Elder Abuse: the Silent Epidemic

The National Association of Catholic Chaplains (NACC)
Pre-Conference
May 30, 2019
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VARIOUS STATISTICS CAN BE FOUND!

1 in every 9 elderly persons is a victim of abuse.

Yet, only 1 in every 23 cases is reported!

It is estimated that as many as 24.3% of residents in nursing homes have experienced some sort of abuse.

https://www.ncjrs.gov/elderabuse/
https://www.nursinghomeabuse.org/nursing-home-abuse/statistics/
Types of Elder Abuse

- Physical Abuse
- Emotional Abuse
- Neglect
- Sexual Abuse
- Abandonment
- Financial Abuse/Exploitation

"Mnemonic Device"
P.E.N.S. – A.F.

Physical Abuse

- Intentional infliction of pain or injury
- Slapping or hitting with an object (hair brush, shoe, cane, etc.)
- Excessive restraints
- Rough handling by staff to ensure compliance
- Overmedicating to keep a resident subdued
- Denying pain or other medication

Red Flags

- Bruises
- Fractures
- Unexplained change in behavior
- Unexplained fear of staff or family member
The Center for Excellence on Elder Care (UCLA/Ervine) - carried out a study to examine the age old argument that “Older people just bruise more easily. There really is no way to distinguish if a bruise was accidental or inflicted.”

Research Findings: Difference can be proven between "accidental" and "intentional bruising"

Physical Abuse – Interesting Findings

- Inflicted bruises tended to be located on the torso, neck, or head while “accidental bruises are found more frequently on the legs” (NOTE: arms and hands)
- The “color” of the bruise often indicates the “time of day” – helps to determine who was the “caregiver” on that particular shift.” (NOTE: Follow your “facility policy”)

Emotional Abuse

- Humiliation
- Insults
- Verbal abuse
- Mocking
- Ignoring pleas for assistance
- Excessive physical restraints
- Isolation by restricting visitors and/or going out
Emotional Abuse

Red Flags
- Caregiver doesn’t allow phone calls or visits:
  - She’s sleeping right now or can’t be disturbed.
  - He’s not up to visitors today.
- Caregiver doesn’t provide substantial answers to inquiries from concerned parties.

Evidence
- Withdrawal/aggression towards one caregiver
- Spitting or other repetitive behavior
- Extremely withdrawn or non-responsive

Neglect

Red Flags
- Weight loss
- Dirty clothing, inappropriate clothing
- Poor body and dental hygiene
- Unopened medication bottles
- Unused hearing aids
- Missed medical appointments

Types of Elder Abuse

Neglect

Red Flags
- Caregivers don’t perform caregiving duties
- Failure to schedule routine medical appointments.
- Failure to provide medications.
- Rooms filthy, fire and safety hazards.
- Lack of adequate food and/or assistance with eating.

Evidence
- Withdrawal/aggression towards one caregiver
- Spitting or other repetitive behavior
- Extremely withdrawn or non-responsive
Types of Elder Abuse | Neglect

Evidence

- Resident has sudden new issues, e.g. delirium
- Increase in resident yelling and need for attention
- Increased bed sores or neglected hygiene
- Sudden signs or withdrawal or new agitation
- Symptoms from dehydration or hunger
- Resident feels sense of abandonment

(Levin Pillemer 1995)

Types of Elder Abuse | What is Resident Neglect?

Caregiver doesn’t intend resident harm.

<table>
<thead>
<tr>
<th>Medical Neglect</th>
<th>Not giving proper meds or addressing bedsores</th>
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<tbody>
<tr>
<td>Basic Need Neglect</td>
<td>Not preventing falls, dehydration, resident safety from other residents</td>
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<tr>
<td>Neglect of Hygiene</td>
<td>Poor/no assistance with ADLs and maintaining cleanliness</td>
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<tr>
<td>Emotional Neglect</td>
<td>Isolating residents, ignoring or yelling at requests</td>
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What is Resident Neglect?

Caregiver doesn’t intend resident harm.

- According to national studies, it is estimated that the largest percentage of elder sexual abuse, around 71% of the reported cases occurs within nursing homes.
- Any sexual contact or photography
  - Without resident consent
  - With resident incapable of giving consent
- Sexual Assault is a crime and the facility must call the police for a complete investigation.
**Sexual Abuse**

The term encompasses a continuum of activities ranging from unwanted/ non-consensual touching of the sexual organs by a perpetrator.

- Perpetrator forces the elderly person to touch them in a sexual manner.
- Displaying pornographic material to stimulate sexual arousal.
- Forced nudity
- Photographing the resident when naked or when performing a sexual act upon a resident.

*(Lachs, Pillemer 1995)*

**Evidence**

- Bruises/cuts/infections/bleeding in genital area or inner thighs
- Torn stained or bloody underclothing
- Reported/reactive behavior with one caregiver
- Resident has a sexually transmitted disease.
- Urinary tract infections/pain
- Unexplained vaginal bleeding
- Sudden and inappropriate references to sexual organs on part of resident and/or sexual gestures.

*(Lachs, Pillemer 1995)*

**Important Facts about Elder Sexual Abuse**

- 70% of reported sex abuse occurs in nursing homes.
- Only 30% of victims of elder sexual abuse report it to authorities.
- The abuser is the primary caregiver 81% of the time.
- Elderly women are six times more likely than men to be sexually abused.

*(Nursing Home Abuse Guide; 2016)*
Abandonment

The desertion of an elder at a hospital, a nursing facility, or other similar institution.

Evidence

• the desertion of an elder at a shopping center or other public location
• an elder’s own report of being abandoned

Financial Abuse / Exploitation

• Stealing or misappropriation of resident’s possessions, food, etc.
• Staff demanding “money” for routine daily care services.
• Lack of amenities victim could afford but caregiver claims, they are, “too expensive”!
• Caregiver has control of all banking issues, pension checks, Social Security, etc. with no oversight from other family members.

RED FLAGS

• Residents reports frequently of missing possessions.
• Elder has signed important documents such as “Power of Attorney” and/or “Will” but is lacking mental capacity.
• Caregiver has been the recipient of excessive and uncharacteristically excessive financial reimbursement.
CASE STUDY
As you are going towards the room of an 85 year old resident to give medications, you hear his visitor say to him in a nasty tone of voice: “STOP BEING SO STUBBORN. I NEED YOU TO SIGN THIS PAPER NOW SO I CAN GET MONEY OUT OF THE BANK TO BUY YOU THE THINGS YOU NEED.”

CASE STUDY
As you enter the room, the young woman leaves quickly and you notice that the resident has tears in his eyes. You ask if everything is OK and the resident shakes his head “Yes”, but doesn’t say anything. After you leave, the exchange between them keeps re-playing in your head.

CASE STUDY
• What are your thoughts?
• Are any signs of elder abuse present?
• What types?
• Should this encounter be reported to your supervisor?

Adapted from “Elder Abuse Training for Nursing Students”
Research Findings on Elder Abuse

• **Violence** – or physical intimidation is seen as a means to obtain compliance.
  • “She just doesn’t listen – I have to force her to listen!”

• **Greed** – Family members/caregivers/vendors want the “pension check,” “social security check,” etc. so intimidates elder to get their money.

Abuse Happens at Home Too

Bernard, age 82, lives at home. His 42 year old son, David, moved in with him after losing his job. Bernard discovers that his son had used his debit card to take $10,000 without his knowledge. Bernard confronts David and demands repayment. David knocks him down and threatens to kill him, and tell the family how Bernard abused him as a child.

Every year an estimated 5 MILLION older Americans are victims of elder abuse, neglect or exploitation.

- The National Center on Elder Abuse / Administration on Aging
Prevalence of Nursing Home Abuse

• Over 80% of nursing home staff have observed abuse occurring, but rates of abuse actually reported to home management were low (2%).
• 16% of long-term care staff reported committing significant psychological abuse
• 10% of staff admitted physical abuse and 40% any psychologically abusive act

(Cooper, Selwood, Livingston 2008)

Elder Abuse – Why Do Most Cases Go Unreported?

• The elderly are often a “captive” to his/her “abuser” (i.e. dependent upon family members (or) institutional staff for their care).
• Fear of retaliation
• Inability to get help due to
• Isolation, fear, dementia

Discussion – Are the following considered abuse?

Using your cell phone to take a picture
Eating residents candy
Using residents cell phone
Laughing at a resident when they are lost
Mimicking residents
If research in elder abuse reveals that over 80% of nursing home staff have observed some form of abuse, but rates of reporting abuse to home management were as low as 2%.

Then why do you think that staff is often reluctant to report to Supervisory behaviors that they find disturbing?

• Give two reasons
• Discuss

Factors that Contribute to Abuse of the Elderly

#1 Cause of physical abuse of the elderly is “CAREGIVER STRESS”

However, it imperative to remember that “Caregiver Stress” is a “CAUSE” – but never an “EXCUSE”!

Caregiver Stress – Environment

• Staff shortages
• Burnout
• Poor training
• Insensitive/neglectful culture
Caregiver Stress – The Resident

- Personality
- Attitude
- Dementia

Research Findings on Elder Abuse

- Resentment – Abuser feels “trapped,” sees the elderly person like an “albatross around their neck.”
  - If it weren’t for you – I’d be free to leave the house.”
  - “You’re worthless – you contribute nothing!”
  - “My Mother isn’t treated as good as you are.”

- Mental Illness Issues – of the caregiver which causes him/her to view themselves as a “Victim.”

BE AWARE Research Indicates that residents with Dementia are at a Higher Risk for Abuse!

- Impaired memory
- Communication deficits
- Documented cognitive impairment
- Challenging behavioral acting-out
- Lack of gratitude to caregiver
Why are Residents with Dementia at Risk for Abuse?

Because working with this resident population is extremely challenging.

One 2010 study found that 88.5% of participants with dementia experienced psychological abuse (i.e. staff ignoring their cries for help, or laughing together at their nonsensical behavior).

Why are Residents with Dementia at Risk for Abuse?

- **30% were physically neglected**
  "Why bother to clean him up – he is just going to soil himself again?" "Why try to feed her – she just spits the food out of her mouth."

- **20% suffered physical abuse**
  "She punches me – so I hit her back – it’s the only way she’ll learn!"

Why are Residents with Dementia at Risk for Abuse?

- **Be aware of your own instinctive reaction** – if you are being hit do not hit back – this is viewed as abuse even if it done by a "natural" reaction
Behaviors often reflect an unmet need not easily communicated by someone with dementia who may, in turn, struggle to understand you.

- Slow down – speak slowly and allow time for the person to process what you are saying.
- Use short sentences. Task segmentation
- Use gestures to reinforce what you are saying.
- Identify triggers if you can - pain, frustration, confusion, hunger
- Work from their strengths

Who Commits the Abuse?

**Breakdown of confirmed perpetrators**

- Adult children 40%
- Spouse 15%
- Grandchildren 9%
- Other 9%
- Other Relatives 8%
- Parents 6%
- Siblings 6%
- Service Provider 3%
- Friend 1%
- Unknown 1%

(National Association of Adult Protective Services Administrators National Center on Elder Abuse)

Who Abuses? – Family

- Complicated family relationships
- Money
- Emotional abuse
- Physical abuse

(Nursing Home Abuse Statistics 2018)
Who Abuses? – Staff

- Burnout
- Insufficient support with difficult residents
- Prejudices: race, religion, sexual orientation, culture, age, gender differences, individuals with disabilities
- Culture of indifference within the home

(Nursing Home Abuse Statistics 2018)

Who Abuses? – Other Residents

- Recent studies show that nursing home residents are more likely to be abused by fellow residents than by staff.
- Resident to resident abuse includes:
  - negative and aggressive physical, sexual, verbal interactions between residents

(Nursing Home Abuse Statistics 2018)

How to Avoid Care Violations

Know yourself
- How do you react to stress?
- How do you interact with difficult residents?
- What can help you do better?
Person-centered Care – is a unique style of care that is developed around the uniqueness and individuality of each resident (i.e. resident was a school teacher, so each morning the staff members could talk about school children, etc.)

Staff is provided with sufficient information so they are prepared for the type of behavior that the resident might display and thus avoid confrontation.

Staff truly works as a team: staff will pair up and assist each other with very difficult residents; they will trade off residents if there is a specific difficulty, etc.

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Our Goal -- A Culture of Person-centered Care

Reduce Your Stress – Mindfulness

In the short term, when faced with a difficult resident
• Take a five-minute deep breathing break to bring your stress level down.
• Don't have five minutes? Even pausing for a single deep breath can calm you and keep you from over reacting to residents' behavior

In the long term, regular mindfulness meditation can reduce stress in all areas or your life.

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Reduce Stress – Self Care

Caregiving requires you to take care of yourself. Develop routines/habits that work for you.
• Relaxation exercises can help relax your body and clear your mind
• Listening to music – sing-a-long!
• Any exercise that you enjoy
• Time spent in nature
• Whatever does it for you—just be sure to do it
Empathy – Ask Yourself

What if this resident were your mother, father, grandparent, sibling? Or you?
• How would you treat this person?
• How would you want others to treat him or her?
Might yelling, hitting, ignoring requests for help be your response?

Empathy – Imagine

Not only can you not see or hear as well as you used to, you can’t seem to remember things you used to know—words, people, the way to do things. Your world seems to be populated with strangers whom you struggle to understand, and they don’t seem to understand you. You might hope it’s going to get better. You don’t know it’s going to get worse.
Might you act out in frustration or fear?
What would you want from those caring for you?

Reporting Abuse
How do most elder abuse cases get reported?

• Health Care Provider 23%
• Spouse 15%
• Family Member 16%
• Other 15%
• Service Provider 15%
• Friend/Neighbor 8%
• APS/Aging Worker 6%
• Law Enforcement 5%
• Anonymous 5%
• Elder Victim 4%

(National Center on Elder Abuse – FY 1996 State Statistics)
Elder Abuse and the Law

• As an employee of a LTC facility, you are a “Mandated Reporter” – thus, you have both a legal and a moral obligation to report any sign or incidence of abuse.
• Remember – if you observe any form of abuse within your facility, be it from a family member or a staff member, you have a serious obligation to report it immediately to your supervisor.

Elder Abuse and the Law

• In the instance of physical injury, it must be reported to your supervisor immediately (within 2 hours) of the incident. Other allegations must be reported within 24 hours of the incident.
• If there is suspicion of a crime (i.e. theft/sexual abuse), law enforcement MUST be notified. (It does not matter if you don’t know the perpetrator – or – You can’t prove the guilt or innocence of a person) – Just know that you have a moral and legal obligation to report the incident!
When you report to your supervisor an incident of abuse, be prepared to respond to specific requests:

- What exactly did you observe?
- One-time event? Longitudinal changes in a resident’s behavior?
- Who else was present?
- What did you hear?
- Where did it happen?
- What time did it happen?
- Have supervisor/administrator authorize photographs of bruises, etc.
- BE OBJECTIVE. AVOID JUDGMENT. WRITE STATEMENTS VERBATIM.

General Guidelines for Reporting Abuse

- Reporting Elder Abuse lies with senior staff and the administration of the facility.
- Every state in America has an Adult Protective Agency. This is the governmental agency charged with receiving and responding to reports of maltreatment of the elderly.
- Administration on Aging (AOA)
- Legal Services for the Elderly (Title III-B)
- FOLLOW PROTOCOL YOUR OWN FACILITY HAS SET FORTH.

What do I do if I suspect abuse of an elder?

Abuse in a Facility
- Protect/Seperate
- Immediately alert your supervisor.
- Remember the rules concerning residents’ confidentiality policy.
- Do not go outside the “chain of command” within the facility.

Abuse of an Elderly Neighbor
- If you, as a concerned citizen, suspect a neighbor, is the victim of elder abuse, look up your state’s contact information.
  https://ncea.acl.gov/resources/state.html
Additional Resources for More Information

- [https://www.nursinghomeabuse.org/resources/](https://www.nursinghomeabuse.org/resources/) This provides general reporting information along with a state-by-state listing of links and agencies you can contact to report abuse.

- [Nursing Home Abuse Risk Prevention Profile and Checklist—National Center on Elder Abuse](https://ncea.acl.gov/resources/docs/archive/Nursing-Home-Abuse-Risk-2005.pdf) This prevention resource developed by the National Association of State Units on Aging has been designed not only to root out the “hidden” risks to vulnerable nursing home residents, but also to inspire and catalyze communitywide response.

Sources

- Elder Abuse Training for Nursing Students. N.D. Nurse Educator’s toolkit, created by the Center of Excellence on Elder Abuse & Neglect and the Program in Nursing Science at University of California, Irvine. Accessed 9/11/18 at [www.centeronelderabuse.org](http://www.centeronelderabuse.org)