

Keeping Seniors Safe: Recognizing and Preventing Elder Abuse

1 contact hour

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Purpose

The purpose of this course is to offer information to healthcare providers about elder abuse. Through this course, the healthcare provider can better understand elder abuse, identify signs of abuse or situations that place an elder at risk, and be able to confidently report abuse that they identify among elderly patients.

Objectives

After successful completion of this course, you will be able to:

- Define major types of elder abuse
- Identify factors that place elders at risk for abuse
- Identify common traits of abused elders
- Identify common traits of abusers
- Describe the difference between abuse and neglect
- Identify signs that abuse has occurred
- Identify theories used to explain causes of elder abuse
- Describe how to report abuse to the proper authorities

Introduction

It's hard to imagine that anyone would ever consider inflicting pain on another human being. Yet, nearly four million cases of elder abuse and neglect are reported each year (APA, 2013). Even harder to believe, the great majority of abusers are family members, most often an adult child or spouse. Abuse can also occur at a long term care facility, such as a nursing home or assisted living residence. Employees and temporary staff who have direct contact with residents are the most frequent perpetrators. Other offenders may include other family and old friends, newly developed "friends" who intentionally prey on older adults, and service providers in positions of trust (NCEA, 2013).

We do not know for certain how many people are suffering from elder abuse and neglect, but available data from state Adult Protective Services (APS) agencies show an increasing trend in the reporting of elder abuse.

Test Yourself

The reporting of elder abuse in the United States:

- a) Is increasing- **correct!**
- b) Is declining
- c) Remains steady

What is Elder Abuse?

Elder abuse is the maltreatment of an older person by someone who has a special relationship with the elder, such as a spouse, sibling, adult child, friend or caregiver.

Types of abuse can include:

- Physical abuse
- Sexual abuse
- Emotional abuse
- Neglect
- Abandonment
- Exploitation

Most reported cases of abuse are physical abuse or neglect, financial abuse, or exploitation. Elder abuse can also include:

- Self-neglect

What is Elder Abuse?

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Elder abuse is the maltreatment of an older person by someone who has a special relationship with the elder, such as a spouse, sibling, adult child, friend or caregiver.

Types of abuse can include:

- **Physical Abuse**

Can range from slapping or shoving to severe beatings and restraining with ropes or chains. When a caregiver or other person uses enough force to cause unnecessary pain or injury, even if the reason is to help the older person, the behavior can be regarded as abusive.

Physical abuse can include hitting, beating, pushing, shoving, kicking, pinching, burning or

biting. It also includes the inappropriate use of medications and physical restraints and physical punishment of any kind (APA, 2013).

- **Emotional Abuse**

Can range from name calling or giving the “silent treatment” to intimidating and threatening the individual. When a family member, a caregiver or another person behaves in a way that causes fear, mental anguish or emotional pain or distress, the behavior can be regarded as abusive. Verbal and emotional abuse can include yelling, swearing and making insulting or disrespectful comments. Psychological abuse involves any type of coercive or threatening behavior that sets up a power differential between the older adult and his or her family member or caregiver. It can also include treating the older person like a child and isolating the person from family, friends and regular activities-through force, threats or manipulative behavior (APA, 2013).

- **Sexual Abuse**

Can range from sexual exhibition to rape. Sexual abuse can include inappropriate touching, photographing the person in suggestive poses, forcing the person to look at pornography, forcing sexual contact with a third party or any unwanted sexualized behavior. It also includes rape, sodomy or coerced nudity. Sexual abuse is perhaps the most egregious but least reported type of elder abuse (APA, 2013.)

- **Financial Abuse/ Exploitation**

Can range from misuse of an older person’s funds to embezzlement. Financial exploitation includes fraud, taking money under false pretenses, forgery, and forced property transfers, purchasing expensive items with the older person’s money without that person’s knowledge or permission or denying the older person access to his or her own funds or home. It includes the improper use of legal guardianship arrangements, powers of attorney or conservatorships. It also includes a variety of Internet, telephone and face-to-face scams perpetrated by sales people-or even by so-called friends-for-health-related services, home repair services, mortgage companies and financial services (APA, 2013.)

- **Neglect**

Can range from caregiving strategies that withhold appropriate attention from the individual to intentionally failing to meet the physical, social or emotional needs of the older person. Neglect can include failure to provide food, water, clothing, medications and assistance with activities of daily living or help with personal hygiene. If the caregiver is responsible for paying bills for the older person, neglect can also include failure to pay the bills or to manage the older person’s money responsibility. Family caregivers may inadvertently neglect their older relatives because of their own lack of knowledge, resources or maturity, although this is a less frequent form of abuse (APA, 2013.)

- **Abandonment**

Is defined as the desertion of an elderly person by an individual who has assumed responsibility for providing care for an elder, or by a person with physical custody of an elder (NCEA, 2013 C.)

- **Self-Neglect**

Is characterized as the behavior of an elderly person that threatens his/her own health or safety. Self-neglect generally manifests itself in an older person as a refusal or failure to provide himself/herself with adequate food, water, clothing, shelter, personal hygiene, medication (when indicated), and safety precautions.

The definition of self-neglect excludes a situation in which a mentally competent older person, who understands the consequences of his/her decision, makes a conscious and voluntary decision to engage in acts that threaten his/her health or safety as a matter of personal choice (NCEA, 2013 C.)

Where Does It Occur?

Most incidents of elder abuse don't take place in nursing homes – they happen in domestic settings where family members are responsible for the primary care of an elder. About 95 percent of older people live on their own or with their spouse, children, siblings or other relatives not in institutional settings. When elder abuse happens, family, other household members or paid caregivers are usually the abusers. Although there are extreme cases of elder abuse, often the abuse is subtle, and the distinction between normal interpersonal stress and abuse is not always easy to discern (APA, 2013).

Who is Involved?

Researchers who look for common patterns have profiled both the victims and perpetrators of elder abuse. **Victims**

Female elders are abused at a higher rate than males. Additionally, those over 85 years of age are at higher risk. As the baby boomers move into the ranks of the elderly, it is presumed that the numbers of those abused will also increase (ElderJusticeNow, 2010).

A victim of elder abuse is typically:

- White
- Female
- Widowed
- Over 85 years old
- Lives alone or lives with a caregiver who is also her abuser

Abusers

Abusers can be the elder's:

- Spouse
- Sibling
- Child
- Friend
- Caregiver

Abusers of older adults are both women and men. Although there is no single type of perpetrator, family members are more often the abusers than any other group. Some findings show that a history of violence of abuse in a home may make elder abuse more likely (APA, 2010).

Test Yourself

The most common victims of elder abuse are:

- a) Elderly white single females- **Correct!**
- b) Elderly African-American married females
- c) Elderly men who abused their family in the past

Test Yourself

The most common perpetrators of elder abuse are:

- a) Abused children
- b) Abused spouses- **Correct!**
- c) Family friends

Risk Factors for Elder Abuse

There is no one profile of a perpetrator, however, they often share some of the following characteristics:

- Alcohol or drug dependence
- History of domestic violence or abuse
- Mental illness, dependence, family dysfunction
- Economic pressures, personal stress
- Longstanding personality traits (bad temper, hypercritical, tendency to blame others for problems)

In long term care settings, some other potential risk factors are:

- Negligent hiring practices (hiring violence criminals, thieves, and drug users to work as aides, maintenance workers, etc.; failing to do required background checks)
- Too few staff, high turnover, and inadequate training
- Reliance on staff who lack compassion or empathy for older people and those with disabilities

Taking a Deeper Look

Let's take a deeper look at the six most common types of elder abuse.

Types of Elder Abuse and their Signs

According to the National Center on Elder Abuse (NCEA, 2010a), elder abuse generally refers to any of several forms of maltreatment of an older person by someone who has a special relationship with the elder (a spouse, a sibling, a child, a friend, or a caregiver). **Neglect**

Neglect is a type of abuse; however it is an act of omission, rather than commission.

Neglect is defined as the refusal or failure to fulfill any part of a person's obligations or duties to an elder.

Neglect typically includes the refusal or failure to provide an elderly person with such life necessities as:

- Food
- Water
- Clothing
- Shelter
- Personal hygiene
- Medicine
- Comfort
- Personal safety
- Other essentials included in an implied or agreed-upon responsibility to an elder

Neglect may also include failure of a person who has fiduciary responsibilities to provide care for an elder (e.g., pay for necessary home care services), or the failure on the part of an in-home service provider to provide necessary care.

Signs

Signs and symptoms of neglect include but are not limited to:

- Dehydration, malnutrition, untreated bed sores, and poor personal hygiene
- Unattended or untreated health problems
- Hazardous or unsafe living condition/arrangements (e.g., improper wiring, no heat, or no running water)

Abandonment

Abandonment is defined as the desertion of an elderly person by an individual who has assumed responsibility for providing care for an elder or by a person with physical custody of an elder.

Signs

Signs and symptoms of abandonment include but are not limited to:

- The desertion of an elder at a hospital, a nursing facility, or other similar institution
- The desertion of an elder at a shopping center or other public location
- An elder's own report of being abandoned

Financial Abuse

Financial exploitation is defined as the illegal or improper use of an elder's funds, property, or assets.

Examples include, but are not limited to:

- Cashing an elderly person's checks without authorization or permission
- Forging an older person's signature
- Misusing or stealing an older person's money or possessions
- Coercing or deceiving an older person into signing any documents (e.g., contracts or will)
- The improper use of conservatorship, guardianship, or power of attorney

Signs

Signs and symptoms of financial exploitation include but are not limited to:

- Sudden changes in bank account or banking practice, including an unexplained withdrawal of large sums of money by a person accompanying the elder
- The inclusion of additional names on an elder's bank signature card
- Unauthorized withdrawal of the elder's funds
- Abrupt changes in a will or other financial documents
- Unexplained disappearance of funds or valuable possessions
- Substandard care being provided or bills unpaid despite the availability of adequate financial resources
- Discovery of an elder's signature being forged for financial transactions or for the titles of his/her possessions
- Sudden appearance of previously uninvolved relatives claiming their rights to an elder's affairs and possessions
- Unexplained sudden transfer of assets to a family member or someone outside the family
- The provision of services that are not necessary
- An elder's report of financial exploitation

Physical Abuse

Physical abuse is defined as the use of physical force that may result in bodily injury, physical pain, or impairment.

Physical abuse includes:

- Hitting
- Hitting with an object
- Beating
- Pushing • Shoving
- Shaking
- Slapping
- Kicking
- Pinching
- Burning

Inappropriate use of drugs and physical restraints, force-feeding, and physical punishment of any kind also are examples of physical abuse.

Signs

Signs and symptoms of physical abuse include but are not limited to:

- Bruises, black eyes, welts, lacerations, rope marks
- Bone fractures, skull fractures
- Open wounds, cuts, punctures, untreated injuries in various stages of healing
- Sprains, dislocations, internal injuries/bleeding
- Broken eyeglasses/frames, physical signs of being subjected to punishment, and signs of being restrained
- Laboratory findings of medication overdose or under utilization of prescribed drugs
- An elder's report of being hit, slapped, kicked or mistreated
- An elder's sudden change in behavior
- The caregiver's refusal to allow visitors to see an elder alone

Sexual Abuse

Sexual abuse is defined as non-consensual sexual contact of any kind with an elderly person. Sexual contact with any person incapable of giving consent is also considered sexual abuse. It includes all types of sexual assault or battery such as:

- Unwanted touch
- Rape
- Sodomy
- Coerced nudity
- Sexually explicit photographing

Signs

Signs and symptoms of sexual abuse include but are not limited to:

- Bruises around the breasts or genital area
- Unexplained venereal disease or genital infections
- Unexplained vaginal or anal bleeding
- Torn, stained, or bloody underclothing
- An elder's report of being sexually assaulted or raped

Emotional Abuse

Emotional abuse, sometimes called psychological abuse, is defined as the infliction of anguish, pain, or distress through verbal or nonverbal acts.

Emotional abuse of the elderly includes but is not limited to:

- Verbal assaults, insults or threats
- Intimidation, humiliation and harassment
- Treating them like an infant
- Isolating them from family or friends

- Keeping them away from their regular activities
- Giving them the “silent treatment”

Signs

Signs and symptoms of emotional/psychological abuse include but are not limited to:

- Being emotionally upset or agitated
- Being extremely withdrawn and non-communicative or unresponsive
- Unusual behavior usually attributed to dementia (e.g., sucking, biting, rocking)
- An elder’s report of being verbally or emotionally mistreated

Self-Neglect

Definition

According to the NCEA, self-neglect is characterized as the behavior of an elderly person that threatens his or her own health or safety. Self-neglect generally manifests itself in an older person as a refusal or failure to provide themselves with adequate:

- Food
- Water
- Clothing
- Shelter
- Personal hygiene
- Medication (when indicated)
- Safety precautions

This definition of self-neglect excludes a situation in which a mentally competent older person, who understands the consequences of decisions, makes a conscious and voluntary decision to engage in acts that threaten health or safety by choice.

Causes

Causes of self-neglect include:

1. The elderly person is suffering from dementia or other cognitive impairments and is not capable of self-care.
2. The elderly person may be suffering from severe clinical depression and is purposely not eating or taking medications so that death becomes inevitable due to the slow deterioration of health Lebowitz et al. (1997) refers to this as “silent suicide” and says that it occurs most often among residents in nursing homes.

Other causes of self-neglect include poverty and substance abuse.

Signs and Symptoms

Signs and symptoms of self-neglect in an elder assume that the elder has the capacity (financial, support systems, etc.) to meet the need. The signs and symptoms include:

- Dehydration, malnutrition, untreated or improperly attended medical conditions, and poor personal hygiene

- Hazardous or unsafe living conditions and/or arrangements (e.g., improper wiring, no indoor plumbing, no heat, no running water)
- Unsanitary or unclean living quarters (e.g., animal/insect infestation, no functioning toilet, fecal/urine smell)
- Inappropriate and/or inadequate clothing, lack of the necessary medical aids (e.g., eyeglasses, hearing aids, dentures); and grossly inadequate housing or homelessness

Why are Elders Abused?

What are the causes and/or reasons for abuse?

In spite of the progress that has been made in explaining how and why elder abuse occurs, it still remains a poorly understood and underreported problem. Some of the common reasons for abuse serve as the basis for several theories:

- Caregiver stress
- Domestic violence
- Intergenerational transmission of violence
- Social isolation

Let's take a look at each of these.

Causes of Elder Abuse

Here are four theories on the causes of elder abuse.

Theory One: Caregiver Stress

The caregiver stress theory is the most widely used rationale in explaining elder abuse (NIJ, 2013).

According to this theory, maltreatment occurs when family members caring for an impaired older adult are unable to adequately manage their caregiving responsibilities. The elderly victim is typically highly dependent on the caregiver, who becomes overwhelmed, frustrated and abusive because of the continuous caretaking demands posed by the elderly person (NIJ, 2013).

Caring for a sick older adult suffering from a mental or physical impairment is very stressful. Caregiver who do not have sufficient skills, information, resources or training and who are otherwise ill-prepared for the caregiving role may experience extreme stress and frustration.

Studies have found that the older an individual becomes, the greater the risk of abuse, and older individuals in poor health are more likely to be abused than individuals who are in relatively good health. In addition, caregivers who are financially dependent upon the elder person are also more likely to perpetrate abuse.

Theory Two: Domestic Violence

Domestic violence, often referred to as family violence, is seldom seen in the elder abuse literature as a cause of abuse.

Theories on domestic violence look at the evolution of the dynamics of family interactions over time. More importantly, domestic violence theories stress that the cause of abuse stems from unequal power, with the perpetrator developing a more controlling power base than the victim.

Note! What an unrelated person may view as abuse between a married couple or within a family could very well be a normal pattern of behavior that has been a part of that relationship since the beginning.

Some experts believe that caregiver stress is not a primary cause of abuse in later life; domestic abuse early on in a marriage may result in abuse that will be present in later life. Many abuse husbands believe that women are responsible for taking care of their spouse or partner and responding to their every desire (APA, 2013).

On the other hand, a woman who has been abused for years may turn her rage on her husband when his health fails. If he is dependent on her for his personal care, she may become angry and resentful, which can potentially transform into an abusive situation, verbally or physically, or if she neglects his health care needs (APA, 2013).

Theory Three: Intergenerational Transmission

The theory of intergenerational transmission of violence stems from the belief that individuals who are abused as children become part of the cycle of violence. In some cases, elder abuse is simply a continuation of abuse that has been occurring in the family over many years (APA, 2013).

Violence is learned as a form of acceptable behavior in childhood as a response to conflict, anger, or tension. Thus, when these feelings arise during caregiving, the caregiver is at risk for becoming a perpetrator of elder abuse or neglect.

Some have also hypothesized a “what goes around comes around” theory of elder abuse. If the older person receiving the care previously abused their child, that child now in the role of caregiver simply is inflicting the abuse they suffered. An adult child may take the opportunity to “turn the tables” on the abusing parent by withholding nourishment or over-medicating the parent (APA, 2013). However, this is now always the care. There are many adult children who grew up in an abusive home and are very compassionate and nurturing while caring for their elderly parent.

Sometimes financial burdens of multigenerational households or living in overcrowded quarters can lead to stress that can trigger elder abuse. Such a situation can be especially difficult when the adult child has no financial resources other than those of the aging parent (APA, 2013).

Note! Intergenerational and marital violence can persist into old age and become factors in elder abuse.

Theory Four: Social Isolation

Social isolation is a common characteristic of individuals who are abused or who become abusive towards family members, and can be a risk factor for abuse. Social isolation can be a strategy for

keeping abuse secret or it can be a result of the stresses of caring for a dependent older family member. Isolation is dangerous because it cuts off family members from outside help and support they need to cope with the stresses of caregiving. Isolation also makes it harder for outsiders to see and intervene in a volatile or abusive situation to protect the older person and to offer help to the abuser (APA, 2013).

Abuse, whether spousal abuse, child abuse, or elder abuse, occurs most often in families characterized as being socially isolated. Of course, this may be both an indicator of potential abuse as well as a potentially contributing to the cause of abuse.

Matching Drag and Drop

Match the name of the theory with its description:

- Caregiver Stress
- Intergenerational Transmission
- Domestic Violence
- Social Isolation
- Lack of a personal network of family, friends or neighbors
- Abuse of an elder by a spouse
- When child abuse victims become abusers as adults
- The emotional and physical strain of caregiving

Answer:

Caregiver Stress – The emotional and physical strain of caregiving

Intergenerational Transmission – When child abuse victims become abusers as adults

Domestic Violence – Abuse of an elder by a spouse

Social Isolation – Lack of a personal network of family, friends or neighbors

Test Yourself

Which theory on the causes of elder abuse is most commonly used:

- a) Social Isolation Theory
- b) Caregiver Stress Theory- **Correct!**
- c) Intergenerational Transmission Theory

Family Stressors

When an older adult's care needs increase or go beyond the types of help family members typically provide, their relatives may find themselves in an unfamiliar situation and not know how to offer proper care and support. Family members may unintentionally fail to ensure that the older adult has adequate and appropriate food, clothing, medical care, supervision or social stimulation. A caregiver's nonwillful failure to provide care and support because of his or her lack of understanding or lack of skills is abusive behavior that can threaten the safety and well-being of the older adult.

Preventing Elder Abuse

The National Family Caregiver Support Program

The National Family Caregiver Support Program (NFCSP) provide support services for family caregivers. For all states to work in partnership with area agencies on aging and local community service providers to provide five basic services to family caregivers (AOA, 2010):

1. Information to caregivers about available services
2. Assistance to caregivers to gain access to services
3. Individual counseling, organization of support groups, and caregiver training to assist caregivers in making decisions and solving problems relating to their roles
4. Respite care to enable caregivers to be temporarily relieved from their care giving responsibilities
5. Supplemental service, on a limited basis, to complement the care provided by caregivers

The Rights of Elders

Every person, the elderly included, has rights. The National Council on Elder Abuse has developed guidelines to help ensure that the rights of elders are protected (NCEA, 2010b). These are the Adult Protective Services Ethical Principles:

- Adults have the right to be safe
- Adults retain all their civil and constitutional rights unless some of these rights have been restricted by court action
- Adults have the right to make decisions that do not conform to societal norms as long as these decisions do not harm others
- Adults are presumed to have decision-making capacity unless a court adjudicates otherwise
- Adults have the right to accept or refuse services

To support these rights, the NCEA has developed a set of guidelines for best practices. Let's take a closer look.

Best Practice Guidelines

Introduction: The following Best Practice Guidelines were developed by the National Center for Elder Abuse (NCEA, 2010b).

First, Do No Harm

- Inadequate or inappropriate intervention may be worse than no intervention (NCEA, 2010b)

Maintain Boundaries

- Maintain clear and appropriate professional boundaries

Seek Informed Consent

- Before providing services, seek informed consent from the adult
- Explain choices and options in a form or manner that the adult can understand
- Involve the adult as much as possible in developing the service plan

Use Support Systems

- Use family and informal support systems first as long as this is in the best interest of the adult
- Use the least restrictive services first- use community based services rather than institutionally based services whenever possible

Show Respect

- Keep personal information confidential
- Respect individual differences such as cultural, historical and personal values
- Do not impose your values not the elder

Be an Advocate

- Recognize that the interests of the adult are the first concern of any intervention
- Focus on case planning that maximizes the vulnerable adult's independence and choice to the extent possible based on the adult's capacity
- In the absence of an adult's expressed wishes, support casework actions that are in the adult's best interest
- Use substituted judgment in case planning when historical knowledge of the adult's values is available

Managing the Stress of Caregiving

The elderly are especially vulnerable. They depend on us for their protection and care. But caring for elders is not an easy task, especially if an elder is physically or mentally impaired.

If you are a caregiver, and you feel stress building up, here are a few steps that you can take to keep from lashing out:

1. **Count to ten** so you don't react
2. **Remove yourself** from the stressful situation
3. **Ask for assistance** from a supervisor or team member
4. **Take slow deep breaths** until you calm down
5. **Seek help** from your supervisor, a professional, a friend or a family member, and freely give that help to others

Remember: You must remind the elder's advocate. It is up to you to control any tendency to snap back, and you should remain alert for any signs of possible abuse by others.

If You Suspect Abuse

You Suspect Abuse... What Do You Do?

Abuse of any form infringes on basic rights. If you suspect abuse, there are a few simple questions you can ask the elder that may help uncover acts of abuse, or on the other hand, may keep you from jumping to the wrong conclusion.

Remember, however, that you are not a detective. Your supervisor and your facility's policy may require you to report even the slightest suspicion immediately. A few gentle and non-threatening

questions may help you decide if there is something you need to report immediately to your supervisor.

Gather Information

Remain warm and sympathetic with the elder. You might begin with a statement that acknowledges what you have just observed but does not directly accuse anyone:

- You know, bruises like this don't usually happen by accident • Do you remember when they happened?
- Was anyone else present when you hurt yourself?

Maintain a non-judgmental manner throughout. In some cases, more indirect questions may lead the elder to respond more easily.

- Do you feel safe here?
- Have you ever been left alone for a long time?

Simple direct questions may help as well:

- Are you afraid of anyone here?
- Have you ever been threatened?
- Has anyone ever hit you?

Sometimes a casual and roundabout approach to a problem may help an elder open up:

- Do you ever disagree with your other nurses?
- What happens then?

If sexual abuse is suggested, simple direct questions may be best:

- Has anyone here ever touched you in a sexual way without asking your permission?

Document Your Findings

Document factually what you see and what you are told. If you are working in a health care setting, there may be specific forms to complete. Use objective observations as much as possible, such as "observed identical bruises on both forearms."

Do not try to guess what happened, such as "elder appeared to have been grabbed hard by her forearms and shaken." Remember to use the elder's own words exactly when possible. For example, if the elder says, "My nurse, Mrs. Temple, grabbed me by the arms very hard and shook me," write exactly that in quotation marks.

Your organization will be prepared to move into action immediately to investigate, to protect the patient, take care of any injuries, and gather the required information.

Report the Incident

Elder abuse is a crime. Federal and most state laws require that licensed healthcare professionals report suspected elder abuse, usually to an adult protective services (APS) agency. Some states also have an elder abuse hotline. You may always call your local police or call 911 in emergency situations.

Know who should be contacted in your facility if abuse is suspected and know who is available in your facility to provide counseling to any staff member who is obviously under stress or in some way at risk of becoming abusive.

It can be very difficult to report suspected abuse by coworkers, especially if the suspected abuser is a friend. However, as a healthcare professional, you are an advocate for you organization's residents or patients. Your first duty at all times is to protect the residents or patients at your facility.

The terms "abuse" and "neglect" are often used interchangeably, making it very difficult to study the causes and prevalence of true elder abuse cases.

Researchers, medical and legal professionals, social workers, and law enforcement agencies all have different definitions and/or interpretations of what the terms abuse and neglect represent.

In the research and literature on elder abuse and neglect, one author may define physical abuse as "withholding of personal care," while another author may consider "withholding of personal care" as neglect or psychological abuse.

Professionals who deal with elder abuse cases use the definitions of abuse and neglect in different contexts. For example, legal definitions are concerned with aspects of legal rights while health definitions reflect issues dealing with medical and nursing practice. Law enforcement definitions used by police address criminal behavior and social workers are focused on issues dealing with advocacy and protection (Ayers & Woodtli, 2001).

Long-term care settings have additional resources for reporting and investigating elder abuse. Each state has an identified ombudsman who is responsible for the investigation of elder abuse in longterm care settings.

Test Yourself

Documentation of elder abuse should include:

- a) Subjective analysis of the situation
- b) Exact language used by the patient- **Correct!**
- c) A thorough description of the cause of the abuse

TRUST Mnemonic

Health care providers can use the TRUST mnemonic to remember the 5 steps to follow in.

(Excerpted by the Administration of Aging 2010 from: Building a Coalition to Address Domestic Abuse in Later Life, by Ada Albright, Bonnie Brandl, Julie Rozwadowski and Mary K. Wall).

T- Take time to listen.

R- Respect the victim's values and choices.

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- U- Understand how difficult it is. Offer compassion and hope.
- S- Support the victim's decisions.
- T- Tell the victim help is available. Refer victim for support and assistance.

Case Scenario One

Mrs. X is 88 years old and unable to care for herself any longer. She is becoming increasingly forgetful and flooded the bathroom last week when she forgot to turn off the bath faucets. She takes several medications for a variety of health conditions but can no longer keep track of her medications and when to refill them. Her daughter is a recently divorced mother of two who just lost her job and does not have the resources to take care of her mother. Her daughter has decided to move Mrs. X into a nursing home. Within a week of the move, the nursing home administrator called her daughter to inform her that her mother had fallen out of bed and broke her hip. When her daughter arrived at the home, she is shocked to see that her mother had a black eye, bruises to both arms, an abrasion on her back and several small, superficial lesions on her arms and legs, a distended abdomen as well as a broken hip!

The daughter immediately calls the hospital social worker and demanded that the nursing home be investigated for abuse.

Upon review of the injuries the hospital social worker contacted the police and called the Elder Abuse Hotline and reported the nursing home for suspected abuse.

Adapted from: Barnett & Millee-Perrin (2011).

Case Scenario: Test Yourself

As the RN on duty, you recognize that:

- a) The interests of the patient are the first concern of any intervention.
- b) You should be prepared to move into action immediately to protect the patient, take care of any injuries, and gather the required information.
- c) Both of the above. - **Correct!**

Facility risk factors that may have contributed to possible abuse may include:

- a) High staff: patient ratios- **Correct!**
- b) Ongoing staff training
- c) The use of team nursing

Who should the abuse be reported to?

- a) The Joint Commission (TJC)
- b) DFCS (Division of Family & Children Services)
- c) Adult Protective Services (APS) - **Correct!**

Conclusion

Unfortunately, elder abuse does occur in both home and healthcare settings. Through the concepts presented in this course, you can learn to prevent, recognize and report abuse. Continuing your education and becoming involved in issues related to elder care can help reduce the incidence of elder abuse.

Resources and References

Here are some references and resources to further your studies.

Resources

Federal and local governments have enacted programs to protect elders who are abused or exploited such as Adult Protective Services (APS) and other community advocacy agencies and organizations.

These organizations provide many services to older adults; including helping them to recognize that they have the right to feel safe, protected from harm, and know that there is help available to them.

The problem of elder abuse is growing so much that there is even a national movement to create a new National Elder Abuse Act that would focus federal resources on the problem by raising public awareness, supporting research, providing programs of training and technical assistance, funding critical services, and coordinating local, state, and national resources.

[National Center on Elder Abuse](#)

The National Center on Elder Abuse (NCEA) serves as a national resource center dedicated to the prevention of elder mistreatment. To carry out its mission, the NCEA disseminates elder abuse information to professionals and the public, and provides technical assistance and training to states and to community-based organizations.

The NCEA makes news and resources available on-line and an easy-to-use format; collaborates on research; provides training; identifies and provides information about promising practices and interventions; operates a listserv forum for professionals; and provides subject matter expertise on program and policy development.

[Administration on Aging](#)

The mission of AoA is to develop a comprehensive, coordinated and cost-effective system of home and community-based services that helps elderly individuals maintain their health and independence in their homes and communities.

[Eldercare Locator](#)

The Eldercare Locator is a public service of the U.S. Administration on Aging. The Eldercare Locator is the first step for finding local agencies, in every U.S. community that can help older persons and

their families access home and community-based services like transportation, meals, home care, and caregiver support services.

[National Academy of Elder Law Attorneys](#)

The National Academy of Elder Law Attorneys, Inc. is a non-profit association that represents lawyers, bar organizations and others who work with older clients and their families. The Academy provides a source of education, information, networking and assistance to those who deal with the many specialized issues involved with legal services for seniors and people with special needs.

[National Consumer Voice for Quality Longterm Care](#)

The Consumer Voice's mission is to represent consumers at the national level for quality long-term care, services and support.

The mission of The Consumer Voice is to advocate for public policies that support quality care and quality of life responsive to consumers' needs in all long-term care settings, empower and educate consumers and families with the knowledge and tools they need to advocate for themselves, train and support individuals and groups that empower and advocate for consumers for longer-term care, and to promote the critical role of direct-care workers and best practices in quality-care delivery.

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