Oregon Elder Abuse Reporting Requirements

Tuesday, January 27, 2015
Noon–1 p.m.

1 Elder Abuse Reporting credit
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Ellen Klem, Oregon Department of Justice General Counsel’s Office, Salem. Ms. Klem works for Oregon Attorney General Ellen Rosenblum as her Director of Consumer Education and Outreach to help prevent financial harm to older Oregonians. Ms. Klem was previously employed by the American Bar Association Commission on Law and Aging in Washington, D.C., where she was responsible for research, policy development, advocacy, education, and training on a variety of topics, including elder abuse, consumer protection, Medicaid, and guardianship. Ms. Klem has authored more than 70 publications, including 50 publications for a division of the United States Department of Health and Human Services, and given presentations across the country to lawyers, judges, academics, legislators, and advocates. She served as the principal investigator and coauthor of The American Bar Association Legal Guide for Americans over 50, published by Random House, and the Legal Guide for the Seriously Ill, published by the National Hospice and Palliative Care Organization.
Oregon Lawyers’ Mandatory Duty to Report Elder Abuse

AMBER A. HOLLISTER, DEPUTY GENERAL COUNSEL
ELLEN KLEM, OREGON DEPARTMENT OF JUSTICE

New Reporting Duty

• As of January 1, 2015, all attorneys are mandatory reporters of elder abuse. See HB 2205 (2013).

• Attorneys remain mandatory reporters of
  ○ Child abuse, ORS 419B.005(3)(m);
  ○ Abuse of adults with mental illness or developmental disabilities, ORS 430.735(12)(i); and
  ○ Abuse of long-term care resident, if representing the resident, ORS 441.630(6)(i).
Changing Demographics

- In 2013, an estimated 15 percent of Oregonians were 65 or older.
- In 2030, an estimated 20 percent of Oregonians will be 65 or older.
- CDC estimates Oregonians have 15 expected “healthy” years beyond age 65.
- Average Oregonian’s life expectancy is 84.3 years.

Legislative Purpose

- “The Legislative Assembly finds that for the purpose of preventing abuse, safeguarding and enhancing the welfare of elderly persons, it is necessary and in the public interest to require mandatory reports and investigations of allegedly abused elderly persons.”

ORS 124.055
Meet the Players

- Department of Human Services (DHS)
  - Adult Protective Services (APS)
  - Aging and Persons with Disabilities (APD)
  - Licensing & Regulatory Oversight
  - Office of Adult Abuse Prevention and Investigations (OAAPI)
  - State Unit on Aging

- Oregon Elder Abuse Legislative Workgroup

Adult Abuse in Oregon

- 28,449 reports of potential abuse in 2013
- 14,250 allegations of abuse were investigated
- 4,221 substantiated findings of abuse and self-neglect
2012 Adult Protective Services
Complaint Conclusions

- **Substantiated**: 2683, 26%
- **Not Substantiated**: 7518, 74%

Where does abuse occur?

- **66%** of abuse occurred in own homes
- **34%** of abuse occurred in licensed care settings
## 2013 Complaint Outcomes in the Community

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>Incidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk reduced</td>
<td>673</td>
</tr>
<tr>
<td>Victim declined intervention</td>
<td>442</td>
</tr>
<tr>
<td>Issue resolved</td>
<td>429</td>
</tr>
<tr>
<td>Referred to District Attorney</td>
<td>369</td>
</tr>
<tr>
<td>Accepted services</td>
<td>235</td>
</tr>
<tr>
<td>Entered care setting</td>
<td>223</td>
</tr>
<tr>
<td>Guardian / Conservator appointed</td>
<td>112</td>
</tr>
<tr>
<td>Victim deceased</td>
<td>56</td>
</tr>
<tr>
<td>Moved out of the area</td>
<td>42</td>
</tr>
<tr>
<td>Services not available</td>
<td>35</td>
</tr>
</tbody>
</table>

## Your Elder Abuse Reporting Duty

If you have:

1. **Reasonable Cause** to Believe;
2. **Elder* Abuse** Has Occurred; and
3. **Contact** with Elder or Abuser

*Person 65 or older

Then You **MUST** Report **UNLESS** an Exception Applies.

ORS 124.060
Abuse Has Occurred

Types of Abuse Reported

Note: 66% of Abuse Occurs in Home Settings vs. 34% in Licensed Care Settings
Financial Exploitation

- **Financial Exploitation**
  - *Wrongfully taking* the assets, funds or property belonging to or intended for the use of an elderly person or a person with a disability.
  - *Alarming* an elderly person or a person with a disability by conveying a threat the person would reasonably believe.

ORS 124.050(4)

- *Misappropriating, misusing or transferring* without authorization any money from any account.
- *Failing to use income or assets effectively* for support and maintenance of person.

Neglect

- **Neglect, ORS 124.050(7)**
  - “Failure to provide basic care or services that are necessary to maintain the health or safety of an elderly person.”
  - Religious exception, ORS 124.095
Verbal Abuse

- Verbal Abuse, ORS 124.050(13)
  - to threaten significant physical or emotional harm to an elderly person or a person with a disability through the use of
  - Derogatory or inappropriate names, insults, verbal assaults, profanity or ridicule; or
  - Harassment, coercion, threats, intimidation, humiliation, mental cruelty or inappropriate sexual comments.

Physical Abuse & Abandonment

- Physical injury or pain
  - “Any physical injury to an elderly person caused by other than accidental means, or which appears to be at variance with the explanation given of the injury.” ORS 124.050(1)(a).
  - Willful infliction of physical pain or injury upon an elderly person. ORS 124.050(1)(d)

- Abandonment
  - “... including desertion or willful forsaking of an elderly person or the withdrawal or neglect of duties and obligations owed an elderly person by a caretaker or other person.” ORS 124.050(1)(c).
**Sexual Abuse**

- **Sexual Abuse, ORS 124.050 (11)(a), (1)(h)**
  - Nonconsensual sexual contact
  - Rape, sodomy, unlawful sexual penetration, public indecency, private indecency, incest.
  - Verbal or physical harassment of a sexual nature or sexual exploitation.
  - Sexual contact between employee or paid caregiver and elderly person served.
  - Any sexual contact achieved through force, trickery, threat or coercion.
  - **Exception** for consensual sexual contact with paid caregiver. ORS 124.050 (11)(b).

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**Seclusion & Restraint**

- **Wrongful use of a physical or chemical restraint**
  - “excluding an act of restraint prescribed by a physician licensed under ORS chapter 677 and any treatment activities that are consistent with an approved treatment plan or in connection with a court order.” ORS 124.050(1)(j)

- **Involuntary seclusion**
  - “...for the convenience of a caregiver or to discipline the person.” ORS 124.050 (1)(i)
Warning Signs of Abuse

- Any unexplained injury that doesn't fit with the given explanation of the injury.
- The elder is not given the opportunity to speak for themselves without the presence of the caregiver.
- Being extremely withdrawn and non communicative or non responsive.
- Unpaid bills, overdue rent, utility shut-off notices.

Reasonable Cause to Believe
What is Reasonable Cause?

- DHS advice is to report any “reasonable suspicion of abuse.”
- Reasonable suspicion is more than a hunch – ability to point to articulable facts based on totality of the circumstances.
- Court may look to “whether the evidence creates a reasonable suspicion of child abuse, not whether abuse in fact occurred or even probably occurred.” *Berger v. SOSCF*, 195 Or App 587 (2004) (interpreting analogous child abuse reporting provision).

Contact with Elder or Abuser
What is Contact?

- Contact need not be linked to abuse
- Can have contact before or after learning of abuse
- Direct vs. Indirect Contact?
  - Oregon Attorney General interpreted “contact” element of child abuse reporting requirement to require more than board members’ receipt of information about abuse through board because acquisition of information was too indirect. AG Op. No. 5543
  - Email or phone?
- No statutory definition or case law interpreting

Then, Must Report If No Exception Applies
Exception
Certain Client Confidences

- **Attorney-Client Privileged** under ORS 40.225 (OEC 503) AND/OR
- **Information communicated during representation that is detrimental to client** if disclosed (reconciles RPC 1.6 duty)

Your Ethical Duty

<table>
<thead>
<tr>
<th>RPC 1.6(A) REQUIRES LAWYERS TO PRESERVE CONFIDENCES</th>
<th>RPC 1.6(A),(B) ALLOW LAWYERS TO REVEAL CONFIDENCES IF</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Attorney-client privileged information AND</td>
<td>✓ Client consents;</td>
</tr>
<tr>
<td>✓ Other information gained during course of</td>
<td>✓ Required by law (including ORS 419B.010 et seq.);</td>
</tr>
<tr>
<td>representation IF</td>
<td>✓ Client intends to commit future crime; or</td>
</tr>
<tr>
<td>✓ Client requests to keep secret;</td>
<td>✓ Necessary to prevent reasonably certain death or</td>
</tr>
<tr>
<td>✓ Embarrassing if disclosed; or</td>
<td>substantial body harm.</td>
</tr>
<tr>
<td>✓ Likely detrimental to client if disclosed.</td>
<td></td>
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</tbody>
</table>
Elder Abuse Reporting Exceptions vs. RPC 1.6

**MUST NOT REPORT**
- If confidential and detrimental

**MUST NOT REPORT**
- if A/C privileged ORS 40.225

**RPC 1.6**
Ethical duty to keep information relating to representation confidential, including information that is (1) a/c privileged, (2) secret, (3) embarrassing, or (4) likely detrimental to client if disclosed

To Report or Not to Report?

<table>
<thead>
<tr>
<th>MUST REPORT</th>
<th>MUST NOT REPORT</th>
<th>MAY REPORT</th>
</tr>
</thead>
<tbody>
<tr>
<td>If you have reasonable cause to believe that elder abuse has occurred and you have had contact with elder or abuser</td>
<td>If you have reasonable cause to believe that elder abuse has occurred and you have had contact with elder or abuser</td>
<td>If you have reasonable grounds to believe that elder abuse has occurred, you report in good faith, AND the information is confidential under RPC 1.6</td>
</tr>
<tr>
<td><strong>AND</strong> the information on which you would base your report is (1) not attorney-client privileged or (2) if confidential under RPC 1.6, would not be detrimental to client if disclosed.</td>
<td><strong>BUT</strong> the information on which you would base your report is either (1) attorney-client privileged (ORS 40.225), or (2) is confidential and would be detrimental to your client if disclosed.</td>
<td><strong>BUT</strong> your client consents, or reporting is necessary to prevent reasonably certain death or substantial bodily harm or future crime.</td>
</tr>
</tbody>
</table>
Nuts & Bolts of Reporting

- **Immediately = without delay** to DHS or law enforcement
  - Oral report required
  - Give as much as information as possible
  - Explain allegation of abuse

**Reporting Hotline:**
1-855-503-SAFE

**Or DHS Branch Offices:**

Report Should Include ...

- Names and addresses of the elderly person and any persons responsible for the care of the elderly person.
- Nature and the extent of the abuse (including any evidence of previous abuse).
- Explanation given for the abuse.
- Any other information which the person you think might be helpful in establishing the cause of the abuse and the identity of the perpetrator.

ORS 124.065(1)
Complaint Process

The Complaint Process involves the following steps:

1. **Screening**
   - Confrontation
   - Stated description of abuse

2. **Investigation and Evaluation**
   - Substantiated
   - Unsubstantiated
   - Inconclusive

3. **Follow-up with Reporter**

**Possible Law Enforcement Involvement**

Behind the Scenes

- **DHS**
  - Screening
  - Investigation and Evaluation (Substantiated, Unsubstantiated, Inconclusive)
  - Follow-up with Reporter

- **Possible Law Enforcement Involvement**
Immunity & Anonymity

- Civil immunity if
  - Report made in good faith and
  - Reasonable grounds for report

- Anonymity of Reporter
  ORS 124.075, 124.085, 124.090

Consequences

- Class A violation (fine)
- Failure to perform duties of office
- Tort liability
  - Failure to protect from foreseeable harm? Negligence per se?
    - ORS 124.110?
- Ethics violation – not in most cases
Your Elder Abuse Reporting Duty

If you have:

1. Reasonable Cause to Believe;
2. Elder* Abuse Has Occurred; and
3. Contact with Elder or Abuser

*Person 65 or older

Then You MUST Report UNLESS an Exception Applies.

ORS 124.060

Hypothetical No. 1

Your neighbor Clara, who is 87 years old and has been diagnosed with Alzheimer’s Disease, maintains she is doing “fantastic.” Although she is always upbeat and smiling, she can’t tell you the name of the president or the dog napping in her lap. This morning you noticed an eviction notice on her door and are worried about her. When Clara is outside weeding her flowerbed she mentions that she recently bought a $1 million luxury home in Sherwood that she plans on sharing with her daughter and son-in-law. She doesn’t seem to understand the notice. Do you have a duty to report elder abuse?
Hypothetical No. 2

Over lunch, your old college buddy Steve mentions that he is worried about his 89 year old mother, Wanda. Steve explains that Wanda is at home recovering from a broken hip. He visited her yesterday and she had not bathed for two weeks and had an open sore on her side. Steve’s sister, Amanda is being paid about $900 a month by the state to take care of Wanda, but Steve thinks Amanda may be using the money to buy lottery tickets instead. You remember meeting Wanda at Thanksgiving last year at Steve’s house. Do you have a duty to report?

Hypothetical No. 3

83 year old Evelyn was in a coma when her family members obtained her power of attorney and sold and/or disposed of all of her assets, from her home to her wedding album. They were sure she wouldn’t survive. All of the proceeds of were distributed to Evelyn’s relatives or favorite charities. Evelyn woke up from her coma with no home and no money. She waited in the hospital long after she needed to because there was no good discharge plan. Evelyn has come to your law office to consult about what to do next. Do you have a duty to report elder abuse?
Questions?

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Protecting and advocating for vulnerable older Oregonians is a critical part of the work many lawyers do — day in and day out. Expanding the list of mandatory reporters to include our profession is one more important way to help ensure these people are safe from harm.

— Attorney General Ellen Rosenblum

Lawyers across Oregon are talking about elder abuse reporting. On Jan. 1, 2015, legislation took effect making all Oregon lawyers mandatory reporters of elder abuse. HB 2205 (2013). As with any new law, there are still many questions about how the new requirements will apply and impact lawyers’ day-to-day practice. This month’s bar counsel column outlines the basics of the requirement.

The new reporting requirement was enacted at the recommendation of the Oregon Elder Abuse Prevention Work Group, which was tasked with studying how to better protect older Oregonians. As state Rep. Val Hoyle notes, “For four years, the work group has focused on protecting some of Oregon’s most vulnerable citizens. Integrating lawyers into Oregon’s elder abuse safety net as mandatory reporters will provide our state with over 19,000 additional advocates.”

While the elder abuse reporting requirement is new, lawyers have long been mandatory reporters of child abuse, abuse of developmentally disabled adults and abuse of long-term care residents. See ORS 419B.005(5)(m); ORS 430.735(12)(i); ORS 441.630(6)(i). These existing reporting obligations remain intact.

Part of the reason for the increased focus on elder abuse is that Oregon is in the midst of a demographic shift — as baby boomers age, our population as a whole is aging. The Oregon Office of Economic Analysis forecasts that between 2010 and 2020, the number of Oregonians aged 65 to 74 will grow by 36 percent. The median age of Oregon’s population was 30.3 in 1980, but is forecast to rise to 39.7 by 2020. And elder abuse is a significant problem in Oregon. In 2013, the state investigated and substantiated over 4,000 instances of elder abuse.

The Legislature has high hopes that the new attorney reporting obligation will provide additional protection to elders. “The addition of Oregon lawyers as mandatory reporters of elder abuse will shine a bright new light on abuse in our communities,” explains Rep. Vic Gilliam. “Lawyers who receive elder abuse prevention training will be even further equipped to recognize warning signs and report their concerns to appropriate authorities.”

The Basics

So what exactly is the elder abuse reporting requirement? In its most condensed form, the new law requires a lawyer to report elder abuse when he or she has reasonable cause to believe elder abuse has occurred, and the lawyer has had contact with the elder or the alleged abuser. See ORS 124.060. The requirement applies to lawyers 24 hours a day, seven days a week. The law includes exceptions to protect attorney-client privileged information and information learned during the course of representing a client that would be detrimental to the client if disclosed.

Much of the law’s complexity stems from the way in which the terms elder, reasonable cause and abuse are defined. First, lawyers should note that the law defines elders broadly to include all people aged 65 or older who are not currently residents of a long-term care facility. ORS 124.050(2). An elder need not be vulnerable or lacking in capacity to be covered by the law.

Reasonable cause is not defined by the law, but has been interpreted by Oregon courts in an analogous child abuse reporting context to mean reasonable suspicion. A lawyer has reasonable suspicion to believe elder abuse has occurred if the
lawyer can articulate facts, based on the totality of the circumstances, that would lead a reasonable person to believe that the abuse occurred. This means that the evidentiary standard for reporting elder abuse is relatively low. Because probable cause is not required, a lawyer need not believe it is more likely than not that abuse occurred to trigger reporting.

The definition of abuse is the most intricate piece of the reporting scheme. Elder abuse is defined to encompass a myriad of circumstances including physical abuse, neglect, financial exploitation, verbal abuse and sexual abuse. See ORS 124.050(1) et seq. For lawyers who are accustomed to analyzing their obligation to report child abuse, it is important to note there are some substantial differences in the definitions of elder abuse and child abuse.

Some of the definitions of elder abuse, including the definitions of physical abuse and neglect, are fairly straightforward. Physical abuse is elder abuse. Any willful infliction of physical pain or injury to an elder is considered abuse, as is the wrongful use of a physical or chemical restraint on an elder. More broadly, elder abuse is defined to include any nonaccidental physical injury to an elder, and any physical injury that appears to be at variance with the explanation given of the injury.

Neglect is also elder abuse. Neglecting an elder by withholding the basic care or services the elder needs to maintain health and safety is deemed elder abuse. Depending on the specific circumstances and capacity of the elder, what is considered a basic care or service may change. Abandonment of an elder is defined as abuse, particularly where a caregiver or other person is neglecting duties and obligations that are owed to an elder. Involuntary seclusion of an elderly person as a measure of discipline or for the caregiver’s convenience is also abuse.

Sexual abuse and sexual exploitation are elder abuse. Any nonconsensual sexual contact between an elder and caregiver is included in the definition.

Certain categories of verbal threats are also considered elder abuse. Specifically, threatening an elder with significant physical or emotional harm by using “derogatory or inappropriate names, insults, verbal assaults, profanity or ridicule” or “[h]arassment, coercion, threats, intimidation, humiliation, mental cruelty or inappropriate sexual comments” is deemed abuse. ORS 124.050(13).

**Financial Exploitation**

The type of elder abuse that has generated the most discussion in the legal community to date is financial exploitation. Financial exploitation is defined in ORS 124.050(4) as:

a) Wrongfully taking the assets, funds or property belonging to or intended for the use of an elderly person or a person with a disability;

b) Alarming an elderly person or a person with a disability by conveying a threat to wrongfully take or appropriate money or property of the person if the person would reasonably believe that the threat conveyed would be carried out;

c) Misappropriating, misusing or transferring without authorization any money from any account held jointly or singly by an elderly person or a person with a disability; or

d) Failing to use the income or assets of an elderly person or a person with a disability effectively for the support and maintenance of the person.

Certainly, individuals who abuse their powers as an elder’s attorney-in-fact, guardian or conservator to improperly enrich themselves would be engaged in financial exploitation. Similarly, individuals who threaten to harm an elderly person or an elder’s loved ones in order to reap a financial benefit would be engaged in abuse. Refusing to use an elder’s income or assets to pay for basics such as food, housing or medical care would also likely fall within the definition of abuse.

Lawyers who regularly represent elders in transactions or business deals have expressed a desire for more clarity in the definition of financial exploitation. In response, the work group is discussing possible amendments to the definition of financial exploitation and the phrase “wrongful taking.” Open questions remain about how the new elder abuse reporting requirement will interact with existing civil financial elder abuse protections. See ORS 124.110.

**Contact**

Before the duty to report elder abuse is triggered, an attorney must have contact with an elder or alleged abuser. Although contact is not defined by the statute, contact is commonly defined as a coming together. Being in the room with a person or communicating with a person by phone or email is likely enough to meet the contact element. On the other hand, merely hearing news reports or reading pleadings about an incident of abuse will not be enough to trigger the duty to report.

**Client Confidentiality**

Even if a lawyer has reasonable cause to believe elder abuse has occurred, and has had contact with the elder or abuser, the lawyer still must examine whether the exceptions to reporting for client confidentiality apply. Lawyers do not have an obligation to report elder abuse if doing so would reveal attorney-client privileged information or would reveal information learned while representing a client that would be detrimental to the client if disclosed. ORS 124.060. If a client consents to the lawyer reporting the abuse, the lawyer could of course make a report. RPC 1.6(a).  

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**Some Warning Signs of Abuse**

- Any unexplained injury that doesn’t fit with the given explanation of the injury.
- The elder is not given the opportunity to speak for him or herself without the presence of the caregiver.
- The elder has become extremely withdrawn and noncommunicative or nonresponsive.
- Unpaid bills, overdue rent, utility shutoff notices.

**Source:** Adult Abuse Investigations and Protective Services, DHS webpage. For a more extensive list of warning signs visit www.oregon.gov/dhs and search for “adult abuse warning signs.”
How to Report

To report elder abuse, lawyers should make an immediate verbal report to law enforcement or the Department of Human Services. Lawyers can call (855) 503-SAFE to report elder or child abuse any time of day or night. If harm is imminent, lawyers should call 911. Lawyers who have reasonable grounds to report elder abuse and report in good faith are entitled to civil immunity. ORS 124.075(1).

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Ethics opinions are published and updated on the bar’s website, www.osbar.org/ethics/toc.html.

An archive of Bar Counsel articles is available at www.osbar.org/ethics/bulletinbarcounsel.html.

Endnotes

3. In Berger v. State Office for Services to Children and Families, 195 Or App 587, 590 (2004), the court noted that the agency’s determination of whether child abuse charges are founded is limited only to “whether there is evidence that creates a reasonable suspicion of child abuse; [the agency] does not decide whether child abuse in fact occurred or even probably occurred.”
4. Although “wrongfully taking” is not defined by the statute, the Oregon Court of Appeals in Church v. Woods, 190 Or App 112 (2003), explored the meaning of “wrongful taking” in the separate context of meeting the standard for obtaining a temporary restraining order against financial elder abuse. See ORS 124.110 et seq. In Church, the court held that obtaining a joint interest in real property from an incapacitated elder was a “taking” of property, for purposes of establishing a statutory claim for financial abuse. The court also held that the taking was “wrongful” based both on the defendant’s motives and the means by which property was taken. It is unclear whether a court would use this same definition when interpreting “wrongful taking” as used in the reporting statute, ORS 124.050(4)(a).
5. Similarly, if a lawyer reasonably believes that reporting elder abuse is necessary to prevent reasonably certain substantial bodily harm or death or to prevent a client’s commission of a future crime, reporting is allowed. RPC 1.6(b)(1)-(2). These exceptions to RPC 1.6 have been narrowly construed.
### Changes Due to Normal Aging and Potential for Abuse/Neglect

<table>
<thead>
<tr>
<th>Aging Process Changes</th>
<th>Normal Aging Outcomes</th>
<th>Implications For Potential Abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Skin:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Loss of skin thickness</td>
<td>Skin becomes paper thin</td>
<td>Immobilization and neglect may cause bedsores, skin infection, bruises, skin laceration (potential for physical abuse)</td>
</tr>
<tr>
<td>Atrophy of sweat glands and decreased blood flow</td>
<td>Decreased sweating, loss of skin water, dry skin</td>
<td></td>
</tr>
<tr>
<td>Increased wrinkles and laxity of skin</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Lung:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Decreased lung tissue elasticity</td>
<td>Reduced overall efficiency of gases exchanged</td>
<td>Immobilization and neglect may cause lung infection</td>
</tr>
<tr>
<td>Decreased respiratory muscle strength</td>
<td>Decreased ability to handle secretions and foreign particles</td>
<td>Decreased stamina may result in dependence and isolation</td>
</tr>
<tr>
<td><strong>Heart changes:</strong></td>
<td></td>
<td></td>
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<tr>
<td>Heart valves thicken</td>
<td>Decreased blood flow</td>
<td>Potential for falls/injuries, physical and psychological abuse</td>
</tr>
<tr>
<td>Increased fatty deposits in artery wall</td>
<td>Decreased responsiveness to stress, confusion, and disorientation</td>
<td></td>
</tr>
<tr>
<td>Increased hardening, stiffening of blood vessels</td>
<td>Prone to loss of balance</td>
<td></td>
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<tr>
<td>Decreased sensitivity to change in blood pressure</td>
<td></td>
<td></td>
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<tr>
<td><strong>Gastric and intestinal:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Atrophy and decreased number of taste buds Decreased gastric secretion Decreased gastric muscle tone</td>
<td>Altered ability to taste sweet, sour, salt and bitter Possible delay in vitamin and drug absorption Altered motility Decreased peristalsis Decreased hunger sensations and emptying time</td>
<td>Mal/under nutrition Fecal impaction (potential physical abuse) Change in how medications are absorbed, resulting in possible over-medicating, resulting in falls, confusion, etc.</td>
</tr>
<tr>
<td>Aging Process Changes</td>
<td>Normal Aging Outcomes</td>
<td>Implications For Potential Abuse</td>
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<tr>
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<tr>
<td><strong>Bladder:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Decreased bladder muscle tone and bladder capacity</td>
<td>Increased residual urine</td>
<td>Incontinence along with immobilization and neglect may cause skin breakdown and/or bedsores</td>
</tr>
<tr>
<td></td>
<td>Sensation of urge to urinate may not occur until bladder is full</td>
<td>Potential for falls and injuries when having to get up more at night</td>
</tr>
<tr>
<td></td>
<td>Increased risk of infection, stress incontinence</td>
<td>Incontinence is the single most predictive factor for abuse</td>
</tr>
<tr>
<td></td>
<td>Urination at night may increase</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Enlarged prostate gland in male</td>
<td></td>
</tr>
<tr>
<td><strong>Muscles, joint, and bone:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Decreased muscle mass</td>
<td>Decreased muscle strength and increased muscle clamping</td>
<td>Immobilization and neglect may cause contracture deformities (potential for physical and psychological abuse)</td>
</tr>
<tr>
<td>Deterioration of joint cartilage</td>
<td>Greater risk of fractures; limitation of movement; Potential for pain</td>
<td>Increased potential for falls</td>
</tr>
<tr>
<td>Decreased bone mass</td>
<td></td>
<td>More likely to fracture under less impact than a bone of a younger person</td>
</tr>
<tr>
<td>Decreased processing speed and vibration sense</td>
<td></td>
<td>Less strength resulting in increased isolation and dependence on caregiver</td>
</tr>
<tr>
<td>Decreased nerve fibers</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Sensory:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Changes in sleep-wake cycle</td>
<td>Increased or decreased time spent sleeping</td>
<td>Neglect and social isolation (potential for financial abuse)</td>
</tr>
<tr>
<td>Slower stimulus identification and registration</td>
<td>Increased nighttime awakenings</td>
<td>Falls, fractures, and injuries (potential for physical and psychological abuse)</td>
</tr>
<tr>
<td>Decreased visual acuity</td>
<td>Delayed reaction time</td>
<td></td>
</tr>
<tr>
<td>Slower light and dark adaptation</td>
<td>Prone to falls</td>
<td></td>
</tr>
<tr>
<td>Difficulty in adapting to lighting changes</td>
<td>Increased possibility of disorientation</td>
<td></td>
</tr>
<tr>
<td>Distorted depth perception</td>
<td>Glare may pose an environmental hazard</td>
<td></td>
</tr>
<tr>
<td>Impaired color vision</td>
<td>Incorrect assessment of height of curbs and steps</td>
<td></td>
</tr>
<tr>
<td>Changes in lens</td>
<td>Presbyopia (diminished ability to focus on near objects)</td>
<td></td>
</tr>
<tr>
<td>Diminished tear secretion</td>
<td>Presbycusis (high frequency sounds lost)</td>
<td></td>
</tr>
<tr>
<td>Decreased tone discrimination</td>
<td>Less able to differentiate lower color tones e.g. blues, greens</td>
<td></td>
</tr>
<tr>
<td>Decreased sensitivity to odors</td>
<td>Dullness and dryness of the eyes</td>
<td></td>
</tr>
<tr>
<td>Reduced tactile sensation</td>
<td>Decreased ability to sense pressure, pain, temperature</td>
<td></td>
</tr>
<tr>
<td><strong>Immune system:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Decline in secretion of hormones</td>
<td>Decreased resistance to certain stresses (burns, surgery, etc.)</td>
<td>Bedsores</td>
</tr>
<tr>
<td>Impaired temperature regulation</td>
<td>Increased susceptibility and incidence of infection</td>
<td>Infections</td>
</tr>
<tr>
<td>Impaired immune reactivity</td>
<td>Increased incidence of obesity</td>
<td>Fractures</td>
</tr>
<tr>
<td>Decreased basal metabolic rate</td>
<td></td>
<td>Isolation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Dependence</td>
</tr>
<tr>
<td>Aging Process Changes</td>
<td>Normal Aging Outcomes</td>
<td>Implications For Potential Abuse</td>
</tr>
<tr>
<td>-----------------------</td>
<td>-----------------------</td>
<td>----------------------------------</td>
</tr>
<tr>
<td><strong>Mental and cognitive:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Some cognitive and mental functions decline</td>
<td>Short-term memory declines but long-term recall is usually maintained</td>
<td>Potential for financial abuse and exploitation</td>
</tr>
<tr>
<td>Some cognitive skills including judgment, creativity, common sense, and breadth of knowledge and experience, are maintained or improved.</td>
<td>Difficulty understanding abstract content. Learning abilities change—older adults are more cautious in their responses; are capable of learning new things but their speed of processing information is slower.</td>
<td>Increased risk for self-neglect</td>
</tr>
<tr>
<td>Some cognitive skills, including abstraction, calculation, word frequency, verbal comprehension, and inductive reasoning, show slight or gradual decline.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Source:** California State University, Los Angeles, School of Social (2003). Adult Protective Services Worker Training for the California State University Department of Social Services
We connect you to services

- In-home service and support: bathing, dressing, housekeeping
- Choosing a care facility: adult foster care, residential care, assisted living and nursing homes
- Family and caregiver support
- Peer counseling
- Transportation
- Home-delivered meals
- Personal medication alerts
- Medicare counseling
- Medical equipment
- Programs and resources for healthy living
- Legal services
... and other services you may need.

The ADRC’s services don’t stop here. We follow up to make sure you are getting the help you need.

"[ADRC] was very, very helpful. My parents have warmed up to the idea of services in their home, obtained Lifeline™ and contacted the VA ... They are considering numerous options that were introduced to them."

— ADRC consumer

Contact your local ADRC

To locate the nearest ADRC in your area, call 1-855-ORE-ADRC (673-2372) or visit www.ADRCofOregon.org.

Get connected.
Your ADRC connects you to the help you need... for free!
The Aging and Disability Resource Connection, or ADRC, is a free service that offers the public a single source for information and assistance on issues affecting older people and people with disabilities regardless of their income. It is easy to access the ADRC. Simply call, walk in or visit our website.

Information and assistance
Information and assistance specialists provide you with knowledge about public and private services and programs so you can choose options that fit your personal situation.

Health and wellness
Today there are many ways to stay healthy and avoid injury as we age or live with a disability. The ADRC can make connections to local programs that will support your best possible health and safety.

Benefits counseling
Benefits specialists can provide accurate and current information about private and government benefits and programs that you may be entitled to receive. Benefits specialists can cut the “red tape” when people run into problems with Medicare, Social Security and other benefits.

Vital connections
If you or someone you know is at risk of abuse or neglect or is in crisis, the Resource Connection can connect you with someone who will respond to your urgent situation.

Long-term care options counseling
Options counselors offer information about services and supports available to meet your long-term care needs. An options counselor discusses factors to consider when making long-term care decisions and assists you in making your decisions based on your wants and needs.

Help paying for long-term care
ADRCs are the entryway to publicly funded long-term care programs. The Resource Connection helps assess your level of need for services and ensures that you are eligible. ADRC staff can provide information about all the options available and help you select the solution best for you.

Connecting with your local ADRC is easy
You can walk in to your local ADRC, call us or visit our website at www.ADRCoforegon.org.

“We take information and referral to the next level by actually connecting people to the resources they need. This work is very gratifying and people are very appreciative of the help we give them.”
— ADRC resource specialist

“The ADRC located a contractor who allowed me to make financial arrangements. So now I have a ramp and can come and go independently with either my scooter or wheelchair.”
— ADRC consumer