggling to get the prosecutors to charge adequately, and so be it if they have to plead down, but now they are dismissing when Civil matters are involved and then dismissed in the Civil Court.

Soon my mission started
to expand...

It Takes a Community:

K E E P I N G
O U R E L D E R S
S A F E

“Alone, we can do so little;
together we can do much.”

Helen Keller

Pūpūkahi i Fōlōmua

Working together to move forward



The importance of being
part of an MDT ...



Start local...think global..

The importance of the 3
Cs
in building a multi
disciplinary team approach

Collaboration

Cooperation

Communication

Getting your local medical
community involved...

Medical..

- ER & Urgent Care clinics & hospital staff
- Medical Examiner / Coroner
- Paramedics /EMTs & firefighter first responders

ER & Urgent Care...

Having that discussion
about accidental and non-
accidental injuries

Introduce them to Elder
Abuse Screening Tools...

Elder Abuse Screening Tools for Healthcare Professionals

A number of instruments and protocols for elder abuse screening have been developed. Most have been created for use in hospitals, clinics, or home care. Although all share similar content and are directed toward assisting with the identification of various forms of elder mistreatment, there are key differences in the focus, format, structure, and type of data gathered by each instrument or protocol (Fulmer et al., 2004). Doctors have been ascribed a key role in elder abuse identification and in awareness promotion because they see their elderly patients, on average, five times per year (Yaffe, 2008).

The American Medical Association recommends that all geriatric patients receive elder abuse screening (Burnett et al., 2014) and multiple researchers have recommended screening as a way to help prevent and detect elder abuse. However in 2013, the U.S. Preventive Services Task Force concluded that current evidence is insufficient to assess the balance of the benefits and harms of screening all elderly or vulnerable adults for abuse and neglect (U.S. Preventive Task Force, 2013). Additionally, a universal screening tool does not exist without challenges for screening.

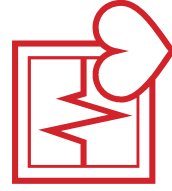
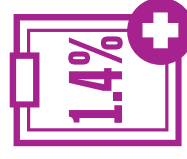
KEY TAKEAWAYS

- ▶ Currently there is no gold standard for elder abuse screening.
- ▶ Many screening tools exist, with the majority designed for use by health care providers.
- ▶ There are differing opinions on whether screening presents more benefits or harms. Additional research is needed.
- ▶ A positive screen for elder abuse does not ubiquitously mean that elder abuse is occurring, but does indicate that further information should be gathered.



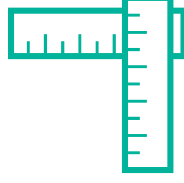
Background

Identifying elder abuse has been a critical issue both in the community and within health care settings. While most abuse is identified in health care settings, studies have shown that rates of abuse identification by health care providers remain low (Burnett et al., 2014; Cohen, 2011; Yaffe et al., 2008). **Recent research suggests that only 1.4% of cases reported to Adult Protective Services come from physicians** (National Committee for the Prevention of Elder Abuse & The National Adult Protective Services Association, 2006).



Elder abuse screening instruments are currently held to the same standards as disease screening tests and are determined to be valid if they meet the following criteria: (1) are sensitive (effectively identify individuals with the disease); and (2) are specific (effectively identify individuals who do not have the disease as not having the disease). As with all disease screening tests, the screening process results in the label of “positive” or “negative” but a positive screen does not ubiquitously mean that elder abuse is occurring, but does indicate that further information should be gathered (Caldwell et al., 2013; Burnett et al., 2014).

Screening Tools



At the Elder Mistreatment Symposium convened by the Centers for Medicare and Medicaid Services in 2013, three screening tools (presented in table below) were identified for increased use in practice for the screening of elder mistreatment. These tools were identified for their ability to assess multiple types of abuse, for the specifications of the measure, and for the focus of each tool when combined (McMullen et al., 2014).

These tools are intended to be used by trained professionals in healthcare settings.

ASSESSMENT	ITEMS	ADMINISTRATION	PSYCHOMETRICS	SETTING
ELDER ABUSE SUSPICION INDEX (EASI)	6	Completed by health care professional to assess risk, neglect, verbal, psychological, emotional, financial, physical and sexual abuse over a 12 month period; 2 minutes to complete	Sensitivity: 0.77 Specificity: 0.44	Validated in family practices and ambulatory care settings
HWALEK-SENGSTOCK ELDER ABUSE SCREENING TEST (H-S/EAST)	6	Self-report or interview by a professional	Construct and predictive validity, weak item reliability, but good cross-cultural adaptation	Suitable in emergency or outpatient setting
VULNERABILITY TO ABUSE SCREENING SCALE (VASS)	12	Self-report of dependency, deception, coercion, and vulnerability	Moderate ranges of reliability and moderate to good construct validity	N/A

(Burnett et al., 2014)

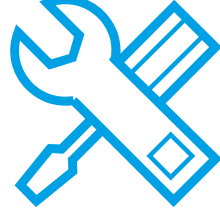
Other Elder Abuse Screening Tools:

WITH PSYCHOMETRICS:

- Brief Elder Screen for the Elderly (BASE) (Reis et al., 1993)
- Caregiver Abuse Screen (CASE) (Reis & Nahmash, 1995)
- Elder Assessment Instrument (EAI) (Fulmer & O'Malley, 1987)
- Expanded Indicators of Abuse (E-IOA) (Cohen et al., 2006)
- Geriatrics Mistreatment Scale (GMS) (Giraldo-Rodriguez & Rosas-Carrasco, 2013)
- Indicators of Abuse (IOA) (Reis & Nahmash, 1998)
- Older Adult Financial Exploitation Measure (OAFEM) (Comrad et al., 2010)
- Screening Tools and Referral Protocol Stopping Abuse Against Older Ohioans: A Guide for Service Providers (Bass et al., 2001)
- Self-disclosure tool (Cohen et al., 2007)
- Signs of abuse inventory (Cohen, 2011)

WITHOUT PSYCHOMETRICS:

- Case Detection Guidelines (Rathbone-McCuan, 1980)
- Elder Abuse and Neglect Protocol (Tomita, 1983)
- Health, Attitudes towards aging, Living arrangements, and Finances (H-A.L.F.) (Ferguson & Beck, 1983)
- Screening Protocols for the Identification of Abuse and Neglect in the Elderly (Johnson, 1981)



Medical Examiner/ Coroner.

Coroner /Medical examiner

- Train ME Investigators who take calls from police after a death
- Establish a protocol for reviewing suspicious deaths of elders
- Can instigate an elder death review team

- The importance of an elder death review team

Suspicious Deaths

COUNTY OF SAN DIEGO ELDER DEATH REVIEW TEAM 2006 REPORT



County of San Diego
Office of the Medical Examiner



San Diego County
Sheriff's Department



San Diego County
District Attorney

Elder deaths – accidental or intentional?

- Some deaths are blatant homicides
- Some deaths are unintended but result from the trauma because of the pre-existing condition of the victim
- Some deaths are “disguised” as natural or accidental

Elder deaths slipping under the radar

- Through lethal injection
- Starvation
- Bed sores
- Suffocation
- A fall

- Elders are expected to die

- Unless there are obvious signs of trauma, most first responders will “assume” that the death is natural

- Most elder deaths do not attract an autopsy

And now we have the case
of Billy Chemirmir..

Paramedics/EMTS & other
first responders brought
into the MDT

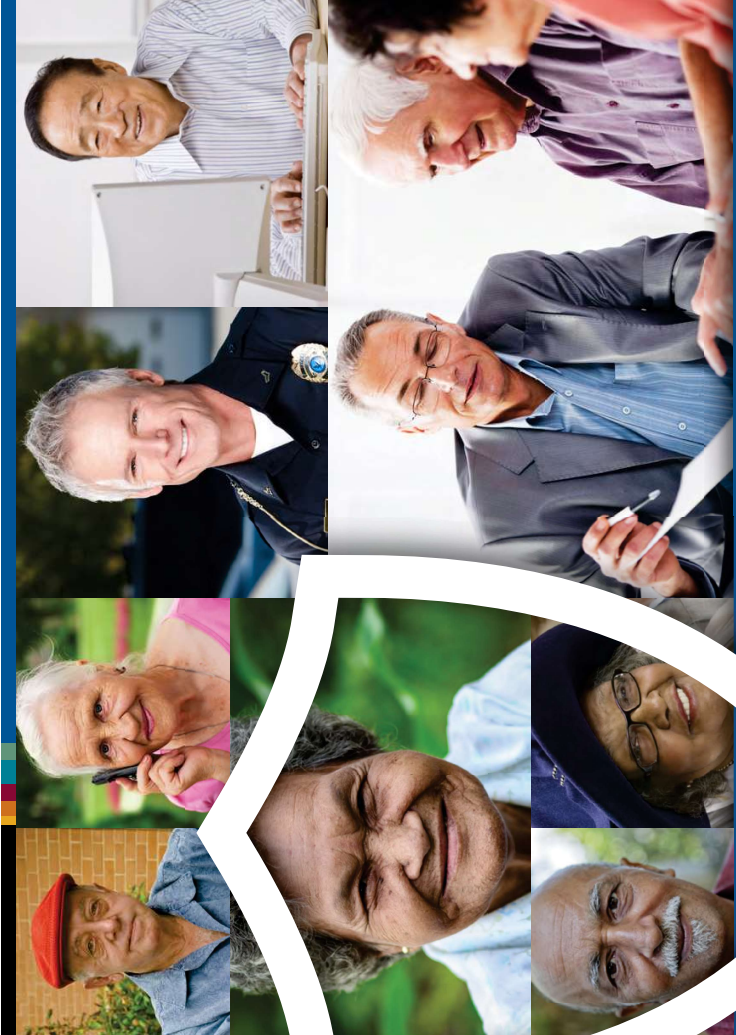
- They need training!
- They hear & see things that NO-ONE else sees & hears
- Paramedics are often walking into a crime scene
- They make GREAT witnesses

Check list for EMTs

- Decedent - is this person already known to APS?
- Who called 911? What is their demeanor like?
- Any delay in calling?
- Any sign that body was moved?
- Any indicators of drug /alcohol use?

And then we included
dispatchers need as part
of the expanded MDT

Also we made financial
institutions part of the
team...



Protecting Seniors:

A Bank Resource Guide for Partnering with Law Enforcement and Adult Protective Services





[Join](#) [Renew](#)

[Help](#) [Member Benefits](#)

[★ AARP Rewards](#)

[Register](#) | [Login](#)



AARP PUBLIC POLICY INSTITUTE BankSafe™

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The AARP BankSafe Initiative

The *BankSafe Initiative* helps the financial industry better meet consumers' financial needs and safeguard their assets. The initiative focuses on four key areas:

- Preventing financial exploitation
- Empowering family caregivers
- Helping those with dementia
- Making banking tools and environments easier to access

With the average victim losing \$120,000, prevention of financial exploitation is critical to AARP's mission to empower people to choose how they live as they age. BankSafe meets this need by conducting research into consumer insights, facilitating partnerships between the aging network and the financial industry, and developing the innovative BankSafe training platform to help financial professionals identify and stop suspected exploitation.



**BANKSAFE-TRAINED STAFF HAVE ALREADY STOPPED
MORE THAN \$100 MILLION
FROM BEING STOLEN FROM OLDER ADULTS**

The benefits of a
successful MDT...

More case intake for
APS...

More cross reporting to
law enforcement

More designated detectives
to investigate these cases

Better quality of
investigation

More cases being issued,
resulting in conviction

One of the many
challenges today is...

Proper funding for elder
justice initiatives

We have got to get the
attention of county, state
and federal legislators



+ Follow

Despite great progress, funding for [#ElderJustice](#) is 1% of funding for child and family welfare. [#EJCC](#)

Our National Shame: Little to No Funding for Elder Abuse Prevention and Response

By Kathy Greenlee

A word to elder justice advocates: getting elder abuse programs funded requires patience, skill—and a long view.

Demographics call for
drastic measures to fund
elder justice initiatives

By 2035 there will be more
65+ than children in USA...
for first time

In Tennessee....

2024 TENNESSEE HEALTHY AGING REPORT

OLDER ADULT HEALTH IN EVERY COUNTY

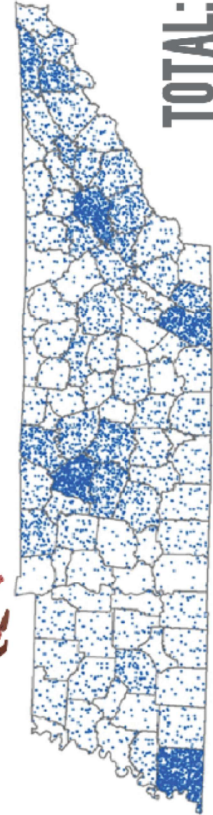


29.3%
Increase in TN population of adults 65+ (2012 to 2022).

10 YEARS
When older adults are expected to outnumber children under 18 for the 1st time in history.

43RD
TN's health outcome ranking for 65+.

(America's Health Rankings 2024)



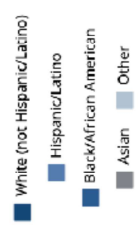
TOTAL: 1,220,972

AGING POPULATION DENSITY

SOCIAL DETERMINANTS OF HEALTH

RACE MATTERS

Accumulated inequities cause health disparities that age-friendly communities can help mitigate.



OLDER BLACK ADULTS (65+) IN TN ARE MORE LIKELY TO...

- Report higher rates of Alzheimer's disease and related dementias (ADRD).
- Report a household income < \$25k per year.
- Report < a high school education.

PLACE MATTERS

TN is made up of 95 counties.

89 ARE RURAL

Compared to metro counties, rural counties...

18.2% ARE OLDER
Population 65+ (vs. 16.0%)

78 HAVE < ACCESS TO CARE
Total number of acute care hospitals (vs. 41 in metros)

On the positive side, there
are so many more
resources out there to
assist with quality
investigations...

E.A.G.L.E project



Elder Abuse Guide for Law Enforcement

About EAGLE | Contact EAGLE | Training Application

ELDER ABUSE OVERVIEW



STATE SPECIFIC LAWS



LAW ENFORCEMENT RESOURCES



The tools you need to protect your older adult community.

First Responder Checklist

[SEE CHECKLIST](#)

Evidence Collection Checklist

[SEE CHECKLIST](#)

Community Resources

Helpful local information for the older adult, their families, and caregivers.

Enter a Zip Code

[SUBMIT](#)



We still need to address
the hidden issue..



SICK, DYING AND RAPED IN AMERICA'S NURSING HOMES

"You prepare for a phone call your mother has passed.
You don't prepare for a phone call that your mother has been **RAPED**."

February 22nd, 2017

10:54 AM ET

**Sick, dying and raped in America's nursing
homes – a CNN Investigation**

Sick, dying and raped in America's nursing homes

"You prepare for a phone call your mother has passed.

Some of the victims can't speak. They rely on walkers and wheelchairs to leave their beds. They have been robbed of their memories. They come to nursing homes to be cared for.

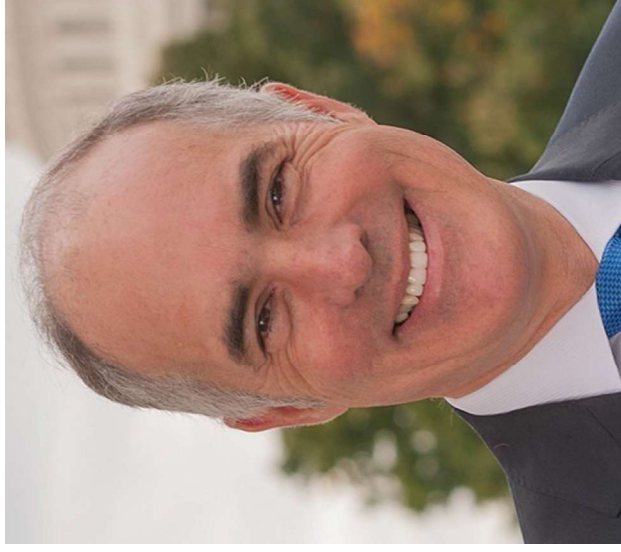
Instead, they are sexually assaulted.

The unthinkable is happening at facilities throughout the country: Vulnerable seniors are being raped and sexually abused by the very people paid to care for them.

The deplorable condition
of certain nursing homes
has got the attention of
federal lawmakers..

Senate report reveals nearly 400 troubled nursing homes

[Liam Quinn](#) June 4



Sen. Bob Casey, D-Pa., and Sen. Pat Toomey, R-Pa., issued a report detailing troubling conditions inside some nursing homes across the country. (AP)

The names of hundreds of nursing homes across the country found to have serious ongoing [health](#), safety or sanitary issues were kept under wraps by the federal government, according to a new report.

Nearly 400 facilities nationwide had a “persistent record of poor care” as of April, but they were not included along with a shorter list of homes that get increased federal scrutiny and have warning labels, [according to a Senate](#)

Phony Diagnoses Hide High Rates of Drugging at Nursing Homes

At least 21 percent of nursing home residents are on antipsychotic drugs, a Times investigation found.

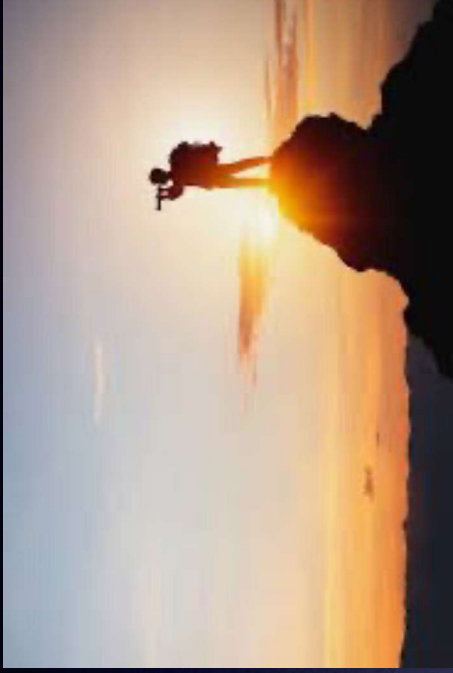
Published Sept. 11, 2021 Updated Oct. 15, 2021



Yvonne Blakeney's husband, David, a dementia patient, was diagnosed with schizophrenia shortly after arriving at a nursing home. Sean Rayford for The New York Times

The handwritten doctor's order was just eight words long, but it solved a problem for Dundee Manor, a [nursing home](#) in rural South Carolina struggling to handle a new resident with severe dementia.

Antipsychotic drugs — which for decades have faced criticism as “chemical straitjackets” — are dangerous for older people with dementia, nearly doubling their chance of death from heart problems, infections, falls and other ailments. But understaffed nursing homes have often used the sedatives so they don’t have to hire more staff to handle residents.



Looking ahead

How much will AI impact
our approach to elder
justice issues?

Elder scams can have real-world health effects. Will AI make it worse?

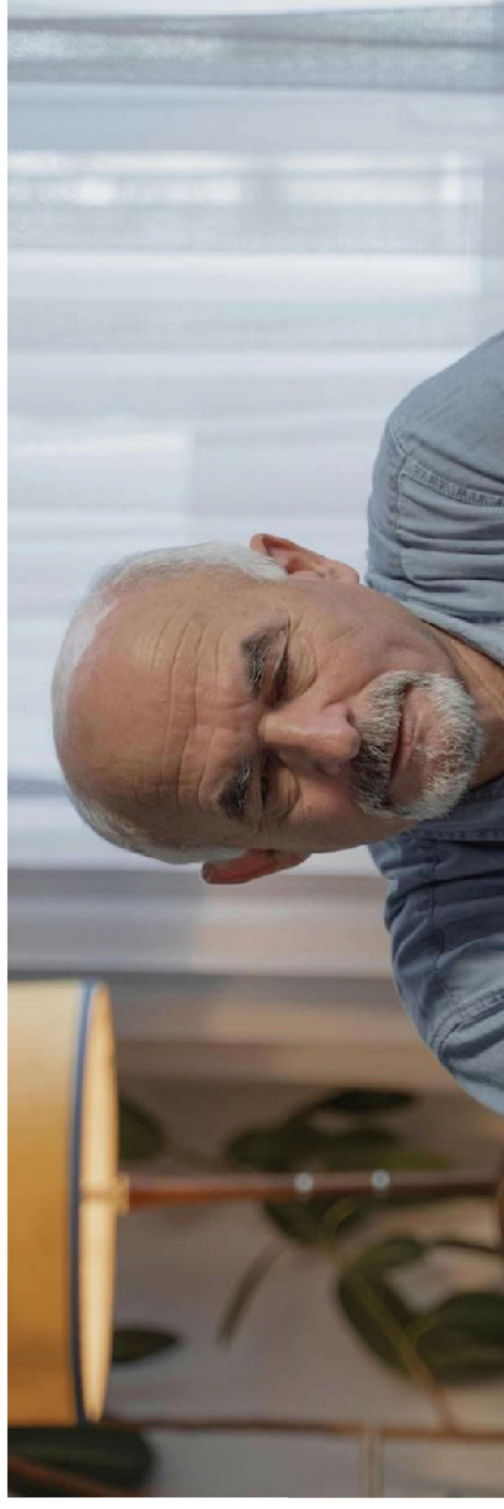


Liz Seegert and Karen Blum

February 26, 2024



Share:



Check out a collection of
California Health Care Foundation
resources tailored
for journalists.



They thought loved ones were calling for help. It was an AI scam.

Scammers are using artificial intelligence to sound more like family members in distress. People are falling for it and losing thousands of dollars.

[Pranshu Verma](#)



Do we even know fake
from real any more?



Elder Abuse Emerges From the Shadows of Public Consciousness

by *Philip Bulman*

Two recent studies shed light on the prevalence and detection of an often overlooked crime.

We need to persuade our
court system that elder
abuse is a violent crime...

Assessing the impact of the crime

-
-
-

Financial

Emotional

Residual



**PHYSICAL ABUSE. MENTAL ABUSE.
SEXUAL ABUSE. WHICH WILL IT BE TODAY?**

HELP THE AGED

But we can meet the
challenges.. using our
resources, networks, MDTs
and...

The 3 Ps...

Passion..

Purpose...

And Perseverance..



Pursuing justice for as
many victims as
possible- that is our goal

Please feel free to contact me:

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