

ELDER ABUSE

An Introduction for the Clinician



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in Elder Abuse and Neglect

ACKNOWLEDGEMENTS

This slide lecture presentation was created by the Center of Excellence in Elder Abuse & Neglect at the University of California, Irvine, School of Medicine Program in Geriatrics.



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LEARNING OBJECTIVES

- To place knowledge on the definition and categories of elder abuse into clinical context.
- To encourage the clinician's routine inquiry about elder abuse in the office, clinic and hospital.
- To identify the spectrum of presenting signs and symptoms of elder abuse through history taking and physical examination.
- To define the clinician's role in documenting and reporting suspected elder abuse.



FAMILY VIOLENCE



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ELDER ABUSE DEFINITIONS

- Elder: any person residing in California who is 65 years of age or older.
- Elder abuse: acts of omission or commission by a person who stands in a trust relationship that result in harm or threatened harm to the health and or welfare of an older adult.
- Caregiver: any person who has the care, custody or control of, or stands in a position of trust with, an elder or dependent adult.



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PREVALENCE OF ELDER ABUSE

- Current:
 - 3-5% of elders in home/residential facility
- Victim-perpetrator:
 - no typical victim
 - 90% of abusers known to victim
- Future:
 - growing proportion of seniors in society
 - increasing number of abused/at risk elders



ELDER ABUSE

Only 1 out of 6 cases are reported!!

Unaware + Unspoken = Unrecognized

UNTREATED



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CATEGORIES OF ELDER ABUSE

- Physical abuse
- Sexual abuse
- Emotional abuse
- Neglect
- Abandonment
- Abduction
- Financial exploitation
- Self-neglect



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PHYSICAL ABUSE

- Use of physical force that causes or may cause non-accidental physical pain, harm or bodily injury.
 - ◆ beating
 - ◆ shaking
 - ◆ kicking
 - ◆ throwing objects
 - ◆ force feeding
 - ◆ assault with deadly weapons
 - ◆ pinching
 - ◆ burning
 - ◆ choking
 - ◆ unreasonable restraint
 - ◆ misuse of medication



EMOTIONAL ABUSE

- The infliction of mental anguish, pain or distress upon another person.
 - ◆ threatening
 - ◆ criticizing
 - ◆ debasing
 - ◆ ridiculing
 - ◆ ignoring
 - ◆ debasing
 - ◆ yelling
 - ◆ humiliating
 - ◆ intimidating
 - ◆ social isolating



SEXUAL ABUSE

- Any form of sexual contact or exposure without consent.
 - ◆ unwanted touching and fondling
 - ◆ sexual name calling
 - ◆ forced and coerced sexual acts
 - ◆ purposefully hurtful sex
 - ◆ sodomy
 - ◆ rape



NEGLECT

- Denial of care:
 - food, water, shelter
 - personal hygiene, clothing, bedding
 - medical care, medicines, assistive devices
- Isolation:
 - control of time, activities, contacts
 - disinformation tactics
 - false imprisonment



ABANDONMENT

- Willful unattended care or custody by an identified caregiver who has assumed responsibility when a reasonable person in a like situation would not do so:
 - home
 - public place



FINANCIAL ABUSE

- Exploitation of property, resources and assets:
 - denying access
 - stealing, hiding
 - purposeful mismanagement, deception
 - fraud, extortion, forging
 - improper use of legal documents



ABDUCTION

- The removal of a person from California or restraining a person from returning to California who does not have the capacity to consent to this action.



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SELF-NEGLECT

- Basic activities of daily living are neglected, threatening personal health and safety:
 - hygiene
 - food, water
 - clothing and bedding
 - shelter and surroundings
 - finances
 - health care
 - hoarding




RISK FACTORS FOR ELDER ABUSE

- Isolation of caregiver-elder dyad
- History of abuse in either
- Abuser dependent on elder
- Mental illness in either
- Substance abuse in either
- Elder's vulnerability and frailty
- Caregiver's perceived distress



CONSEQUENCES OF ELDER ABUSE

- Hostage in unsafe environment:
 - ? access to medical care
 - ? chronic disease complications
 - ? malnutrition and dehydration
 - ? physical and psychological harm
-  3x premature death



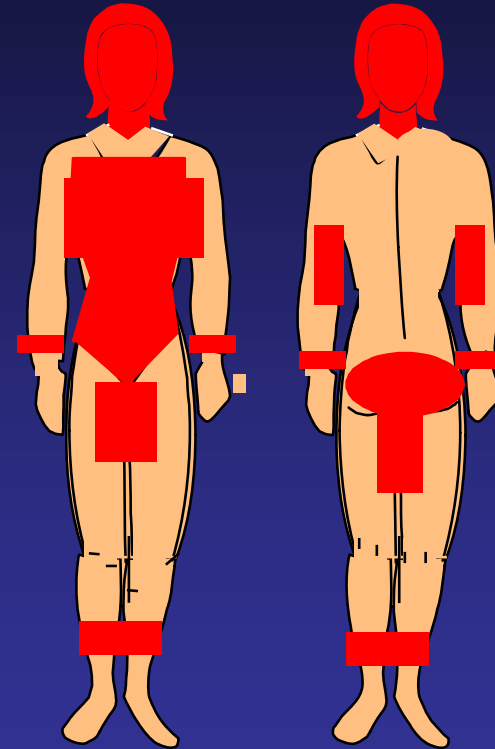
ASSESSMENT:DEMEANOR

- Flat affect, listless, apathetic
- Hesitant, evasive
- Fearful, anxious
- Hostile, aggressive
- Uncooperative, suspicious
- Abrupt change in a known patient



ASSESSMENT: INJURIES

- Location and shape
- Multiple injuries
- Various healing stages
- Suspicious explanation
- Delay seeking care



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ASSESSMENT: SEXUAL ABUSE

- Fear of being touched
- Inappropriate modesty on examination
- Inner thigh bruising, tenderness
- Perineal bruising, tenderness, blood
- Breast bruises
- Unexplained STDs including HIV



ASSESSMENT: EMOTIONAL ABUSE

- Depression:
 - sleep and appetite disturbances
 - decreased social contact
 - loss of interest in self
 - apathy and suicidal ideation
- Evasiveness, anxiety, hostility



ASSESSMENT: NEGLECT

- Indicators:
 - inadequate, dirty or inappropriate clothing
 - malnutrition, dehydration
 - odor and poor hygiene
 - pressure sores
 - misuse/disregard/absence of:
 - medicines
 - medical assistive devices
 - medical regimens



ASSESSMENT: FINANCIAL ABUSE

- Fear, vague answer, anxiety when asked about personal finances
- Disparity between assets and appearance and general condition
- Failure to purchase medicines, medical assistive devices, seek medical care or follow medical regimens



ASSESSMENT: SELF-NEGLECT

- Indicators:
 - inadequate or dirty clothing
 - malnutrition, dehydration
 - odor and poor personal hygiene
 - misuse/disregard/absence of medicines, health services, medical regimens
- ? Eccentric or idiosyncratic behavior
 - self-imposed isolation
 - marked indifference



ASSESSMENT: CHART DESCRIPTORS

- “accident prone”
- “noncompliant of medical care”
- “diffuse anxiety disorder”
- “depression”
- “help-rejecting behaviors”
- impaired patient presenting alone
- ER visits: injuries, exacerbations of chronic illness under treatment
- caregiver hostility, anger, distress



ASSESSMENT: CAREGIVERS

- Majority: adult children, partners
- Clues on observation:
 - speech, tone, touch interactions
 - stands watch, monitors interactions
 - overly protective or lacking concern
 - answers questions directed to patient
 - continually tests limits of the visit
 - refuses to leave room when asked
- Hostile and surly to staff



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.”



CONFIRMING THE DIAGNOSIS

- Direct question examples:
 - “Does anyone threaten, hurt or abuse you?”
 - “Do you feel safe where you live?”
 - “Do you feel put down, made fun or ridiculed by your caregiver?”
 - “Are you afraid of anyone?”
 - “Do you feel your caregiver keeps you from doing what you want?”
 - “Are you made to stay in your room or left alone a lot?”



CONFIRMING THE DIAGNOSIS

- Direct question examples:
 - “Do you call or get out with your friends and family?”
 - “Who does the shopping or prepares your meals?”
 - “Have you been forced to sign documents when you did not understand them?”
 - “Who handles your checkbook?”
 - “Does anyone steal money or take things from you?”
 - “Has your caregiver ever refused to help take care of you when you asked for help?”



CONFIRMING THE DIAGNOSIS

- Direct questions: Sexual abuse:
 - “Have you been forced to do something sexually that you don’t want to do?”
 - “Does anyone force you to have sex or make you do things related to sex that make you feel uncomfortable?”



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CONFIRMING THE DIAGNOSIS

- Direct questions: Lethality potential
 - “Has your caregiver ever threatened to kill you or himself?”
 - “Are there weapons in the house?”
 - “Does your caregiver hurt your pets?”
 - “Has the abuse increased in frequency or severity recently?”



FOLLOW UP OF 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
- ◆ identify and refer to community resources

Establish a follow up process



FOLLOW UP OF A **YES** ANSWER

❖ Examples of responses:

- ◆ “I am concerned about your safety and well being.”
- ◆ “You are not alone.”
- ◆ “The abuse is not your fault; only your abuser can stop the abusive behavior.”
- ◆ “No one deserves to be abused; there is no excuse for abuse.”
- ◆ “There are options and resources available.”



SAFETY PLANNING

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



ADULT PROTECTIVE SERVICES

- Authorized and budgeted by California
- Integral part of safety planning
- Integral part of care plan
- Benefits:
 - prompt response and investigation
 - comprehensive psycho-social assessment of elder's needs
 - coordinate direct links to resources
 - advocacy and individual care plan



ADULT PROTECTIVE SERVICES

- Reporting:
 - Health practitioners are mandated reporters
 - legal protection of reporter
 - name not disclosed to victim, family, abuser
 - Requirements when abuse suspected:
 - abuse does NOT need to be confirmed
 - telephone when practically possible
 - formal written report [SOC 341], mail or fax within 2 working days



ADULT PROTECTIVE SERVICES

- Reporting:
 - Failure to report: jail, fine or both!
 - If report is unsubstantiated: no penalty if report was made in good faith



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OTHER COMMUNITY SERVICES

- Law enforcement agencies:
 - County Sheriff
 - Local police department
- Long-Term Care Ombudsman



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BACKGROUND OF A **NO** ANSWER

- ❖ Patient:
 - acceptance of blame
 - feeling of shame and embarrassment
 - fear of loss of independence
 - fear of reprisal and escalation
 - believes no viable alternatives exist
 - unaware of community resources
 - cultural and family structure issues
- ❖ Practitioner: report still must be made!



BACKGROUND OF A **NO** ANSWER

❖ Practitioner:

- trust relationship not yet established
- inappropriate setting
- lack of privacy and confidentiality
- inappropriate history taking
- inappropriate format



DOCUMENTATION

❖ Patient's Medical Record:

- ☑ date, time
- ☑ patient identifying information
- ☑ patient's statements
- ☑ findings on physical examination
- ☑ medical opinion/diagnosis
- ☑ treatment required
- ☑ follow-up and referral plans
- ☑ reporting requirements fulfilled



VARIABLE: CAPACITY

- Ability to care for oneself and make informed decisions:
 - normal mild declines with aging:
 - cognitive capacity
 - functional capacity
 - causes of impairment:
 - malnutrition, dehydration
 - manifestations of chronic illness
 - misuse or lack of use of medication, devices
 - *EMOTIONAL ABUSE*



VARIABLE: CAPACITY

- Evaluation and assessment:
 - clinical manifestations:
 - variable loss of memory
 - variable loss of function
 - variable loss of one cognitive domain
 - office tools:
 - Mini-Mental State Exam, Mini-Cog, Six-item screen, MoCA
- Clinician's role: observe, provide opinion, not make a specific diagnosis



VARIABLE: FAILURE TO SCREEN

- Lack of knowledge
- Legal concerns
- Discomfort in showing ignorance
- Sense of powerlessness
- Fear of offending patient or the abuser
- Minimization and denial
- Reluctance to become involved
- Time constraints



TRUISM

“I don’t have enough time.”

EQUALS

“I don’t want to get involved.”



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VARIABLE: CAREGIVER STRESS?

- Unintentional harm:
 - lack of necessary knowledge, training, skills
 - response to patient's aggressive behavior
- Intentional abuse:
 - characteristics of caregiver
 - exercise power and control
- Etiology for elder abuse ?:
 - blames the victim
 - discourages reporting suspected abuse



VARIABLE: SYSTEM BARRIERS

- Lack of institutional support
- Disinterest of colleagues
- Lack of reimbursement for time and effort spent
- Overt and covert Ageism



ASSESSMENT: CAREGIVER

- Direct question examples:
 - “What does X need help with every day?”
 - “How do you and X handle disagreements?”
 - “What expectations does X have of you?”
 - “Is caring for X different than you thought it would be?”
 - “Have you ever felt out of control when caring for X? What did you do?”
 - “What do you do or who do you tell when you are feeling stressed?”



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?”



ASSESSMENT: CAREGIVER

- Direct question examples:
 - “Now that you are caring for X, have your feelings become negative?”
 - “Is X physically or verbally abusive toward you?”
 - “Are you overwhelmed, confused, fearful, or angry as a result of being a caregiver?”
 - “Are problems from your family’s past resurfacing?”
 - “Are you neglecting your own health?”
 - “I am worried about the bruises on X, do you know how X got them?”
 - “Is there a reason for waiting this long to seek medical care for X?”



REFUSAL OF CARE

- **California Welfare and Institutions Code 15636:**
 - (a) Any victim of elder or dependent adult abuse may refuse or withdraw consent at any time to an investigation or the provision of protective services by an adult protective services agency or long-term care ombudsman program. The adult protective services agency shall act only with the consent of the victim unless a violation of the Penal Code has been alleged. A local long-term care ombudsman shall act only with the consent of the victim and shall disclose confidential information only after consent to disclose is given by the victim or pursuant to court order.





- Mission:
 - Identify and promote legal remedies for elder abuse through collaborative evaluation, consultation, education and research.
- Participating agencies:
 - UCI Program in Geriatrics
 - Adult Protective Services
 - Law enforcement agencies
 - District Attorney
 - Victim Assistance Program
 - Long-Term Care Ombudsman
 - Older Adult Mental Health Services
 - Human Options DV Services



SUMMARY: FACTS

- Elder abuse:
 - a reality in our society
 - increasing prevalence
 - present in all demographics
 - most is unrecognized by clinician
 - **can be addressed effectively through collaborative, coordinated community resources**



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SUMMARY: AGENTS OF CHANGE

❖ Practitioners can:

Routinely integrate questions

Ask ubiquity and direct questions

Document findings

Assure patient safety

Refer to community resources



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GOALS

Elder Abuse must become a
CULTURAL TABOO

ZERO tolerance of Elder Abuse



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RESOURCES: NATIONAL

- AARP: www.aarp.org
- UCI Center of Excellence in Elder Abuse and Neglect: www.centeronelderabuse.org
- Administration on Aging: www.aoa.gov
- National Center on Elder Abuse: www.ncea.aoa.gov;
- American Bar Association Commission on Law and Aging: www.abanet.org/aging
- American Society on Aging: www/asaging.org; Generationsjournal.org
- Family Caregiver Alliance: www.caregiver.org
- Clearinghouse on Abuse and Neglect of the Elderly: <http://db.rdms.udel.edu:8080/CANE/>



RESOURCES: NATIONAL

- Eldercare Locator: www.eldercare.org
- Lesbian and Gay Aging Issues Network:
www.asaging.org/Networks
- National Clearinghouse on Abuse in Later Life:
www.ncall.us
- National Committee for the Prevention of Elder Abuse:
www.preventelderabuse.org
- National Council on the Aging: www.ncoa.org
- Nursing Home Database:
www.medicare.gov/Nursing/Overview



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RESOURCES: ORANGE COUNTY

- UCI Center of Excellence on Elder Abuse and Neglect
www.centeronelderabuse.org
- Adult Protective Services 800 451 5155
- Sheriff: 714 834 3636
- Long-Term Care Ombudsman 800 300 6222
- Office on Aging 800 510 2020
- Forensic Center Coordinator 714 825 3087

Download form SOC 341 www.aging.ca.gov



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