

# Considerations for Responding to Elderly Survivors

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The victim specific or cultural consideration section is designed to help SART members understand victims from diverse cultures to ensure all victims are served with respect regardless of their background. This section is intended to be a tool to help professionals; however, it is the responsibility of each SART member to integrate culturally relevant and responsive care into their services for victims. It is hoped that SARTs will utilize these considerations to increase their understanding of diversity and learn ways to serve victims with respect to their cultural background and identities.<sup>1</sup>

In Wisconsin, anyone aged 60 years or older, is eligible to receive elder services. In 2020, there were over 1,478,000 people in this demographic. This population is anticipated to grow throughout the state with estimates for 2030 indicating over 1,786,000 people will be considered elderly. Northern and rural counties are expected to have the fastest growth in their communities. By 2030, it is projected that at least 10 counties will have a 41% -51% elderly population and an additional 32 counties will have 31%-40% of their communities being aged 60 and over.

## General Aging Information

As we age, our bodies experience a gradual decline in overall functioning related to the aging experience. There is also an increase in chronic health issues.

- Vision: We experience a gradual decline in visual acuity with age evidenced by blurry vision, increased nearsightedness, and farsightedness. Some causes are macular degeneration, glaucoma, and cataracts. **Ways to assist elders with this include using large, bold print, increased lighting, and magnifying tools.**
- Hearing: A gradual loss of hearing ability occurs especially in the higher ranges. Common health conditions such as diabetes and high blood pressure can contribute to this. **Speaking slowly in lower voice tones and holding conversations where there are no auditory distractions** such as TV, music, or others talking can be helpful.
- Smell and Taste: These senses work together and lessen in sensitivity as we age. Medications can also alter this. A decrease in saliva production often occurs resulting in a dry mouth. **Offer beverages in a sturdy cup and the use of a straw is often helpful.**
- Mobility: Some elders will experience a gradual decline in strength, balance and overall stamina that can be related to chronic illness such as anemia, cardiac, and

<sup>1</sup> Georgia Sexual Assault Response Team Guide. 2021. [2021sartguidev2-final.pdf](https://www.svrga.org/2021sartguidev2-final.pdf) (svrga.org)

pulmonary issues. Having wider hallways that can accommodate walkers and wheelchairs, having railings, avoiding clutter, and having clearly identified walkways is helpful. **You can also offer additional breaks in your conversations.**

Transportation in general can also be a barrier. The elder may be dependent upon others to drive or use public transportation. This poses a greater challenge in rural areas. Transportation services such as Uber or Lift may also be inaccessible due to technology issues, unfamiliarity with the service or the ability to provide handicapped accessible vehicles.

- Bowel and Bladder: Constipation, loose stools, bladder retention, and incontinence are all issues that can increase as we age. The elder may need more frequent bathroom breaks and may need them on a more immediate basis as the ability to sense when they need to go to the bathroom declines and the need may occur suddenly. **If possible, try to have the elder closer to the bathroom area when interviewing or providing shelter.**
- Cognition: We can experience a decline in our cognitive abilities as we age that can include difficulty in multitasking and having a slower processing and response time. In Wisconsin, all adults are considered competent and responsible for making personal, living and health care decisions for themselves. No one has the right to make these decisions for an elder unless a guardian of person has been appointed by the court system or the individual has a Power of Attorney for Health Care document that has been activated by two physicians signing statements of incapacitation. Financial decision making can be voluntarily given to another individual by completing a Power of Attorney for financial form or if incompetent, the court can appoint a guardian of estate. Overall routine memory skills are not generally affected unless the elder has some form of dementia (see next bullet point for additional information). **Allowing for a longer response time along with speaking slowly and clearly can assist with comprehension.**
- Dementia: Elders can experience a decrease in cognitive functioning and dementia refers to a group of conditions that affect memory, communication, and reasoning ability. There are some reversible causes of dementia related to medication usage, proper nutrition and hydration, systemic infection-including urinary tract infection and metabolic disorders. There are also long-term types of dementia that possibly respond to treatment but cannot be reversed. They include traumatic brain injury, long term alcohol or other substance abuse, vascular dementia, stroke, Alzheimer's, and Parkinson's disease. Signs and symptoms of dementia include general memory loss, difficulty in word finding,

difficulty in comprehending conversation, being repetitive, difficulty in problem solving, completing normal or complex tasks, changes in mood, hallucination, agitation &/or apathy. Ways to improve communication include **talking in an area free from distractions, speak slowly with simple words, slow down the conversation to allow the elder to have time to think and then respond, ask one question at a time and if needed ask yes/no questions, repeat what the elder said to clarify, provide visual cues and try to maintain eye contact (if the elder is comfortable with this). Also try to talk with them at eye level (each sitting or standing) and either facing them or sitting next to them**

## **Categories of Elder Abuse**

There are 5 categories of elder abuse that are caused by others:

- Neglect - Some elders need assistance or can be totally dependent upon others (spouse, child, caregiver) to assist them with meeting basic care needs and performing general activities of daily living including personal hygiene tasks, cooking, cleaning, transportation, and obtaining medical care. Some signs that a person is being neglected include:
  - Experiencing a lack of adequate food, appropriate clothing, or has unmet personal hygiene needs
  - Deprived of glasses, walker, hearing aids, other medical devices, or medications prescribed by a physician. This can also include overmedicating or manipulating the times medications are taken.
  - A person that is need of supervision but is left alone
  - Living in a home that has fire and safety hazards
- Financial Abuse and Exploitation: Elders can be dependent upon others to assist or totally manage their finances and can also be vulnerable due to having assets or a dependable source of income including SSI, pension &/or annuity payments. Signs that an elder is being financially abused include:
  - A person being forced into signing over a check or other property to someone else
  - Having someone else use credit/debit card or checking account without permission
  - Being forced to pay someone's bills
  - Being forced to have someone live with you in your home/apartment without permission

- Psychological and Emotional Abuse: An elder may be more dependent upon a small group of family, friends &/or caregivers to provide social interaction related to declining physical abilities and social isolation. Here are some signs that emotional abuse is occurring:
  - Being prevented from doing things in the community including religious activities or from leaving home
  - Repeatedly being told they are worthless, stupid, wrong, senile, or crazy
  - Being yelled at or threatened in any sort of way including threats to withhold visits from grandchildren
- Physical Abuse: Elders can be dependent upon others to assist with meeting their basic living needs to reside in the community, either by themselves or with family. They may also need physical assistance with personal hygiene tasks. Signs that physical abuse has occurred include:
  - Abnormal bruising, especially on the back, groin, abdomen, chest, thighs, or upper arms (elders can bruise more easily due to certain medications or due to medical conditions)
  - Abnormal cuts, scrapes, or wounds in various stages of healing
  - Broken bones or muscle strains (elders can experience brittle bones due to medical issues)
  - Being fearful of someone touching them or seeing injuries not usually visible
- Sexual Abuse: Elders can be more vulnerable to sexual abuse due to being dependent upon others, including family and paid caregivers, to remain living in the community and/or to have their physical needs met. Their declining physical strength, decreased mobility, declining senses, dependence for transportation needs, and decreasing social interactions heighten their risk. Signs and types of sexual abuse can include:
  - Bruising in the genital area or inner thighs
  - Bleeding from or bruises of the anus or genitals
  - Sustaining a pelvic injury
  - Human bite marks
  - Evidence of sexually transmitted infections or frequent urinary tract infections (elders can have a history of multiple UTI, without any abuse)
  - Forced sexual contact of any type
  - Rough care of genital area when physical assistance is provided with bathing or incontinence issues
  - Being forced to watch or participate in pornography
  - Being spoken to in a sexual manner

Victims of elder abuse may face significant barriers to reporting abuse or seeking assistance. The elder may be fearful of reporting due to a real or perceived threat of no longer being able to reside in the community (being put in a “home”). The elder could be threatened with being denied access to family, friends, or participation in religious activities. They may be fearful of increased intensity or other types of abuse occurring. The elder may not want to report a family member for fear of the family member’s punishment. Additionally, they may think that no one will believe them.

## **Resources for Professionals**

**To report a case of elder abuse, please contact the Wisconsin Elder Abuse Hotline at 1-833-586-0107 or online at [www.ReportElderAbuseWI.org](http://www.ReportElderAbuseWI.org) if the elder resides in the community. They will assist with connecting you to local contacts. If the elder resides in a health care facility, please contact the Division of Quality Assurance at 1-800-642-6552. If there is an immediate physical crisis, CALL 911.**

Adult protective services are provided in each county. APS provides confidential investigations that must be initiated within 24 hours of the referral excluding holidays and weekends. They can assist with guardianship, protective placement, emergency detentions under Chapter 55, and short-term assistance. APS also can provide guidance on competency issues.

All counties have Aging and Disability Resource Centers (ADRC) where information regarding programs and services available in local areas is provided. They serve as an access point for publicly funded long-term care programs and options available for private funding. This includes in home personal care and nursing, housing options, housekeeping services, home modifications, transportation, nutrition, and home delivered meal programs, care giver support and respite options.

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