

An Introduction to Elder Abuse for Nursing Students

CENTER OF EXCELLENCE
ON ELDER ABUSE AND NEGLECT
UNIVERSITY OF CALIFORNIA, IRVINE

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SCIENCE
The heart and science of healthy communities

Created by: Faculty at the University of California, Irvine Program in Nursing Science and staff at the Center of Excellence of Elder Abuse and Neglect in the Program in Geriatrics, University of California, Irvine with funding from UniHealth Foundation

Note to Instructor: These few slides provide a quick overview of aging demographics in the U.S., and a basic background about elder abuse and neglect. This Power Point presentation is appropriate for undergraduate nursing students.

You might want to warn participants that some of the material might be difficult to view and discuss, and that this might be an emotional topic.

Quick Quiz Questions and their answers are included in slides 21 thru 26. You might want to remove the slides with quiz answers before submitting this slide set to be posted for students.

This training module was created by the Center of Excellence on Elder Abuse & Neglect at University of California, Irvine and University of Irvine, Program in Nursing Science. This project was funded in part by a grant from UniHealth Foundation.

Visit http://centeronelderabuse.org/Information_By_Professional_Discipline.aspx to download a copy

Elder abuse is an issue that can be difficult to talk about. It's not pretty – we have some photographs of actual abuse cases that are really hard to look at. But, ignoring the issue doesn't help victims and it doesn't mean that it going to go away. As nurses, your relationships with your patients may allow you to uncover abuse so that it can be stopped.

I am happy you are here to talk about this issue and help bring it out of the shadows.

First, I'd like to start describing the problem with a few words from real survivors.

Voices of Survivors: A Mother in NY

- “I never thought it would happen to me. For me to come forward, I was ashamed. I was feeling like it was my fault because I raised him.”



ElderJusticeNow.org by the WITNESS Project

The anonymous woman who provided this quote experienced emotional, financial and physical abuse by her grown son.

Cultural and societal taboos can prevent people from overtly disclosing an abusive situation. When a situation doesn't seem quite right, be attuned to the possibility of abuse as an underlying problem.

Voices of Survivors: A Patient in TX

- “You lose your trust in people when they do you this way. And you don’t want to get close to another person and call them a friend. You’re afraid of it.”

—Carolyn , age 90, from Houston TX

ElderJusticeNow.org by the WITNESS Project

Carolyn from Texas returned from a hospital stay to find that her best friend had sold her home and belongings.

Consequences of abuse can take many forms: physical, financial, psychological.

At a time in life when many people want to focus on relationships, abuse can cause fear and isolation.

We will discuss this in more depth, and talk about ways to help.

But first...

Learning Objectives

By the end of this presentation, participants will:

- **Recognize signs and symptoms of elder and dependent adult abuse and neglect**
- **Be able to identify resources for reporting suspected abuse and neglect**
- **Understand how to talk with possible victims**
- **Develop an awareness of the potential that your patient might be experiencing abuse or neglect**

LEARNING OBJECTIVES

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Caution

- **Content and examples may be hard or painful to talk about**
- **Graphic images and descriptions**
- **Please practice self-care**



A few warnings:

- Some of the content and examples today may be hard or painful to talk about.
- Some of the material presented here is graphic and might be very difficult to view.
- This might be a personal topic, so please practice self-care. It's okay to excuse yourself if you feel it is too much for you to deal with.

Pre-test Questions

**1. Which population group is the fastest growing in the U.S.?
A. Children B. Teens C. Elders D. Women**

2. Elder abuse most commonly occurs in nursing home and residential care facilities? True or False

3. Nurses do not need to report elder abuse unless they are sure that abuse has occurred. True or False

4. Suspected elder abuse *in the community* should be reported to _____.

**5. Three types of elder abuse are (list at least three):
_____ and _____**

You can choose the best way for you to use the pre-test questions. Repeat these questions at the end to measure student learning. Answers are provided in the Instructor Manual. We address these questions in the course of the lecture, specifically in slides 9, 13, 21-26, 43.

Questions continued

6. Which of these is NOT an example of possible elder abuse?

- A) Although patient complains of pain, the caregiver rarely provides pain meds (prescribed PRN) to patient
- B) Family member responsible for providing care leaves bedbound person unattended all day
- C) Patient with severe dementia is left alone for long periods of time without supervision.
- D) Adult child refuses to have a baby in order to provide parents with the grandchild that they deserve

Why talk about Elder Abuse?

Nurses are frontline staff who will see signs of abuse/neglect

Nurses are mandated to report to Adult Protective Services

Nurses can help to PREVENT elder abuse from happening

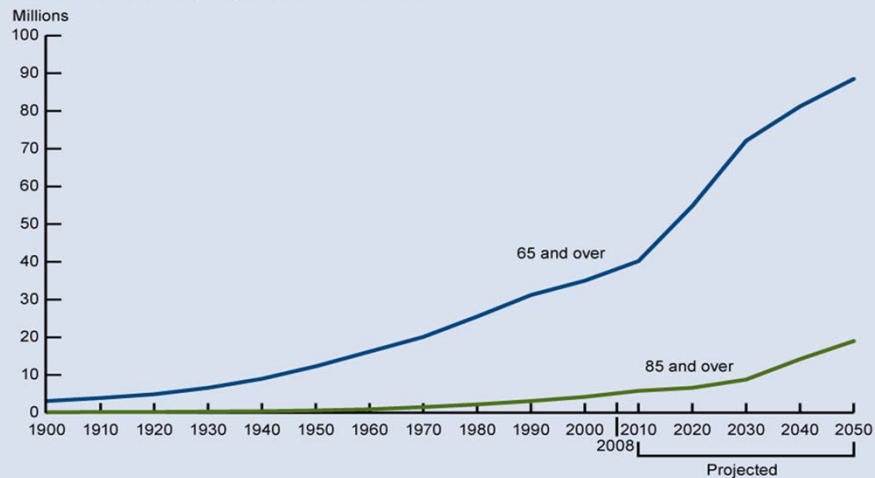
Reports of elder abuse are on the rise

Nurses will have many elderly patients. And, they are trusted by those patients. Nurses are in a unique position to see signs of possible abuse of medications whether done by the senior him or herself or by a possible abuser.

Knowing the signs of elder/dependent adult abuse and knowing how to report suspected abuse are important skills for all nurses, especially since the elderly population in America is growing and reports of elder abuse are on the rise.

Aging Demographics in U.S.

Population age 65 and over and age 85 and over, selected years 1900–2008 and projected 2010–2050



NOTE: Data for 2010–2050 are projections of the population.
Reference population: These data refer to the resident population.
SOURCE: U.S. Census Bureau, Decennial Census, Population Estimates and Projections.

Number of Older Americans

[Older Americans 2010: Key Indicators of Well-Being \(AgingStats.gov\)](#)

Older adults are the fastest growing population in the U.S.

The 65 and over population will increase to 80–90 million by 2050, and the 85 and older population is projected to increase to close to 21 million.

As you can see, there's a bulge in the 2010 population of people in their mid-forties to mid-sixties. In the U.S., the 79 million Baby Boomers (born in 1946 thru 1964) are just becoming seniors. As a result, over the next few decades the U.S. population will show an unprecedented growth in the oldest groups. By 2030, one in five Americans will be 65 or older.

People over 85 represent the fastest growing population cohort in the USA

What is “elder abuse”?



Before clicking to show pictures, ask the class: When someone says: “elder abuse”, what do you think of? Record answers on the board or flip chart

These pictures are graphic reminders of the impact that elder abuse can have:

- Bedsores (pressure sore, decubitus ulcers)
- Bruises
- Overgrown nails

These are possible signs of neglect or physical abuse. Emotional, sexual and financial abuse don't have such graphic signs, but often accompany physical abuse and neglect.

Elder Abuse is...

“Any knowing, intentional, or negligent act by a caregiver or any other person that causes harm or a serious risk of harm to a vulnerable adult.”

National Center on Elder Abuse

www.ncea.aoa.gov

For more information on the National Center on Elder Abuse, you can visit www.ncea.aoa.gov/

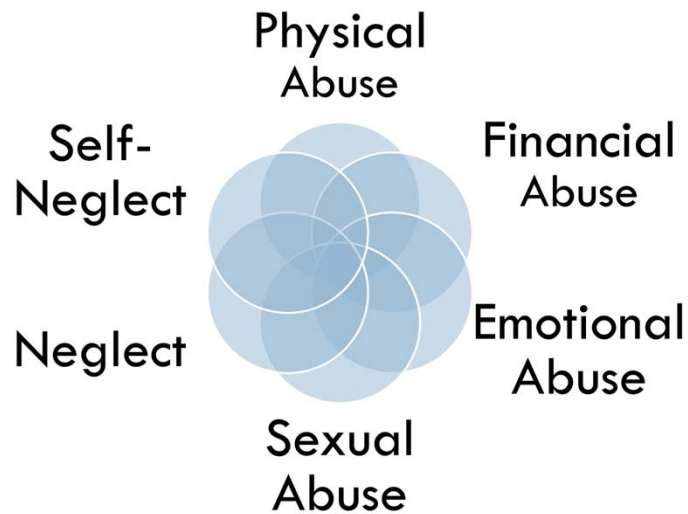
In California, there are two categories of “vulnerable adults”: those 65 and over who are considered vulnerable by age alone and those 18-64 years of age who also have a disability or other condition that makes them more vulnerable to abuse.

Who is covered by elder abuse laws?

- In California,
 - ▣ Those 65 years of age and older
 - ▣ Those 18-64 years of age who have a disability
 - ▣ Any adult who is admitted as an inpatient to a 24-hour health facility
- Different states have different qualifying ages and other criteria. Important to learn your state's laws.

It is important to remember that though we are using the term “elder” abuse throughout this talk, there is another large population of people who are also covered under the “elder” abuse laws in California and many other states. These are adults with disabilities. The same reporting requirements exist for suspected abuse of an adult with a disability as exist for suspected elder abuse.

Types of Abuse



Clarify: I'll be using the term Elder Abuse a lot. If I were to be absolutely correct, I would say elder and dependent adult abuse and neglect and self-neglect, but that takes too long. So, when I say "Elder Abuse" know that I also mean these other populations and types.

There are 6 primary types of reportable abuse, though many states add other specific types. For example, in California, isolation, abandonment, and abduction are also specified in the law.

In four types of abuse, a perpetrator takes action against an elder or adult with a disability. However, sometimes "abuse" is actually the omission of action that would ensure the good care, health and welfare of a person. Other terms that might be used as synonyms for "abuse" are "mistreatment" and "maltreatment."

In some cases, an older or disabled person cannot or chooses not to care adequately for themselves. Research shows that self-neglect is connected to the depression, dementia and/or drug/alcohol use.



NATIONAL INSTITUTE OF JUSTICE, *Ron Acierno Ph.D.; Melba Hernandez-Tejada M.S.; Wendy Muzzy B.S.; Kenneth Steve M.S., March 2009.*

This study indicates that **one in ten older Americans** experiences abuse or neglect **each year**.

This particular study did not include people with dementia or people living in long-term care facilities, so the number of older Americans affected might be much higher.

If you see twenty patients in one day, consider the likelihood that at least one or two patients is affected by abuse.

Reports on the Rise

In 2006 California APS agencies received over 104,000 reports of abuse and neglect, a 34 percent increase since 2000.

Source: California Welfare Directors Association

In 2006, Adult Protective Services agencies in California received over 104,000 reports of elder abuse and neglect, up 34% from reports received in 2000. (Note that reports of elder mistreatment in long-term care facilities are not included.) Source: California Welfare Directors Association

Elder Abuse Incidence

FOR EVERY REPORT OF ABUSE....

23.5 CASES GO UNREPORTED



Lifespan of Greater Rochester, Inc., Weill Cornell Medical Center of Cornell University, and New York City Department for the Aging. (2011). *Under the Radar: New York State Elder Abuse Prevalence Study*.

This finding is very important in understanding just how large the problem of elder abuse is. Elder abuse is like an iceberg. What professionals see is only a fraction of what is actually present.

Lifespan of Greater Rochester, Inc., Weill Cornell Medical Center of Cornell University, and New York City Department for the Aging. (2011). *Under the Radar: New York State Elder Abuse Prevalence Study*.

Common Characteristics of Victims

17



- 80+ years
- Cognitively impaired
- Female
- Physically or Psychologically Aggressive

National Elder Abuse Incidence Study, 1998

National Elder Abuse Incidence Study, 1998.

A special note about people with cognitive impairment. A UCI Program in Geriatrics study revealed that close to 50% of people with dementia experience some abusive behavior by their caregiver. While the sample for the study was small, what is revealing about it is that the source of the disclosure about the abuse was the caregiver. Discuss: how does America support caregivers (70% of whom are women) so that they can manage successful care of even difficult patients with dementia? (Wiglesworth, A., Mulnard, R. Leu, S-Y. Liao, S., Gibbs, L., Fitzgerald, W., Mosqueda, L. Screening for Abuse and Neglect of People with Dementia.)

The top indicator was physical or verbal aggression of the person with dementia. We want to acknowledge that we don't know if those individuals who are aggressive are that way because they have been abused (or are being abused) or whether their aggressiveness causes caregivers to abuse. We need to be careful that it does not seem that we are blaming the older/disabled person for the abuse.

Victims are also from...

- All races, genders, sexual orientations, countries of origin
- It is important not to paint a picture of a typical victim in one's head...
- You might miss someone right in front of you!

While many victims fall into the categories described in the previous slide, many do not. It is important for nurses to remember that men, younger elders, and people who have no cognitive impairment are also victimized every day.



Red Flag Situations

- Caregivers with inadequately treated mental health and/or substance abuse problems who also...
- Feel burdened, resentful and are providing care for...
- An older adult who is physically combative and/or verbally abusive

A relationship where these elements are present will often lead to abusive behavior by a caregiver (or a person in the household, whether he or she is actually providing any care). It is important that nurses know these risk factors and look and listen for them when working with elderly and/or patients with a disability.

1 Schiamborg, L. & Gans, D. (1999). An ecological framework for contextual risk factors in elder abuse by adult children. Journal of Elder Abuse & Neglect, 11(1), 79-103.

2 Wiglesworth, A., Mulnard, R. Leu, S-Y. Liao, S., Gibbs, L., Fitzgerald, W., Mosqueda, L. Screening for Abuse and Neglect of People with Dementia. (Revised and resubmitted to the Journal of the American Geriatrics Society).

Who abuses?

- 90% of elder abuse is perpetrated by relatives
- Of these, 50% are adult children
- 52% are men
- 30% are themselves over 60 years

Elder abuse, like child abuse and domestic violence, is a type of FAMILY violence. Perpetrators are overwhelmingly related to the older person/adult with a disability.

What does this mean for nurses and others who may intervene in elder abuse cases? (Ask the class this question)

Many abuse victims do not want to get their loved ones in trouble, even as they may be desperate for the abusive behavior to stop.

Many feel that the “devil that you know is better than the devil you don’t know”

Many fear being placed in a nursing home if the abuser is taken from them (especially if they are providing some care, even a little)

Quick Quiz Question

Which is the setting where elder abuse most commonly occurs?

- Adult Day Care Center
- Nursing Home
- At home in the Community
- Hospital



Instructor: ask the class to write down their answer to this question on a piece of paper. After a few moments, go through the questions with the learners and ask those who selected (a) Adult Day Care Centers to raise their hands. Go down the list of options. After you have completed the list, use the information below to inform them that the correct answer is (c) Home in the Community.

Which is the setting where elder abuse most commonly occurs?

(a) Adult Day Care Center – Although participants of Adult Day Services and Adult Day Health Program are likely to be vulnerable, this is not the most common setting.

(b) Nursing Home – if you hear about abuse in the news, most often it's in nursing homes. But there's so much more oversight over nursing home residents compared with community-dwelling adults. California Long-Term Care Ombudsmen received about 46,000 complaints in 2006, and typically about 10% of the complaints deal with abuse or neglect.

(c) Home in the Community—this is the most common setting. As only 5% of the U.S. elderly population resides in nursing homes, the vast majority of elders are community-dwelling, but there are few protective measures in place to watch out for them. This is why the role of mandated reporters is so important.

(d) Hospital—Any adult admitted to a 24-hour health facility is under “elder abuse protections” but this is not the most common setting

The correct answer is C

- At home in the community—this is the most common setting. As only 5% of the U.S. elderly population reside in nursing homes at any given time, the vast majority of elders are community-dwelling.
- Unlike children, elders and their caregivers often become isolated, and there are few protective measures in place to watch out for them.
- This is why the role of mandated reporters, like nurses, is so important.

Quick Quiz Question 2

- TRUE or FALSE: Mandated reporters must make reports of suspected self-neglect to Adult Protective Services.



This question will teach that self-neglect is a mandatory report to APS in California.

For people living in the community, abuse can be reported either to APS or police or both. Generally, reports should be made to APS unless a situation is an emergency and/or a crime is in progress. In CA, APS will cross-report to law enforcement any allegation involving a crime.

Abuse of people in long-term care facilities is reported to the LTC Ombudsman.

The correct answer is A (and B)

- For people living in the community, abuse can be reported either to APS or law enforcement
- In an emergency or if a crime is in progress, reports can be made to the police or sheriff
- In CA, APS will cross-report to law enforcement any allegation involving a crime.

Quick Quiz Question 3

□ Nurses must only report elder abuse/neglect or self-neglect when they are SURE that abuse is taking place?

□ True

□ False



The correct answer is False

- **With rare exceptions, signs of elder abuse are subtle. In addition, often victims of abuse are reluctant to admit that abuse is taking place. For these reasons, it is not necessary to be sure that abuse is taking place before making a report to APS or the Long-Term Care Ombudsman.**

With rare exceptions, signs of elder abuse are subtle. In addition, often victims of abuse are reluctant to admit that abuse is taking place. For these reasons, it is **not** necessary to be sure that abuse is taking place before making a report to APS. In addition, nurses do not have the specialized training that Adult Protective Service workers or Long-term Care Ombudsman have.

Discuss why victims of elder abuse might be reluctant to self-identify as victims and/or report their abuse or neglect to authorities.

Solicit ideas from the class:

- 1)Shame/embarrassment
- 2)Denial – cannot see the abuse
- 3)Fear of retaliation
- 4)Fear of being placed in a SNF
- 5)Love of the abuser
- 6)Inability to reach out for help
- 7)Where will I go?

Nurses are mandated reporters

Under California law, health professionals are “**mandated reporters**” for both child and elder abuse or neglect purposes.

What does this mean?

Nurses are mandated reporters for both child and elder abuse or neglect purposes. That means if you observe, know of or reasonably suspect abuse or neglect, you must contact a reporting agency (APS or the LTC Ombudsman or police) and let them know via phone and the required forms.

Reference: Welfare and Institutions Code 15630

<http://www.leginfo.ca.gov/cgi-bin/displaycode?section=wic&group=15001-16000&file=15630-15632>

You must report elder abuse

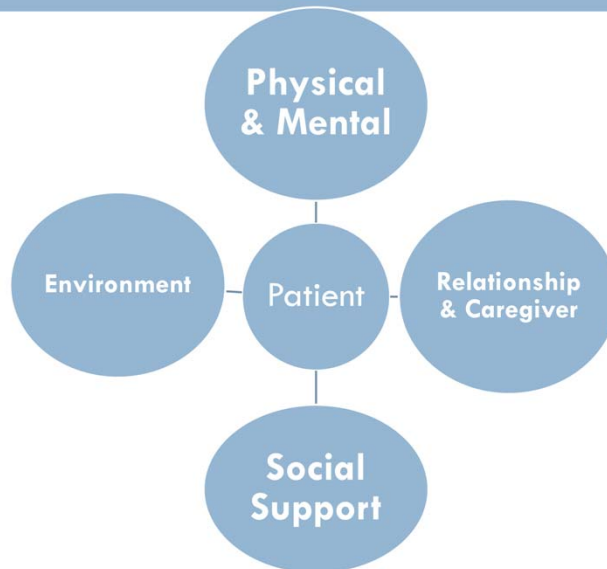
California Penal Code section 11166 and Welfare and Institutions Code section 15630 require that all mandated reporters **make a report** to an agency [generally law enforcement, state, and/or county adult protective services agencies, etc...] whenever the mandated reporter, in his or her professional capacity or within the scope of his or her employment, has knowledge of or observes a child, elder and/or dependent adult whom the mandated reporter knows or reasonably suspects has been the victim of child abuse or elder abuse or neglect.

Nurses are mandated reporters for both child and elder abuse or neglect purposes. That means if you observe, know of or reasonably suspect abuse or neglect, you must contact a reporting agency and let them know.

It's often effective to complete the Report of Suspected Dependent Adult/Elder Abuse (SOC 341 form) before you call the reporting agency, since it helps you organize your answers to the questions they will ask.

Instructor: you might want to download the reporting form from <http://www.dss.cahwnet.gov/cdssweb/entres/forms/English/SOC341.pdf> to share with participants.

Domains of inquiry



Warning signs of vulnerability to abuse can come from any or all of these domains.

Physical and mental status – what ADLs and IADLs can the elder manage him/herself? If there is cognitive impairment, how severe is it? Is the person susceptible to financial abuse because of confusion? Is the person too frail to get to a phone, if needed, to call for help?

Relationship – with the caregiver or caregivers

Social support – is the elder isolated? This is a warning sign for abuse

Environment – is the environment clean, or cluttered/dirty? Is the person capable of cleaning? Are there caregivers who are supposed to be cleaning, but aren't. Is the elder self-neglecting?

Physical Status Clues



Re: Bruising – Reference UCI study that showed that inflicted bruises (bruises caused by abuse) are larger. Size matters! Be suspicious if over 5 cm.

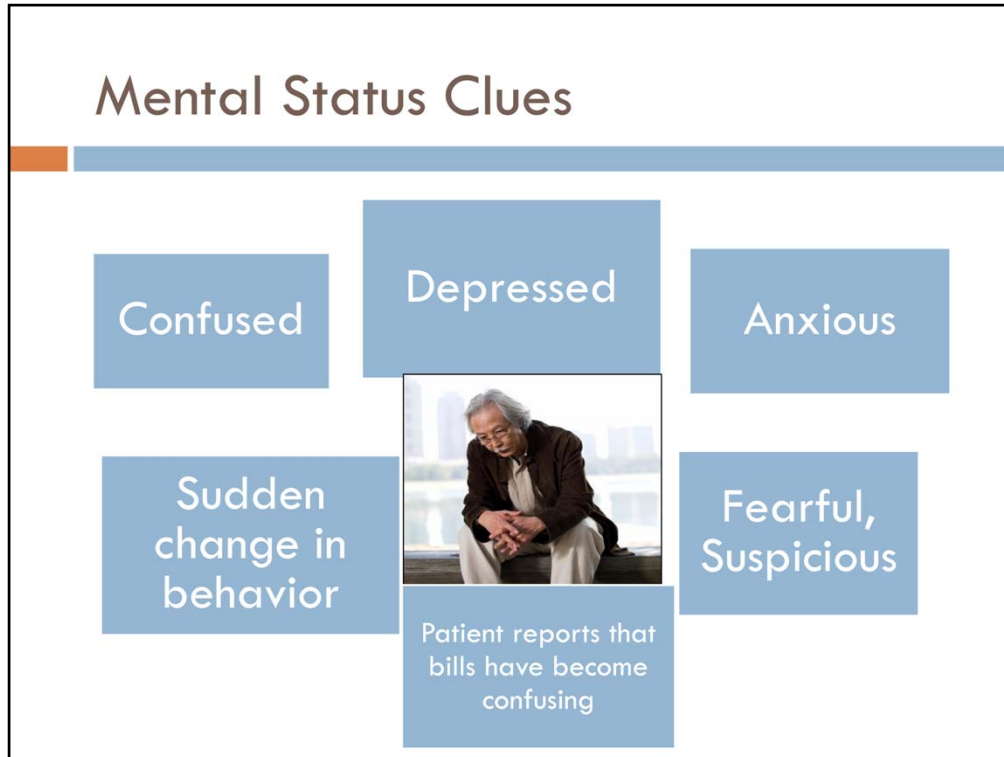
Abused elders are more likely to have bruises on head, neck, lateral right arm. Pay attention to location!

People who were abused are much more likely to remember how they got the bruise. Ask!

Pressure sores, poor hygiene, poor nail care, low weight, dehydration may all be signs of neglect.

Bruising, burns/restraint marks and broken bones may be signs of physical abuse.

Over or under-medicating may be used by an abuser to control an elder and to make it easier to abuse or neglect them.



For a variety of reasons, patients might not forthrightly identify that abuse is happening. Instead, patients might focus on injuries or present more general symptoms like the ones shown. Victims of elder abuse are known to experience depression, anxiety and other mental health issues (Dyer, Pavlik, Murphy & Hyman, 2000; Lachs, Williams, O’Brien, Hurst, & Horwitz, 1997).

We know that elders who are cognitively impaired because of dementia or delirium are more susceptible to abuse – in particular financial abuse.

Depression, anxiety, fearfulness may be warning signs that abuse or neglect is happening or is being threatened (“Mom, if you don’t give me your car, I’m going to put you in a nursing home.”)

Sudden changes in behavior may be a warning sign – for example, someone who only withdrew a small amount of money each month is now withdrawing large amounts. Or, someone who paid their bills on time, is now receiving warning letters from the utility company. Someone who was outgoing when she came to see you, now won’t speak to you if the caregiver is present.

Relationship Status Clues

Stories aren't consistent

Caregiver won't let you talk to the patient alone

Caregiver speaks for the patient

Previous reports of abuse

Delay in seeking care

Body language of patient (won't make eye contact with you)

You might observe signs of a power and control dynamic between the caregiver and patient.

Instructor: for more information and interactive activities related to dynamics of abuse in later life, visit <http://www.ncall.us/content/dynamics-all> and <http://www.ncall.us/content/training-materials>

Caregiver Status Clues

Caregiver has untreated mental health issues

Caregiver indicates burden, resentment, frustration

Caregiver abuses alcohol, drugs



Here are some caregiver-related warning signs indicating a risk of abuse and neglect.

Caregivers who have untreated mental health issues, and/or who abuse drugs or alcohol are more likely to be abusive than those who do not.

Caregivers should be asked how they are managing their caregiving responsibilities. If the nurse hears signs of burden, resentment, or frustration, this is a red flag that abuse could happen.

Social Support Status Clues

Telephone calls screened

Isolated

Patient is told she is sick and needs to stay in bed

Patient reports someone is accessing her accounts or money is disappearing

Financial decisions being made for patient are contrary to good care

Person who used to handle finances recently left or had to stop

Mail is intercepted

Prohibited from attending religious services

Doctor shopping (changing MDs frequently)

Isolation of either the patient or the caregiver is a risk factor of abuse. Keeping a patient away from his or her usual support network is a red flag of abuse. These are all signs of “coercive control” and should be considered as red flags of abuse or neglect.

Environment Status Clues



Clutter

Filth



Hoarding, which is increasingly being treated as a mental health disorder, can create safety hazards and prevent patients from receiving treatment and services at home. Filth and ramshackle conditions, of course, also put the patient at risk. Other environmental clues, like the presence of stacks of sweepstakes entries and unpaid bills, might indicate financial exploitation.

These are signs of self-neglect (if there is no caregiver to assist) or neglect (if there is a caregiver present). Self-neglecting elders are often suffering from depression, dementia and/or drug/alcohol abuse. Self-neglecters should be screened for the presence of these conditions.

What to do if you suspect mistreatment

- Talk with the older patient alone; enlist help from other members of your medical team if needed
- Normalize the situation as much as possible
- Try to maintain an objective and supportive demeanor with both patient and caregiver



It's important to give the patient a safe space to disclose any mistreatment that may be occurring.

If needed, explain that it's standard procedure to spend some time alone with each patient, or have another team member interview the patient alone while performing further assessments.

Use living-room language and try to act objective, open and non-judgmental.

CONFIRMING THE DIAGNOSIS

□ **Ubiquity statements:**

- “I don’t know if this is a problem for you, but because so many patients I see are dealing with abusive relationships, I have started asking about it routinely.”
- “Because there is help available for my patients who are being abused, I now ask everyone about the possibility if it is occurring to them.”
- Allow silence.

Ron Chez, M.D. “Elder Abuse: An Introduction for the Clinician”
www.centeronelderabuse.org, Training Institute, Course Materials

Some patients will talk about abuse if they feel safe and supported. Integrating questions about elder abuse into the Present Illness or Review of Systems portions of the workup will provide that opportunity.

It can be helpful to make a statement of fact about elder abuse before asking a patient a direct question. The use of ubiquity statements that inform the patient that every patient is asked prior to asking the direct question will help the patient understand s/he is not being singled out and this is a routine part of the visit.

Effective screening includes asking the questions when alone with the patient, the use of clear and simple language and open-ended questions. Being attentive, facing the patient, making eye contact when possible and **allowing silence** with sufficient time for responses is important.

CONFIRMING THE DIAGNOSIS

- Direct question examples:
 - “Does anyone threaten, hurt or abuse you?”
 - “Do you feel safe where you live?”
 - “Are you afraid of anyone?”
 - “Are you made to stay in your room or left alone a lot?”

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These are examples of direct questions that follow the ubiquity statements. For valid and useful information, this must be done when the provider is alone with the patient.

ASSESSMENT: CAREGIVER

- Ubiquity statements:
 - “Some people find it difficult to care for a parent with your mother’s condition. Do you?”
 - “Are you able to meet your personal and family needs?”
 - “Sometimes providing care for a family member is challenging. Do you ever feel like you will lose control?”

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There is little value in the practitioner confronting a suspected abuser. It is doubtful that new information will be forthcoming, and it can place the patient at risk for additional abuse from retaliation. These three statements and questions are non-judgmental ways to start a discussion that can provide insight into what informational needs and advice may modulate caregiver behaviors and actions.

ASSESSMENT: CAREGIVER

- Direct question examples:
 - “Is X physically or verbally abusive toward you?”
 - “Are you overwhelmed, confused, fearful, or angry as a result of being a caregiver?”
 - “Is there a reason for waiting this long to seek medical care for X?”

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In this slide, X equals the senior’s name. Some clinicians will have caregivers as primary patients. According to the caregiver-patient’s responses to the ubiquity statement, these are examples of direct questions for further exploration.

FOLLOW UP IF A YES ANSWER

- ✓ Give permission
 - ◆ validate the experiences and name it
 - ◆ identify abuse as a problem
 - ◆ affirm elder's right to safety
- ✓ Provide information
 - ◆ educate about dynamics of abuse
 - ◆ refer to community resources
- ✓ Establish a follow up process

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www.centeronelderabuse.org, Training Institute, Course Materials

INTERVENTION

The **first priority is patient safety**. The major roles of the provider are to offer support, encourage the patient with capacity to make change, document the abuse, provide appropriate referrals for protection and safety and report to the proper authorities. This is particularly essential for the patient who lacks capacity.

SAFETY PLANNING

- Respect patient's autonomy
- Respect patient's confidentiality
- Referrals:
 - ▣ Adult Protective Services
 - ▣ Long-term care ombudsman
 - ▣ Law enforcement agencies
 - ▣ Emergency planning



Safety planning involves providing information about community resources and viable alternatives. As it is essential to respect the autonomy of a competent adult to make decisions, this is done in the context of inquiry about and then responding to the patient's wishes relative to intervention.

Referrals reflect the importance of a team approach to elder abuse. The phone numbers and hot lines of community resources should be provided. The relevant agencies can include Adult Protective Services, Long-term care ombudsman and the local law enforcement agencies. Organizations such as the Caregiver Alliance can provide guidelines to minimize burden and stress when there are non-abusing family caregivers who will benefit from a clear plan defining their role and division of responsibilities of care.

Emergency planning has to be instituted if lethality is a possibility. This can include hospitalization of the patient who is not competent, and notification of the local law enforcement agency of the potential risk.

National Clearinghouse on Abuse in Later Life provides a helpful resource for additional information on what to do if you know an older adult who is being abused or neglected, including a quick guide to services available to help the victim.
<http://ncall.us/gethelp/whattodo>

Where to Report Abuse

In the community:

- Adult Protective Services
 - ▣ Social workers/nurses
 - ▣ Receive reports of abuse from mandated reporters and others
 - ▣ Work with elder/dependent adult and family/friends
 - ▣ Help access resources in community to stay safe
 - ▣ In many states: Cross report to police

In residential facilities:

- Long-Term Care Ombudsman
 - ▣ Social workers/volunteers
 - ▣ Receive complaints from residents
 - ▣ Advocate on behalf of residents
 - ▣ Work with State Licensing to identify problems in facilities

Reporting in California

List of Local APS Offices <http://www.cdss.ca.gov/agedblinddisabled/PG2300.htm>

List of Local LTC Ombudsman Offices

<http://www.aging.ca.gov/Programs/LTCOP/Contacts/>

To obtain more information about these agencies, including contact information in other states, visit:

• <http://www.napsa-now.org/get-help/help-in-your-area/> for APS

• <http://www.ltombudsman.org/ombudsman> for Long-Term Care Ombudsman

AB 40 Update: Reporting Suspected Elder Physical Abuse in a Facility

- **Physical abuse resulting in serious bodily injury**
- Report by telephone to local law enforcement immediately, but no later than within two hours of obtaining knowledge
- Report in writing (SOC 341) to local law enforcement, LTCOP & licensing within two hours of obtaining knowledge
-
- “ ‘*Serious bodily injury*’ means an injury involving extreme physical pain, substantial risk of death, or protracted loss or impairment of function of a bodily member, organ, or of mental faculty, or requiring medical intervention, including, but not limited to, hospitalization, surgery, or physical rehabilitation”

Effective Jan. 2013, Adds Welfare & Institutions Code section 15610.67

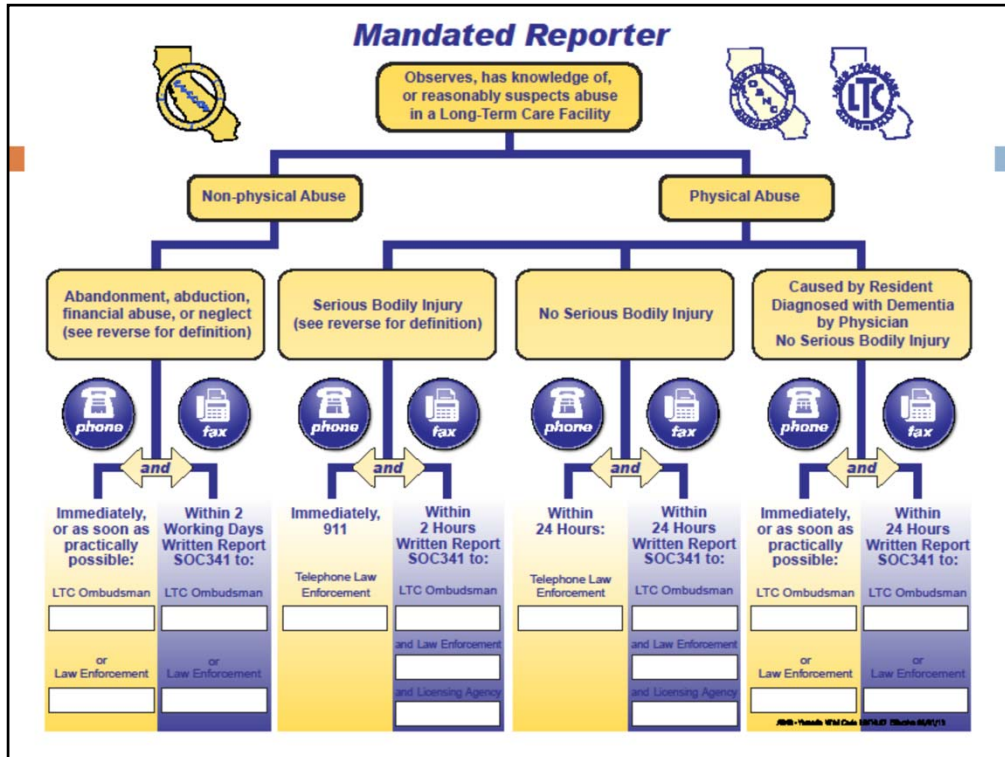
Requires initial reporting of some types of physical abuse occurring in a facility **directly to local law enforcement**

AB 40 Update: Reporting Suspected Elder Physical Abuse in a Facility

- **Physical abuse NOT resulting in serious bodily injury**
- Report by telephone to local law enforcement within 24 hours of obtaining knowledge
- Report in writing (SOC 341) to local law enforcement, LTCOP, and licensing within 24 hours of obtaining knowledge
- *BUT...*
- *If* alleged perpetrator is a resident, *and*
- has a physician's diagnosis of **dementia**,
- report by telephone to local law enforcement **or** LTCOP immediately or as soon as practicably possible.
- Report in writing (SOC 341) within 24 hours.

Effective Jan. 2013, Adds Welfare & Institutions Code section 15610.67

Requires initial reporting of some types of physical abuse occurring in a facility directly to local law enforcement



This flowchart was prepared by California Long-Term Care Ombudsman Association and CA Office of the State Long-Term Care Ombudsman, with support from the California Health Care Foundation.

For the printable Flowchart for AB40 Abuse in a Facility Mandatory Reporting Requirements, guidelines, and more info, visit CA Long-Term Care Ombudsman Association <http://cltcoa.org/resources.html>

Adult Protective Services (APS): Contact Information

- [CA APS County contact Information](#)
- [Orange County APS](#)

24 Hour Abuse Hotline:

(800) 451-5155

(714) 825-3001 fax

Social Services Agency

P.O. Box 22006

Santa Ana, CA 92702-2006

REPORTING SUSPECTED ABUSE/NEGLECT IN CALIFORNIA

COMPLETE: The Report of Suspected Dependent Adult /Elder Abuse Form online OR

CALL: Local APS or Long-Term Care Ombudsman **and**

FAX: The completed form to the reporting agency within two working days

STATE OF CALIFORNIA – HEALTH AND HUMAN SERVICES AGENCY CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

**CONFIDENTIAL REPORT -
NOT SUBJECT TO PUBLIC DISCLOSURE**

DATE COMPLETED: _____

REPORT OF SUSPECTED DEPENDENT ADULT/ELDER ABUSE

TO BE COMPLETED BY REPORTING PARTY. PLEASE PRINT OR TYPE. SEE GENERAL INSTRUCTIONS.

A. VICTIM Check box if victim consents to disclosure of information [Ombudsman use only - WIC 15638(e)]

*NAME (LAST NAME FIRST)	*AGE	DATE OF BIRTH	SSN	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	ETHNICITY	LANGUAGE (✓ CHECK ONE) <input type="checkbox"/> NON-VERBAL <input type="checkbox"/> ENGLISH <input type="checkbox"/> OTHER (SPECIFY)
*ADDRESS (IF FACILITY, INCLUDE NAME AND NOTIFY OMBUDSMAN)				*CITY	*ZIP CODE	*TELEPHONE ()
*PRESENT LOCATION (IF DIFFERENT FROM ABOVE)				*CITY	*ZIP CODE	*TELEPHONE ()

ELDERLY (65+) DEVELOPMENTALLY DISABLED MENTALLY ILL/DISABLED PHYSICALLY DISABLED UNKNOWN/OTHER LIVES ALONE LIVES WITH OTHERS

B. SUSPECTED ABUSER / Check if Self-Neglect

NAME OF SUSPECTED ABUSER CARE CUSTODIAN (type) _____ PARENT SON/DAUGHTER OTHER _____

CALIFORNIA REPORTING

- SOC 341 Reporting Form

<http://www.dss.cahwnet.gov/cdssweb/entres/forms/English/SOC341.pdf>

- List of Local APS Offices <http://www.cdss.ca.gov/agedblinddisabled/PG2300.htm>

- List of Local LTC Ombudsman Offices <http://aging.ca.gov/Programs/LTCOP/Contacts/>

Post-test Questions

1. Which population group is the fastest growing in the U.S.?
A. Children B. Teens C. Elders D. Women
2. Elder abuse most commonly occurs in nursing home and residential care facilities? True or False
3. Nurses do not need to report elder abuse unless they are **sure** that abuse has occurred. True or False
4. Suspected elder abuse *in the community* should be reported to _____.
5. Three types of elder abuse are: _____
_____ and _____

You can choose the best way for you to use the pre-test questions. Repeat these questions at the end to measure student learning. Answers are provided in the Instructor Manual.

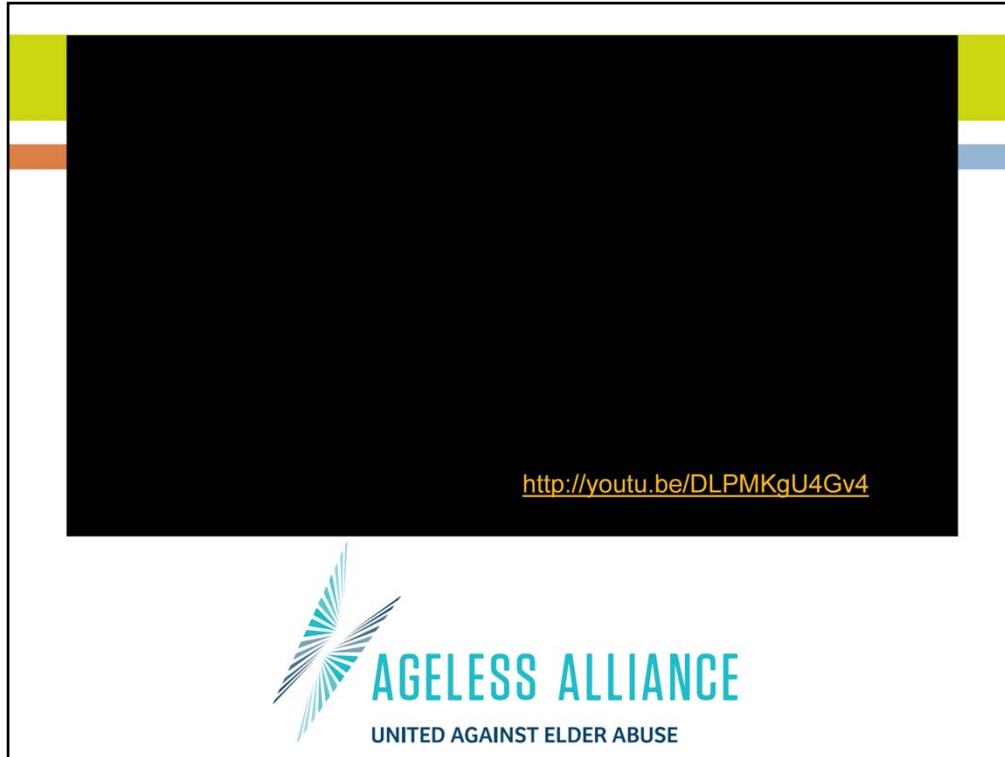
What can YOU do about it?



Small group exercise: Have groups discuss and collect ideas, and report back. Record answers on whiteboard or powerpoint, and offer resources when appropriate.

What can YOU do about it? *Examples*

- **Know the signs, and report** suspected abuse and neglect
- Help older patients and their families **navigate the care systems**
- **Document** care agreements and possible signs of mistreatment
- **Raise awareness**



Communities across the nation are partnering to prevent elder abuse, and nurses play an essential role as part of the community network to help elders live in safety.

Ageless Alliance is a social justice movement that invites people in all walks of life to take action. You can join online at www.agelessalliance.org

This is the Ageless Alliance 60-second Public Service Announcement

For all other Ageless Alliance videos, feel free to view them at:
<http://www.youtube.com/user/agelessalliance>

Download them at:
<https://www.dropbox.com/sh/74k40kvfi276mdq/1P0QAs43h5>

Visit Us Online!

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www.nursing.uci.edu



www.ncea.aoa.gov

Thank you for serving as gatekeepers to help keep older and vulnerable adults safe. For more information, feel free to visit the National Center on Elder Abuse and the Center of Excellence on Elder Abuse and Neglect online.