

Risk Factors & Safety Strategies for Abuse in Later Life at the Intersection of Aging and Disabilities

Welcome

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Grant Information

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Housekeeping

- Unless speaking, please mute yourself to reduce background noise.
- There will be time for questions at the conclusion of the webinar. We will also be monitoring the chat, so please feel free to use the chat at any time to add questions/comments.
- If you have any technology issues, please contact Kristin Burki via private chat, via email kburki@ncall.us

Learning Objectives

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

- Explain the term "disability" and its various distinctions and impact.
- Describe issues related to the abuse of older adults with disabilities.
- Identify risk factors for abuse and tactics utilized by abusers.
- Determine strategies to address common barriers for older adults with disabilities.
- Implement best practices in supporting older adult survivors with disabilities.

What is a Disability? ⁽¹⁾

The American Disabilities Act (ADA) defines a person with a disability as someone who:

- Has a physical or mental impairment that substantially limits one or more major life activities
- Has a history or record of such an impairment
- Is perceived by others as having such an impairment



What is a Disability? ⁽²⁾

Disability is a broad category that includes:

- Cognitive
- Intellectual
- Physical
- Psychiatric
- Sensory



Disability vs. Functional Limitations

- Disability is a complex phenomenon that reflects the interaction between a person's body and the society in which they live
- Limitations in functioning may be a result of physical or mental disability and can result in lower levels of educational attainment, employment, and participation in other daily activities



About Older Adults and Disabilities

- In the US, approximately 12.4% of the population is over 65. By 2030, this rate is projected to rise to 20.4%, making older adults the fastest growing age demographic. 1
- 2 in 5 adults aged 65 and older are living with a disability.
- In adults 65 and older, disability is most commonly reported by:
 - Women
 - American Indian/Alaska Natives
 - Adults with income below the federal poverty level
 - Adults living in the southern region of the U.S.



Challenges and Risk Factors for Abuse at the Intersection of Aging and Disabilities

Distinctions of Older Adults with Disabilities

Aging into a disability

Individuals who are aging into a disability are those who are formerly able-bodied adults who are aging into new impairments.



Aging into a Disability

- Among older adults with a disability over age 65, over 50 percent of them are over age 75. These may range from difficulties seeing and hearing to walking and thinking.
- Among older adults (aged 65+) the disability type with the highest prevalence (27.7%) is "mobility disability."
- Age-related disabilities can make it more difficult for older adults to live independently.



Distinctions of Older Adults with Disabilities

Aging with a disability

- Individuals who have been living with a disability prior to reaching age 50
- The average age of people living with early-acquired physical disabilities is increasing. This cohort is said to be aging with a disability and represents a unique population among older adults.



Older Adults with Intellectual Developmental Disabilities (IDD)

- IDD usually begin at birth and affect the trajectory of one's development
- Some examples of IDD: autism, intellectual disability, and cerebral palsy
- Older adults with IDD are a fast-growing group in the US



Aging with a Disability

- Life expectancy in those with IDD has increased in the past few decades.
- Aging with IDD can be complex, and the aging process varies depending on the underlying condition.
 - Adults with Down syndrome experience accelerated aging including a genetically elevated risk of developing Alzheimer's disease.
- People with poor mental health when they are young are more likely to have age-related diseases when they are older.

Disability Caused by Abuse

- Traumatic Brain Injuries (TBI) can be caused by strangulation, suffocation, blows to the head, being thrown, shaken or attempted drowning.
- Broken bones or back injuries can lead to temporary or permanent physical disabilities.
- Living in an abusive situation can lead to chronic health issues as well as anxiety, depression and PTSD.

Myths About Older Adults with Disabilities

Myth:

Older adults with disabilities are dependent and always need help.²

Fact:

All of us may have difficulty doing some things and may require assistance. People with disabilities may require help on occasion; however, disability does not mean dependency.

Myths About Older Adults with Disabilities ⁽²⁾

Myth:

Older adults with disabilities will always identify and share their disability with a service provider.

Fact:

Older adults may be reluctant to share and identify as disabled.

Myths About Older Adults with Disabilities ⁽³⁾

Myth:

It is normal for older adults to develop depression.

Fact:

A diagnosis of depression is not a normal part of the aging process.

Myth About Agencies Serving Older Adults

Myth:

With 40% of adults over 65 living with a disability and the population of older adults growing, disability-based organizations and DV/SA agencies are increasing support to these older adult survivors.

Fact:

Despite these numbers and growth, services tailored for older adults with disabilities who experience abuse are still lacking.



Challenges and Risk Factors for Abuse at the Intersection of Aging and Disabilities

Disabilities and Elder Abuse

- Adults 65 and older with a disability are victimized at more than 3x the rate of those without a disability.
- Those with physical disabilities are especially vulnerable.
- Nearly 1 in 2 older adults with cognitive impairment experience abuse.
- 30% of adults who use Personal Assistive Services reported one or more types of abuse.



Compounded Risk for Abuse

Factors that increase risk of abuse for older adults with disabilities:

- Need for High Level Support
- Devaluation
- Isolation and Segregation
- Presumed Lack of Credibility
- Culture of Compliance
- Victimize with Relative Impunity



Photo courtesy Disabled And Here

Risk Factor: Need for High Level Support

The need for support in doing everyday activities because of a temporary or permanent loss of abilities due to:

- Cognitive disability
- Poor mental health
- Poor physical function
- Co-occurring disabilities



Risk Factor: Devaluation

People with disabilities are socially devalued for a variety of reasons:

- They may not be able to participate in activities that the majority of people can do.
- They may require different accommodations than the average person.
- They are often seen as burdens by society rather than valuable members of the community.
- They are seen as "less than."



Photo courtesy Disabled And Here

Risk Factor: Isolation and Segregation ⁽¹⁾

- Older adults with disabilities are often segregated and isolated even if they live in residential care.
- Individuals with long-standing disabilities may have spent most of their lives isolated from society by being placed in institutions, group homes and nursing homes.
- Older adults with disabilities living in the community also experience isolation due to access barriers and discrimination.



Risk Factor: Isolation and Segregation ⁽²⁾

- Older adults living in rural areas and tribal communities may experience a lack of social connection. This can have a profound effect on their health and well-being.
- The lack of or limited infrastructure (transportation, broadband, housing, health and nutrition) may contribute to the incidence of abuse in later life and impede accessing or receiving services.



Risk Factor: Presumed Lack of Credibility

Older adults with disabilities, and especially those with cognitive, mental health, and communication disabilities, are often perceived as unreliable, less credible, and more prone to false reports.



Risk Factor: Culture of Compliance

- Many people with disabilities are taught from an early age to comply with other people's wants, needs, or demands.
- Those individuals who are aging into disabilities are also expected to comply when living at home or in nursing homes.
- Forced compliance increases risk for victimization.



Risk Factor: Victimize with Relative Impunity

- The motivation for some forms of violence is based on a desire to exert power and control over another person.
- Those who harm older people with disabilities are rarely held accountable because the victim is:
 - Devalued
 - Taught to be compliant
 - Seen as less credible by others



Risk Factor: Lack of Control over Life Choices

- Society at large is skeptical of the ability of older individuals with disabilities to make choices that affect their lives.
- Barriers and limitations in systems that support aging and disabilities often result in the limiting an older adult's life choices.



Risk Factor: Guardianship & Power of Attorney

- Guardians can be granted some or all decision-making authority over the adult in need, which may be used to abuse the older adult.
- "Power of Attorney" and "Durable Power of Attorney" documents authorize another person to act on someone's behalf.
 - Common violations of this responsibility may include: exploitation, fraud, embezzlement, and forgery

Risk Factors at the Macrolevel: Ageism & Ableism

- **Ageism** is defined as discrimination against older people because of negative and inaccurate stereotypes.
- **Ableism** is a set of beliefs or practices that devalue and discriminate against people with physical, intellectual or psychiatric disabilities.



Risk Factors at the Macrolevel: Racism

Racial Bias & Ageism

- Deeply ingrained in all aspects of US society
- Disparities experienced at the intersection of racism and ageism can have negative effects on health outcomes of older adults



Risk Factors at the Macrolevel: Sexism

Sexism, Ageism, & Ableism

- Discrimination, bias and marginalization further compounded risk for older women with disabilities
- Women are systematically overlooked and underrepresented in policies and initiatives surrounding health care



Tactics Used by Abusers

- Insults and shames about disability
- Pressures to give up disability services
- Uses disability income for self
- Breaks or steals adaptive equipment
- Denies the right to privacy and access to communication devices
- Blames disability for abuse

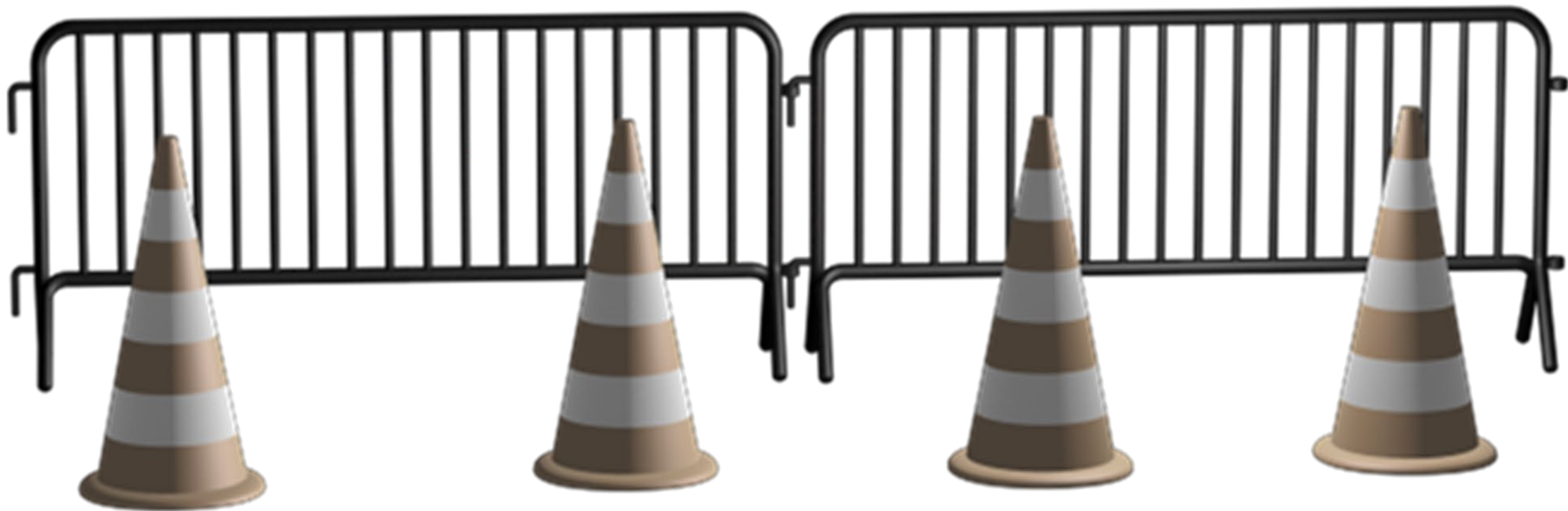


Tactics Used by Abusers (2)

Taking advantage of caregiver privilege by:

- Exploiting older adults with cognitive disabilities
- Not taking a person to their activities or appointments
- Neglect: not providing food, assistance with toileting, bathing, medications
- Discouraging or prohibiting the use of one's full capacities, instead of encouraging their abilities





Strategies to Address Common Barriers for Older Adults with Disabilities

Barriers

Traditional DV/SA programs may not be accessible to older adults with disabilities due to several barriers, including:

- Structural
- Communication
- Attitudinal
- Programmatic
- Mandated reporting laws



Structural/Physical Barriers

A few examples of structural/physical barriers include:

- Stairs/No elevator
- Narrow hallways/doorways
- Things placed out of reach
- Bathrooms without safety bars, low toilet, round faucets, etc.



Addressing Structural/Physical Barriers

- Meet in an accessible location
- Conduct accessibility reviews and create a barrier removal plan
- Make improvements to accessibility (i.e., wheelchair ramps, handrails in bathrooms, etc)
- Move items from high places (i.e., place brochures that are on a rack to the table)



Communication Barriers

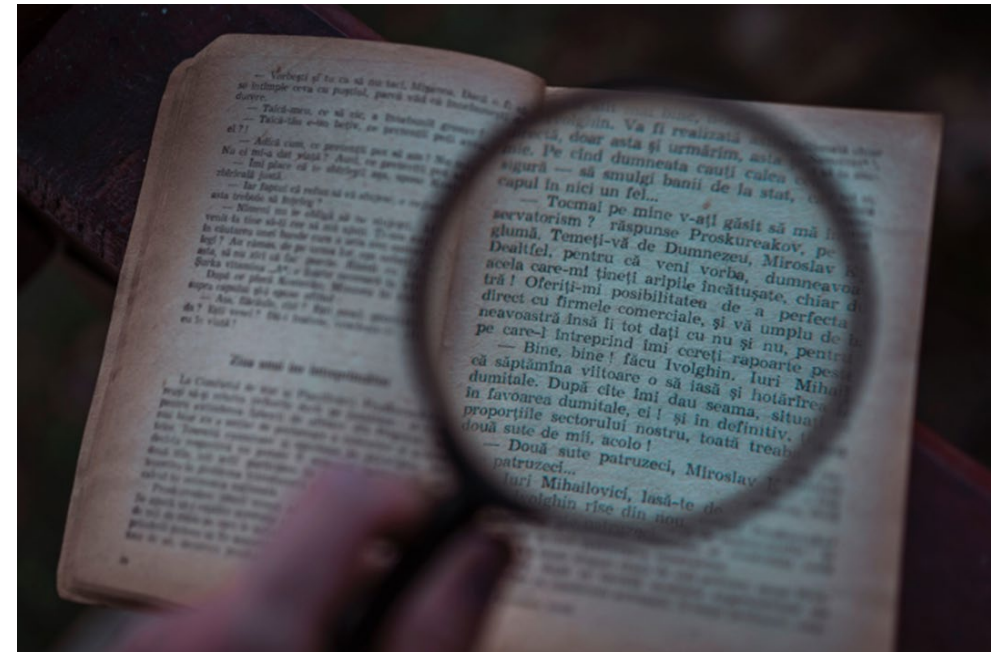
Information that is not presented in:

- Plain language
- Large print
- Braille
- No access to ASL interpreters, amplifiers, communication aids
- Relying solely on phones for hotlines



Addressing Communication Barriers

- Create alternate formats for written material
- Provide magnifying glasses or screen readers
- Offer text options for connecting with the hotline
- Identify local interpreting agencies
- Install communication apps on phones/iPads



Attitudinal Barriers

- Discrimination
- Fear
- Bullying
- Low expectations
- Over-protecting attitudes



Addressing Attitudinal Barriers

- Have disability agencies and persons with disabilities train staff
- Have a non-discrimination policy that includes disability
- Have a non-bullying policy for service providers
- Inform other service providers about the older adult's disability
- Ensure services are inclusive



Programmatic Barriers

- Inability to accommodate the victim's:
 - Use of certain medications
 - Need for accommodations or auxiliary aids
 - Need for personal care services
- Assumptions about their capacity to legally consent to services.
- Activities that are time limited
- No flexibility in where services are provided
- No flexibility in the way services are delivered

Addressing Programmatic Barriers

- Develop policies: Accommodation, Eligibility, Service Animals
- Allow flexibility for external meeting location (i.e., at an off-site, accessible location)
- Move internal programming to accessible locations within the agency's office
- Allow non-offending personal care attendants to accompany the older adult with a disability while on-site
- Tailor the length of sessions based on the older adult with a disability's needs

Mandatory Reporting

- Mandatory reporting laws require individuals to report certain injuries or cases of abuse or neglect to law enforcement, social services, and/or a regulatory agency.
- Mandatory reporting requirements vary from state to state. Differences may include:
 - Who must report (profession, place of employment, etc.)
 - Victim characteristics (person with a disability, age, etc.)
 - Types of abuse that must be reported (sexual violence, financial crimes, domestic violence, etc.)

Mandated Reporting as a Barrier to Services

- May cause some victims not to seek (or return for) help from a victim service provider or other agency if they think a report will be made regardless of their wishes
- Victims may feel a loss of control over their experiences (and sharing those experiences) and over what happens to them
- Victims may fear implications for their safety and autonomy:
 - Loss of independence
 - A change of living environment
 - Assignment of a guardian or payee
 - Other changes in the victim's life
- Victim may feel that the report violates confidentiality and impacts their relationship with service provider

Addressing Mandated Reporting as a Barrier to Services

- Inform the older adult with a disability that you are a mandated reporter before a disclosure takes place.
- Have the older adult with a disability make the report with you.
- Advocate with the older adult with a disability when connecting with the reporting agency to ensure they are being heard and their wishes are being considered.
- Review NCALL's 6-Part Series of Information Sheets on Mandatory Reporting of Elder Abuse for Victim Service Providers at ncall.us



Supporting Older Survivors with a Disability

Best Practices and Standards of Care



Responsive, Victim-Defined Advocacy

Elder-Informed

Services, Safety Planning and Outreach

Policies

Equity and Access

Collaboration

Training and Awareness

Best Practices and Standards of Care ⁽²⁾

- Establish safety and trust
- Assume that the older adult is mentally competent
- Ask about goals and strengths before asking about challenges
- Ask about their accessibility and support needs (i.e., do you use a cane to help with walking?)
- Determine what's best for communication due to impairments or disabilities

Best Practices and Standards of Care ⁽³⁾

- Utilize age-relevant and ability-relevant safety planning strategies
- Implement policies that reflect abuse across the lifespan
- Utilize remedies that address the impact of multiple traumatic events including historical trauma
- Develop programs that address disability-related abuse at your victim services agency

Collaboration

- Lack of collaboration between victim services and disability services can create a significant barrier to for older adult victims seeking help.
- Learn about disability-focused organizations and collaboration opportunities.
- Create links between services to increase sensitivity to the needs of older adults with disabilities and improve responses.



Photo courtesy of Disabled And Here

Collaborative Partners

- Centers for Independent Living
- Aging & Disability Resource Centers
- Protection & Advocacy Agencies for people with disabilities
- State Councils on Developmental Disabilities
- State Agencies on Aging
- University Centers Researching Disabilities



Training & Awareness ⁽¹⁾

- Encourage MOU partners, board members, CCR Team, and volunteers to attend trainings.
- On your CCR Team:
 - Include an older adult with a disability on your CCR Team.
 - Expand the discussion and definition of disability.
 - Learn more about the effects of disability-related abuse.



Training & Awareness (2)

- Confront ableism, ageism, racism, sexism, and social norms that support ALL by promoting dignity and respect for people of all ages.
- Increase your awareness by attending events and webinars of disability service providers to deepen your understanding.

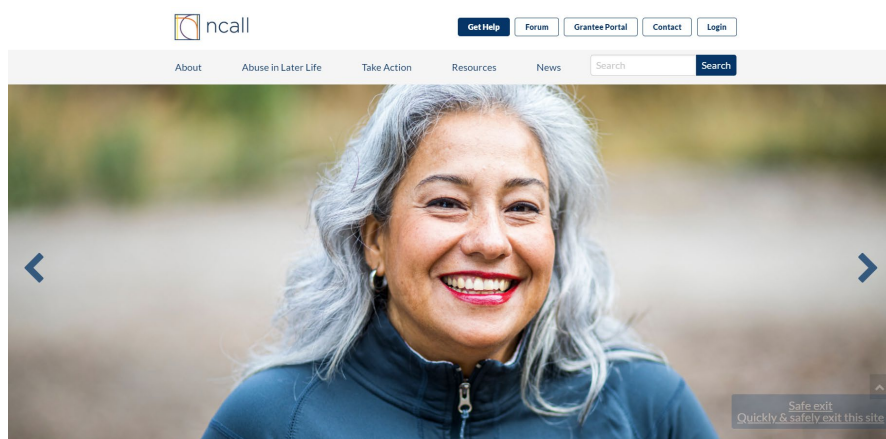


Resources from Activating Change

- [Endabusepwd.org](https://endabusepwd.org)
- [Activatingchange.org](https://activatingchange.org)
- [Supporting Crime Victims with Disabilities
Online Training Toolkit](#)
- [instagram.com/activatingchange/](https://www.instagram.com/activatingchange/)
- [Linkedin.com/company/activatingchange/](https://www.linkedin.com/company/activatingchange/)
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Questions

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Thank You!