Elder Abuse & Neglect: What PASRR Evaluators Need to Know

Mary Twomey, MSW
Co-Director
National Center on Elder Abuse
Center of Excellence on Elder Abuse & Neglect
University of California, Irvine
Program in Geriatrics

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

Presentation Objectives

- What does abuse/neglect look like?
- Who are the victims?
- Who are the perpetrators?
- Elder abuse and neglect screening
- Talking with clients/residents
- Reporting suspected abuse and neglect
- Resources for further information

Historical context of elder abuse

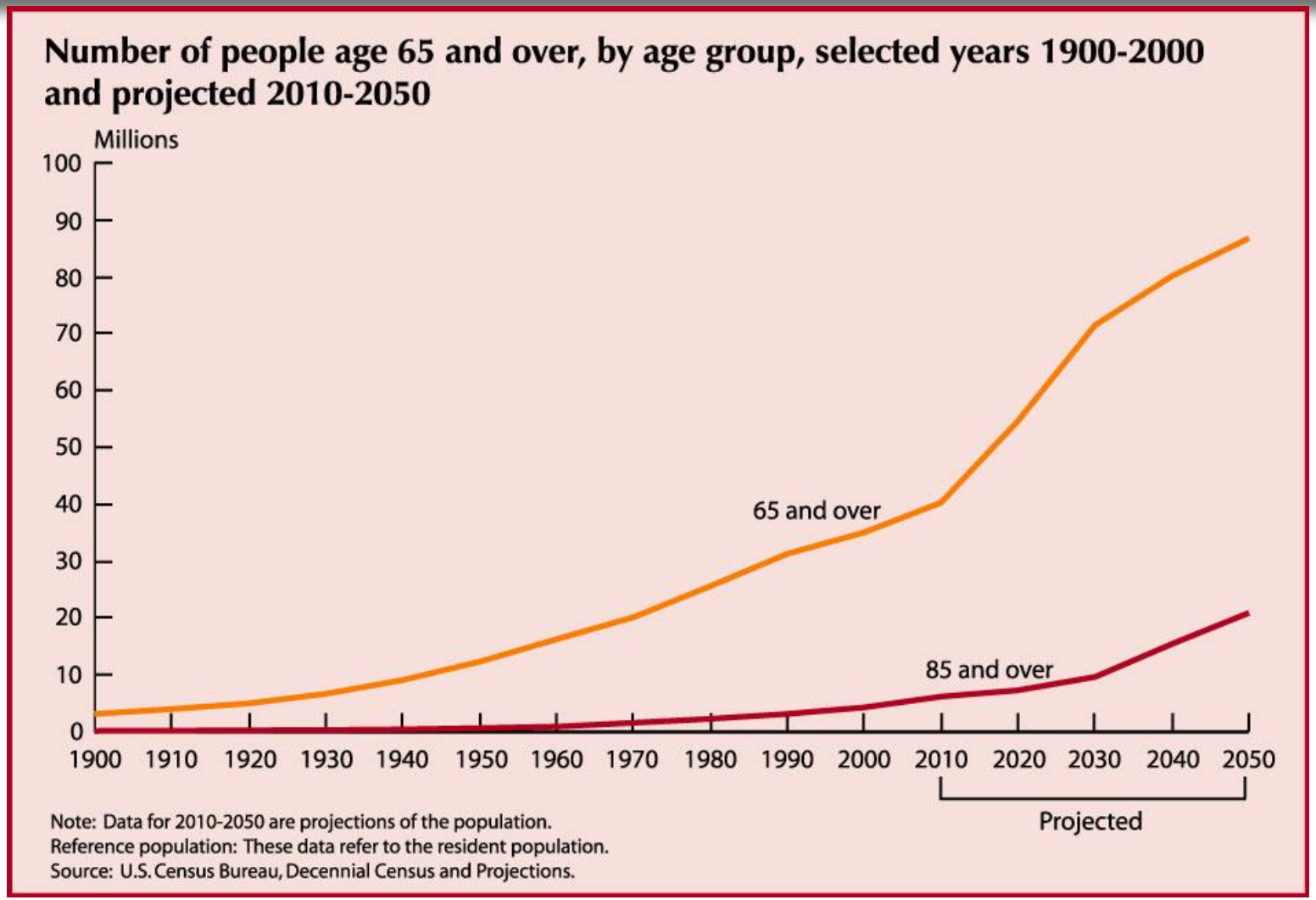
Elder Abuse: Where do I begin?

- 1975 “Granny Battering” article
- 1989 Establishment of the NCEA
- 1992 Government mandated National Elder Abuse Incidence Study
- 2003 Elder Justice Act introduced
- 2005 First RFP from the NIA

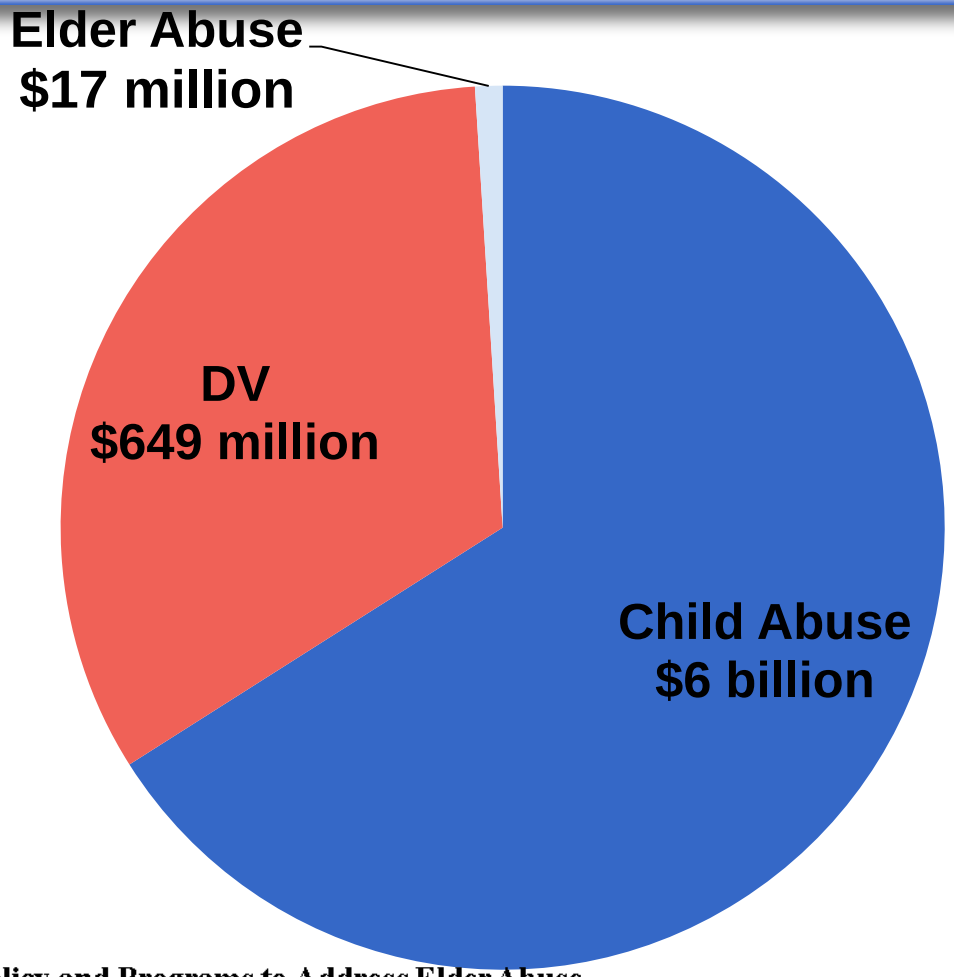
Federal Response

- 2010 First federal legislation focused on elder abuse passed: Elder Justice Act
- No federal definition of elder abuse
- State definitions vary as to kinds of abuse covered, age, disability
- Important to know State laws and systems
- CMS drawing attention to this issue

The U.S. is growing old



Federal Funding for Family Violence



Enhancing National Policy and Programs to Address Elder Abuse

XinQi Dong, MD, MPH; Melissa A. Simon, MD, MPH *JAMA.* 2011;305(23):2460-2461. doi:10.1001/jama.2011.835.

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2-5 million victims of elder abuse in the last year
NATIONAL INSTITUTE OF JUSTICE,
Ron Acierno Ph.D.; Melba Hernandez-Tejada M.S.; Wendy Muzzy B.S.; Kenneth Steve M.S., March 2009.

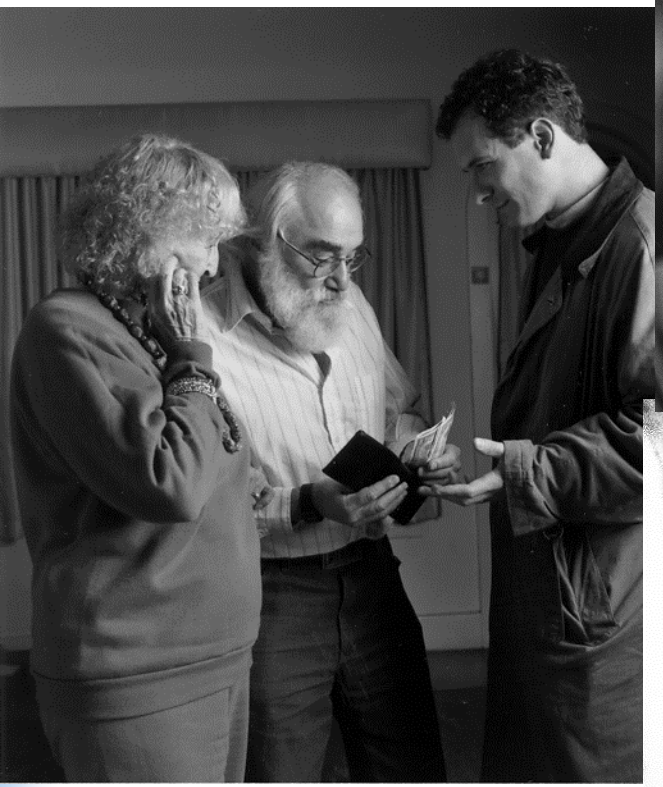
Elder Abuse Incidence

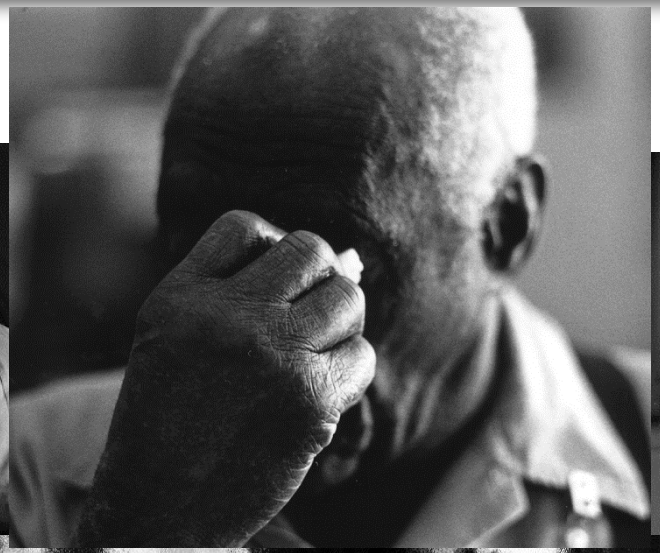
FOR EVERY REPORT OF ABUSE….

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.*

What is “**elder abuse**”?





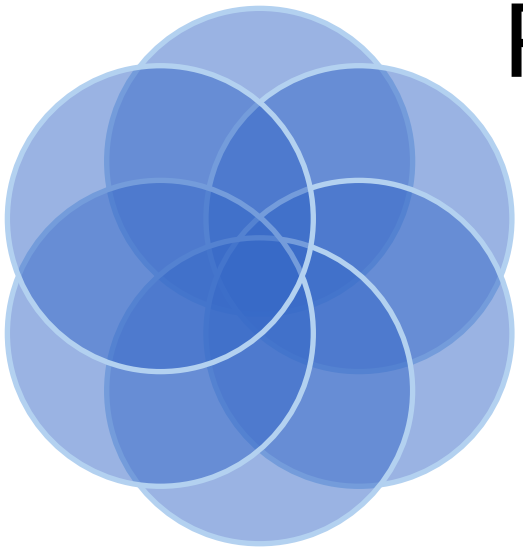
Elder Abuse is…

"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

Types of 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

Impact of abuse: Mortality

Medical Cost Impact

- Medical costs: Adds $5.3 billion to the nation's annual health expenditures.

Financial Impact

Reasons EAN not reported

- Professionals not trained
- Think abuse and neglect signs are normal aging
- Professionals don’t know where to report
- Professionals afraid to damage relationship with client
- Professionals think they can “handle” problem alone

Reasons EAN not reported by victims

- Shame
- Humiliation
- Fear
- Not physically or cognitively capable of getting help (growing incidence of Alzheimer's Disease)
- Isolated
- Love

Who are the perpetrators?

- 90% are related to the older person
- 48% are women
- 33% are themselves over 60 yo
- Presence of untreated mental health issue and/or untreated drug/alcohol abuse
- May have feelings of resentment towards the elder (even if not providing care)

Who are the victims?

- In 2/3 of reports the victim is a woman
- 80+ yo = greater likelihood of victimization
- Presence of cognitive impairment or confusion
- Presence of aggressive behaviors (either emotional or physical)

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

Screening for Abuse and Neglect of People with Dementia
Aileen Wiglesworth, PhD, Laura Mosqueda, MD, Ruth Mulnard, RN, DNSc, FAAN, et al. J Am Geriatr Soc. 2010;58(3):493-500.

Types of Abuse by Frequency

Neglect: • **Self-Neglect** • **Neglect by others**	**49%**
Emotional Abuse	**35%**
Financial Abuse	**30%**
Physical Abuse	**26%**
Abandonment	**4%**
Sexual Abuse	**1%**

Self-Neglect

An adult's inability, due to physical or mental impairments, to perform tasks essential to self care

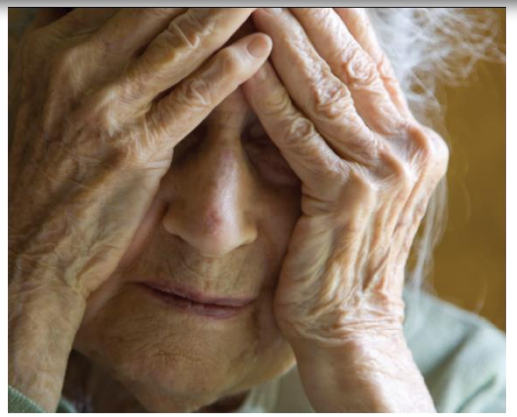
- Malnutrition
- Dehydration
- Untreated medical/dental problems
- Unclean clothing
- Inappropriate clothing for weather
- Inability to manage finances
- Hoarding/cluttering

Caregiver Neglect?

Failure by someone who has assumed a caregiving role to provide for adequate food, clothing, shelter, medical care or assistive devices

- Malnutrition
- Dehydration
- Untreated medical/dental problems
- Unclean clothing
- Left alone without assistance
- Pressure ulcers

Emotional Abuse



- Threats, humiliation, intimidation by caregiver
- Patient demeanor:
- Flat affect, listless, apathetic, hesitant, evasive, fearful, anxious, hostile, aggressive, uncooperative, suspicious

Physical Abuse

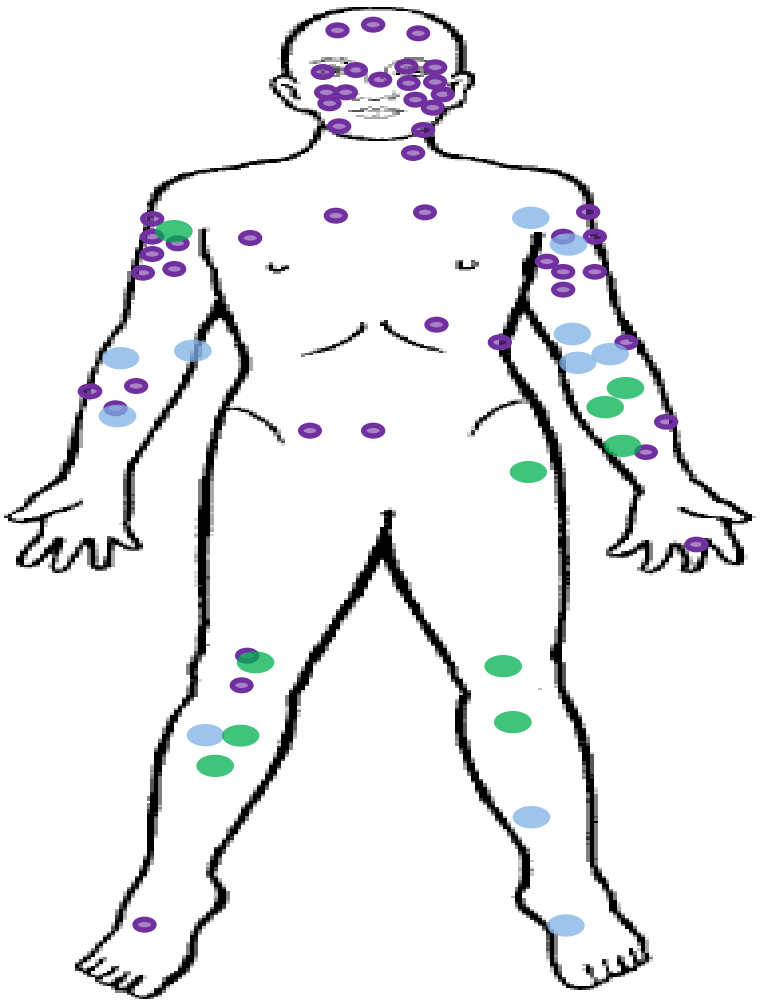
75% of physical abuse in head and neck area

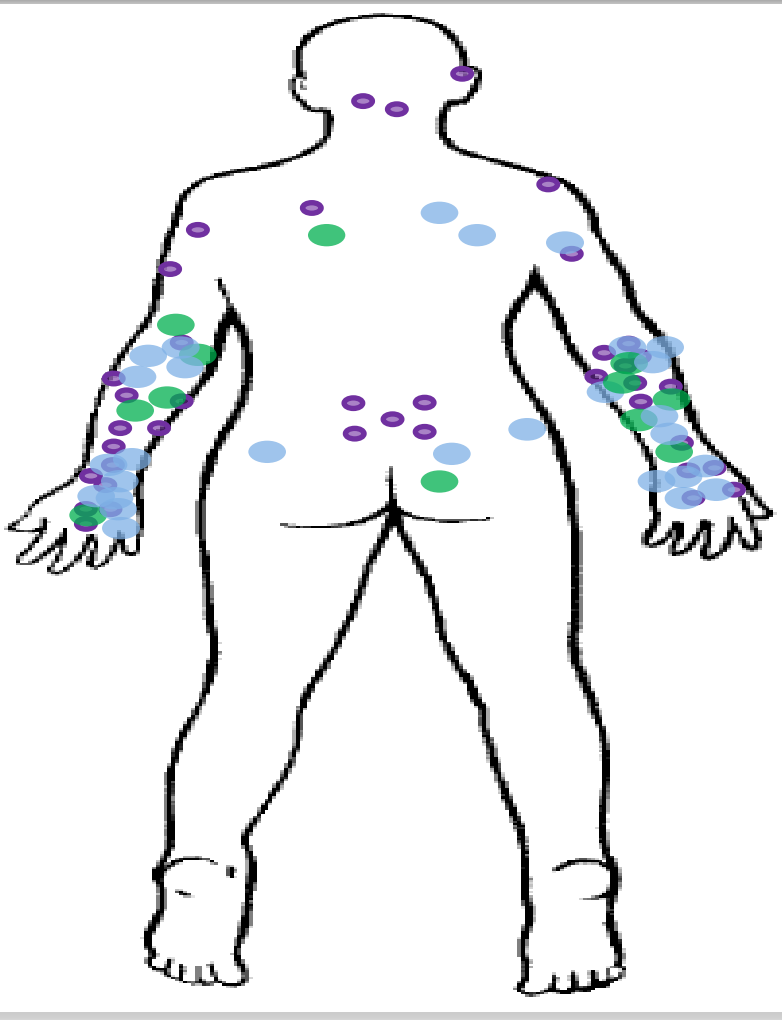
- Bruises, lacerations, rope marks, burns
- Bone and skull fractures or breaks
- Untreated injuries
- Broken assistive devices, dentures, glasses
- Fractured or avulsed teeth

Consider whole patient

- General appearance

Location of bruises on abused elders





Steps to Screen for EAN

- ***Look*** for signs of abuse and neglect.
- ***Ask*** questions: can reveal abuse or neglect
- ***Listen*** to the patient's answers. A "Yes" answer to 1 or more questions is reason to suspect abuse or neglect.
- ***Report*** suspected abuse to Adult Protective Services and/or Ombudsman and/or police.

Ask: EAN Screening Questions

1. Are you afraid of anyone at your home or care facility?
2. Has anyone close to you tried to hurt or harm you recently?
3. Has anyone close to you called you names or put you down or made you feel bad recently?

Screening questions continued

4. Does someone in your family make you stay in bed or tell you you're sick when you know you aren't?
5. Has anyone forced you to do things you didn't want to do?
6. Has anyone taken things that belong to you without your OK?

Schofield MJ, Mishra GD. *Validity of Self-Report Screening Scale for Elder Abuse: Women's Health Australia Study.* The Gerontologist, 2003; 43(1):110-120.

Follow up if a yes answer

- Affirm elder's right to safety
- Provide information
  - educate about dynamics of abuse
  - refer to community resources
- Follow established reporting protocol

What to do if you suspect mistreatment

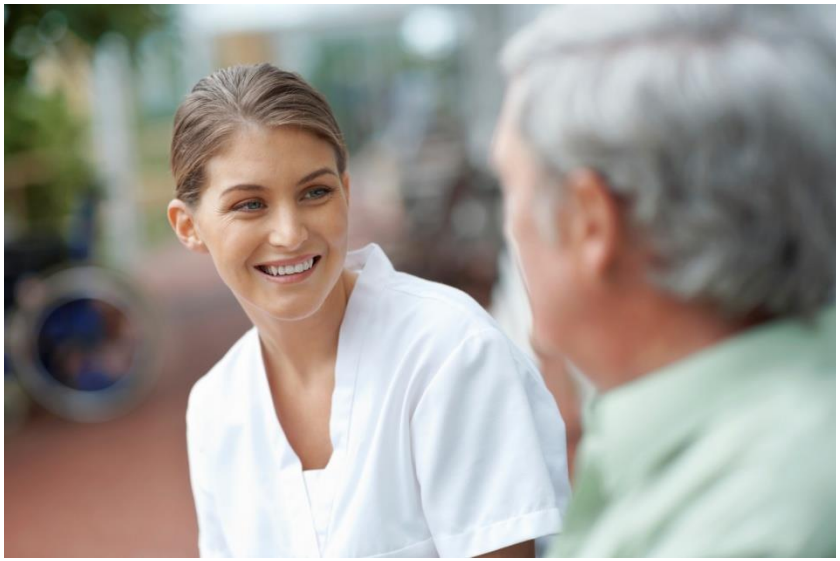
- Talk with the older patient alone;
- Normalize the situation as much as possible
- Try to maintain an objective and supportive demeanor with both patient and caregiver

Confirming the diagnosis

- **Ubiquity statements:**
  - “These are questions I ask of everyone.”
  - “Because there is help available for people who are being abused, I now ask everyone about the possibility if it is occurring to them.”
  - Allow silence!

Listen for Elder's Response

"Yes" to 1 or more questions = Reason to **suspect** abuse or neglect



Dialogue Examples

- Dialogue
  - You: Are you afraid of anyone here in your home?
  - Elder: Hmm…well, only when she drinks...
  - Is this a YES or a NO?
- Use open-ended questions to follow up:
  - ☺ Can you tell me more about that?
  - ☹ But, she doesn't hit you, right?

More dialogue

- You: Has anyone close to you called you names or put you down or made you feel bad recently?
  - Elder: (With tears in eyes) "It's hard getting old and having to depend on others."
  - Is this a YES or a NO?
- Use open-ended questions to follow up:
  - ☺ Silence or confirming comment: "It is hard…"
  - ☹ Well, it beats the alternative (none of you would say this, I know)

More dialogue

- Avoid accusation about abuse:

  ☹ *"You're being abused, aren't you?"*

- Avoid assigning blame:

  ☹ *"You're son is a loser, isn't he?"*

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**

A Word About APS

- Does not have the same powers as CPS
- Elders are adults and have the right to make poor choices
- APS is a voluntary service
- APS is not police or Immigration
- APS will work with the senior to maximize his strengths while minimizing risk of abuse/neglect

Recap: Steps to Screen for EAN

Look for signs of abuse and neglect

Ask abuse/neglect screening questions

Listen to the patient's answers

A "Yes" answer to 1 or more questions is reason to suspect abuse or neglect

Report suspected abuse to APS, Ombudsman or law enforcement

Research Briefs from NCEA

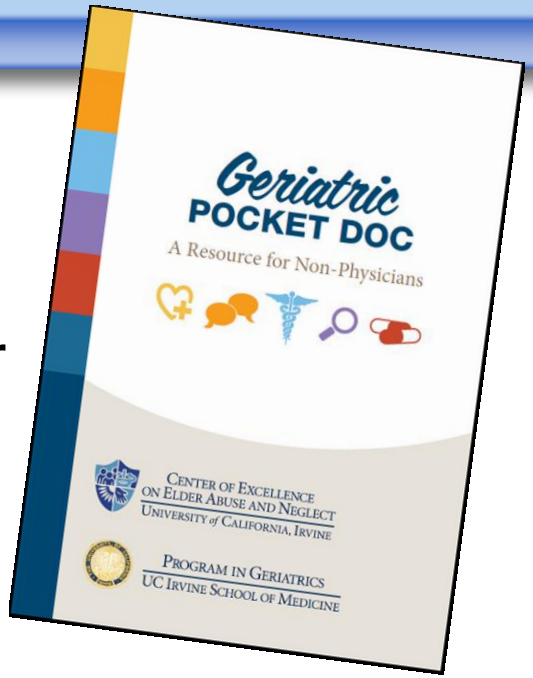
- Adults with Dementia
  www.centeronelderabuse.org/docs/ResearchBrief_Dementia_508web.pdf
- Residents of Long Term Care Facilities
- www.centeronelderabuse.org/docs/ResearchBrief_LongTermCare_508web.pdf
- Adults with Disabilities
- www.centeronelderabuse.org/docs/ResearchBrief_Disabilities_508web.pdf

Resources

- National Center on Elder Abuse www.NCEA.aoa.gov
- Center of Excellence on Elder Abuse and Neglect www.centeronelderabuse.org
- The Consumer Voice for Quality Long-term Care www.theconsumervoice.org
- Ageless Alliance: a grassroots elder justice movement www.agelessalliance.org

Additional Resources

- Geriatric Pocket Doc
  Info on common geriatric syndromes, conditions, elder abuse and medications
  130 pages



- 368+ Elder Abuse App: designed for law enforcement, but useful to all who work with elders or adults with disabilities! Download for your mobile device today. FREE!

AGELESS ALLIANCE

UNITED AGAINST ELDER ABUSE

Thank you!