An Introduction to Elder Abuse for Nursing Students
“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
“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
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
Caution

- Content and examples may be hard or painful to talk about
- Graphic images and descriptions
- Please practice self-care
### 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):
   - ________________
   - ________________
   - ________________
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
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.
What is “elder abuse”? 

[Images of medical conditions and injuries associated with elder abuse]
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
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.
Types of Abuse

- Physical Abuse
- Financial Abuse
- Emotional Abuse
- Sexual Abuse
- Neglect
- Self-Neglect
2-5 million victims of elder abuse in the U.S. in the last year

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
Elder Abuse Incidence

FOR EVERY REPORT OF ABUSE….

23.5 CASES GO UNREPORTED

Common Characteristics of Victims

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

National Elder Abuse Incidence Study, 1998
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!
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
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
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
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.
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.
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?
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.
Domains of inquiry

Physical & Mental

Environment

Patient

Relationship & Caregiver

Social Support
Physical Status Clues

- Pressure sores
- Poor hygiene
- Poor nail care
- Low weight
- Dehydration
- Burns/restraint marks
- Over-under medicated
- Broken bones
Mental Status Clues

Confused

Depressed

Anxious

Fearful, Suspicious

Sudden change in behavior

Patient reports that bills have become confusing
### Relationship Status Clues

<table>
<thead>
<tr>
<th>Stories aren’t consistent</th>
<th>Caregiver won’t let you talk to the patient alone</th>
<th>Caregiver speaks for the patient</th>
</tr>
</thead>
<tbody>
<tr>
<td>Previous reports of abuse</td>
<td>Delay in seeking care</td>
<td>Body language of patient (won’t make eye contact with you)</td>
</tr>
</tbody>
</table>
Caregiver Status Clues

- Caregiver has untreated mental health issues
- Caregiver abuses alcohol, drugs
- Caregiver indicates burden, resentment, frustration
# Social Support Status Clues

<table>
<thead>
<tr>
<th>Telephone calls screened</th>
<th>Isolated</th>
<th>Patient is told she is sick and needs to stay in bed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient reports someone is accessing her accounts or money is disappearing</td>
<td>Financial decisions being made for patient are contrary to good care</td>
<td>Person who used to handle finances recently left or had to stop</td>
</tr>
<tr>
<td>Mail is intercepted</td>
<td>Prohibited from attending religious services</td>
<td>Doctor shopping (changing MDs frequently)</td>
</tr>
</tbody>
</table>
Environment Status Clues

Clutter

Filth
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
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
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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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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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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www.centeronelderabuse.org, Training Institute, Course Materials
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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SAFETY PLANNING

- Respect patient’s autonomy
- Respect patient’s confidentiality
- Referrals:
  - Adult Protective Services
  - Long-term care ombudsman
  - Law enforcement agencies
  - Emergency planning
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
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”
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.
Mandated Reporter

Observes, has knowledge of, or reasonably suspects abuse in a Long-Term Care Facility

Non-physical Abuse
- Abandonment, abduction, financial abuse, or neglect (see reverse for definition)
  - Phone
  - Fax
  - Immediately, or as soon as practically possible:
    - LTC Ombudsman
    - Law Enforcement

Physical Abuse
- Serious Bodily Injury (see reverse for definition)
  - Phone
  - Fax
  - Immediately, 911

- No Serious Bodily Injury
  - Phone
  - Fax
  - Within 24 Hours:
    - Telephone Law Enforcement
    - LTC Ombudsman
    - and Licensing Agency

- Caused by Resident Diagnosed with Dementia by Physician
  - Phone
  - Fax
  - Immediately, or as soon as practically possible:
    - LTC Ombudsman
    - Law Enforcement
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.
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 ________________
What can YOU do about it?
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**
Join the movement!

http://youtu.be/DLPMKgU4Gv4