Elder Abuse Introduction

The American population is aging. 27% of the 281 million Americans are 50 years old and older. The abuse of elders is increasing. There is more neglect, more assaults and more financial abuse than ever before. Many adults who have developmental disabilities or physical disabilities caused by aging are being seen in courts these days. Their conditions often make it hard for them to do normal activities or to protect their rights. These people are called dependent adults (or elders).

Elder abuse, or dependent adult abuse, as it is sometimes called, is when someone mistreats an elderly person or a dependent adult, whether or not that person is at home or in an institution. This is a crime. People who abuse elderly or dependent adults can go to jail or prison and can be fined. One of every 20 elderly people will be abused in their lifetime. Many are abused by their caretaker. There are many kinds of elder or dependent adult abuse. Some of them include:

- **Physical**  Causing pain or injury, using unreasonable physical restraints, or not allowing the person enough food or water – or denial of or failure to provide adequate shelter, clothing, medical care, mental health care, emotional needs necessary for normal functioning, proper supervision, or physical care.

- **Psychological**  Causing mental pain, like humiliating, intimidating or threatening.

- **Sexual**  Sexual assault, rape. Indecent exposure. Assault with intent to commit sexual abuse. Sexual exploitation of a dependent adult by a counselor or therapist. Invasion of privacy, nudity. Incest.

- **Financial**  Using an elderly or dependent person’s money or property illegally or improperly without their consent for someone else’s benefit.

- **Abandonment**  When someone deserts an elderly person or dependent adult they are caring for.

- **Neglect**  When a caregiver does not take reasonable care of the elderly or dependent adult they are supposed to. They do not provide goods or services necessary to avoid physical harm, mental anguish or illness.

- **Abduction**  Taking an elderly or dependent adult out of the state if that person does not have the capacity to give consent to the move.

- **Isolation**  Intentionally preventing an elderly person or dependent adult from receiving mail, telephone calls or seeing visitors.

- **Self-neglect**  When an elderly person does not care for him/herself to the point that his/her health and safety are at risk.

- **Exploitation**  When the dependent adult’s physical or financial resources were exploited. “Exploitation” is the act or process of taking unfair advantage of a dependent adult or the dependent adult’s physical
or financial resources for one’s own personal profit, without the consent of the dependent adult.

Hundreds of thousands of elderly people are abused, neglected and exploited each year by their caretakers. These people are vulnerable, frail and cannot help themselves. They are dependent on other people to meet their most basic needs. It is difficult to estimate how many elder or dependent American adults are abused each year, but it has been suggested that about 500,000 are abused, neglected and exploited by family members and others. A very small percentage of this abuse never gets reported. The Senate Special Commission on Aging estimates that there may be as many as 5 million victims of elder abuse each year. One study found that domestic elder abuse has increased 150%. In 90% of cases, the perpetrator was a family member. Two-thirds of the perpetrators were adult children or spouses. One report states that researchers estimate that only 1 in 14 incidents of elder abuse actually comes to the attention of law enforcement or human service agencies. Elder abuse is one of the most under-recognized and under-reported social problems in the United States. It is far less likely to be reported than child abuse because of the lack of public awareness. Nationally, it is estimated that over 55% of elder abuse is due to self-neglect. Such abuse can happen anywhere – in private homes, at health care facilities and in the community at large. Legislatures in all 50 states have passed some form of elder abuse prevention laws. Laws and definitions of terms vary considerably from one state to another, but all states have set up reporting systems. Generally, adult protective services (APS) agencies receive and investigate reports of suspected elder abuse. (1)

Definitions, Symptoms and Causes

“Dependent adult” means a person eighteen years of age or older who is unable to protect the person’s own interests or unable to adequately perform or obtain services necessary to meet essential human needs. This could be as a result of a physical or mental condition but would require assistance from another. A “caretaker” is defined as a related or non-related person who has the responsibility for the protection, care, or custody of a dependent adult as a result of assuming the responsibility voluntarily, by contract, through employment, or by order of the court. There are many different kinds of dependent or elder abuse. Many of them have been listed above. There are many ways to report suspected abuse, which will be listed later in this course.

Some symptoms of abuse include:

- Bruises and lacerations
- Broken or fractured bones
- Untreated injuries in various stages of healing
- Sprains, dislocations and internal injuries
- Laboratory findings of medication overdose or under-utilization of prescribed drugs
- Elder’s report of being hit, kicked or mistreated
- Elder’s sudden change in behavior, including becoming depressed, agitated, withdrawn and non-communicative
- Dehydration, malnutrition, untreated bedsores and poor hygiene
- Unattended or untreated health problems
- Unsafe or unclean living conditions
- Elder’s report of mistreatment
- Caregiver’s refusal to allow visitors to see an elder alone
Spouses and adult children of elders are the most common abusers of family members. Usually, a combination of psychological, social and economic factors, along with the mental and physical conditions of the victim and the perpetrator, contribute to the occurrence of elder maltreatment. Although the factors listed below cannot explain all types of elder abuse because it is likely that different types (as well as each single incident) involve different causal factors, some of the causes researchers cite as important are:

- Caregiver stress
- Impairment of dependent elder
- A family history of violence and substance abuse

**Precautions**

Older adults can take the following precautions to help keep them safe from abuse:

- **Maintain a social life.** Stay in touch with old friends and neighbors if you move in with a relative or change your address. Have a buddy outside the home check in with you at least once a week. Invite friends to stop by your house even if they only stay for a brief period.

- **Stay open to opportunities.** Make new friends. Continue participating in community activities.

- **Retain control over your telephone and mail.** If your mail is being intercepted, discuss the problem with postal authorities.

- **Organize your belongings so you can keep track of everything.** Make sure others are aware that you know where everything is kept.

- **Try to be in control of attending to your personal needs.** Keep regular appointments with your doctor, dentist, barber or hairdresser.

- **Maintain financial control.** Arrange to have your Social Security or pension check deposited directly to a bank account in your name.

- **Maintain legal control.** Obtain legal advice about possible future disability, including powers-of-attorney, guardianships, or conservatorships. Be sure to keep records, accounts, and property available for examination by someone you trust, as well as by the person you or the court has designated to manage your affairs. Review your will periodically. Only give up control of your property or assets at a time when you decide you cannot manage them.

- **Be sure to ask for help when you need it.** Discuss your plans with your attorney, physician or family members.

Other precautions to take to prevent elder abuse:

- Don’t live with a person who has a background of violent behavior or alcohol or drug abuse.
Don’t leave your home unattended, or if you do, don’t leave signs that you are not home. Don’t leave notes on the door; if you must be away for a long period, notify the police.

Don’t leave cash, jewelry or other valuables.

Don’t accept personal care in return for giving the caregiver transfer or assignments of your property or assets unless a lawyer, advocate or another trusted person acts as a witness to the transaction.

Don’t sign a document unless someone you trust has reviewed it, and don’t allow anyone to keep details of your finances or property management from you. (3)

**Long Term Care Facilities**

The United States General Accounting Office claims that approximately 43% of all 65-year-old people will use a nursing home at some time in their lives. Long-term care facilities must now provide training to their staff in recognizing and reporting elder and dependent adult abuse under legislation sponsored by the Attorney General in 1999. The training informs long-term care facility staff about how actions and interactions with patients may result in neglect, isolation or physical abuse and how to report suspected abuse.

Congress enacted the Medicaid program in 1965 to provide a comprehensive range of medical services to America’s disabled and poorest citizens. It is often confused with Medicare, the federal health insurance program for the elderly. However, unlike Medicare, which is 100% federally-funded and provides the same benefit coverage throughout the country, Medicaid is jointly financed by federal and state funds and is administered by each state. The Medicaid program is an essential component in the delivery of health care to millions of low-income adults and children, the elderly, and the disabled. Long- term care facilities receive Medicare and Medicaid payments. Medicaid fraud is defined as the billing of the program for services, drugs, or supplies that are unnecessary, not performed or more costly than those actually performed. Medicaid fraud also refers to paying and/or receiving kickbacks for Medicaid billing referrals. According to the U.S. General Accounting Office and health insurance industry sources, between 3-10% of any state’s Medicaid budget is lost due to fraud and abuse.

Some skilled nursing homes, hospitals, or residential care facilities adopt policies or promote practices that lead to neglect and/or poor quality of care. Institutional neglect or substandard care includes:

- Failure to provide medical care for physical and mental health needs.
- Failure to attend to hygiene concerns
- Failure to provide adequate staffing
- Failure to prevent malnutrition and dehydration
- Falsification of patient charts

Some of our country’s most vulnerable people, elderly and disabled and dependent, can often be victimized by:
• Medical doctors ordering unnecessary lab tests, and allowing untrained, uncertified assistants to provide medical treatment to patients
• Dentists performing unnecessary teeth extractions on both adults and children
• Medical supply companies billing for equipment and products that were neither ordered nor delivered
• Nursing homes allowing their patients to suffer from bedsores, malnutrition and dehydration
• Nurse assistants physically abusing elderly and dependent adult patients who are entrusted to their care

While most health care providers are committed to giving the finest and most appropriate treatment to their patients, some unfortunately place profit and greed above patient care and the law. To protect the most vulnerable citizens, we must aggressively investigate and prosecute those who would rob taxpayers of millions of dollars each year and divert scarce health care resources from the needy. We must protect patients in nursing homes and other long-term care facilities from abuse and neglect. (4)

Assessing Adult Dependency

There are many factors that need to be taken into account when determining if an alleged victim is a dependent adult. The person must be 18 years of age or older. He/she must be dependent as a result of a physical or mental condition, which requires the assistance of a caretaker. This person would not be able to protect his/her own interests. You would have to be able to determine if the person is at risk of harm, injury, or being taken advantage of financially. He/she would be unable to perform well enough to meet minimal essential human needs. The person would need assistance with activities of daily living, such as toileting, dressing, walking, eating, taking medications, grooming, food preparation, money management or grocery shopping.

In assessing adult dependency, determine what health problems the person has. If the person cannot communicate his/her needs to others, determine who is helping to do that. Determine if the person can call for help and if he/she does, is there someone available to respond to that call. It is important to know if the person can ambulate independently or with the assistance of a walker, wheelchair or a care provider. Determine if the person has a physical problem that would prevent him/her from obtaining the services necessary to meet essential human needs.

The assessment should include a diagnosis, if possible, if the person has a mental problem. Determine if he/she is oriented to person, place and time. The person must be mentally capable of caring for his/her own interests and able to reason and make a conscious choice understanding the possible consequences. It must be noted if the person has mental health problems that would prevent him/her from obtaining any services necessary to meet all needs.

It must be determined if the person is able to do his/her own cleaning, cooking, grocery shopping and if he/she has a support system. Does the person live alone or with someone who can help him/her meet daily needs? Is the environment safe or hazardous? Does he/she live in an isolated environment and does he/she need supervision that is not currently available? Determine who is handling the person’s finances. If the person being assessed is not able to take care of his/her own finances, who is assisting that person? Is there enough money to pay general expenses, such as rent or house payments, personal needs or medical care?
To determine whether the dependent adult is responsible for self-denial of critical care, consider the following:

- Consider if the dependent adult is at substantial risk of injury or harm by failing to adequately meet minimal essential human needs in the areas of food, shelter, medical care, money management, or mental health care.

- Determine if a significant incident occurred or if there is a pattern of the person being responsible for self-denial of care.

- A dependent adult has the right to make unhealthy choices, as long as they are not health or life threatening. Living in a dirty house or eating junk food is not self-denial of critical care, unless it is a danger to the health or safety of the dependent adult.

- If the dependent adult were not responsible for self-denial of critical care, then it would not be considered dependent adult abuse. It might be appropriate to refer for other community services. 

Who Must Report Dependent Adult Abuse

All of the following need to report suspected dependent adult abuse:

- Any person who examines, attends, counsels, or treats a dependent adult at their place of employment. Also, anyone who reasonably believes the dependent adult has suffered abuse. This would include a member of the staff of a community mental health center or hospital, and a member of the staff or employee of a public or private health care facility.

- A peace officer

- An in-home homemaker, home health aide, or CNA

- A person employed as an outreach person

- A health practitioner

- A member of the staff or an employee of a community supervised apartment living arrangement, sheltered workshop, or work activity center

- A social worker

- A certified psychologist

- A person who performs inspections of elder group homes for the Department of Elder Affairs

- A care review committee member assigned to an elder group home
A member of the staff or employee of an elder group home, an assisted living program, or an adult day services program

Any other person who believes that a dependent adult has suffered abuse may make a report of the suspected abuse. Mandatory reporters may also report suspected abuse outside the scope of their professional practice, as permissive reporters. An employee of a financial institution may report suspected financial exploitation of a dependent adult.

The report would be made to the Department of Health Services, Department of Inspections and Appeals, Adult Protective Services or the appropriate local law enforcement agency. A written report must be made within 48 hours after the oral report. The report should contain the following information, or as much of it as you are able to furnish:

- The names and home addresses of the dependent adult, appropriate relatives, caretakers, and other people believed to be responsible for the dependent adult’s care.
- The dependent adult’s present whereabouts, if not the same as the address given.
- The age and reason the adult is believed to be dependent.
- The nature and extent of the adult abuse, including evidence of previous adult abuse.
- Information concerning the suspected adult abuse of other dependent adults in the same residence. Include any other information, which might be helpful in the case.
- Your name and address.

Any person reporting suspected cases of abuse has immunity from liability, which might otherwise be incurred. It is unlawful for any person to be discharged, suspended, or otherwise disciplined for making such a report. (6)

References


4) Long Term Care Facilities Required to Train Staff on Reporting Elder Abuse. On-line reference, available: [www.safestate.org](http://www.safestate.org) Site accessed 7/1/10.
Final Exam Questions 1 - 20 out of 20

1. 27% of the 281 million Americans are 50 years old and older.
   A. True
   B. False

2. Dependent adult abuse is when someone mistreats an elderly person or a dependent adult.
   A. True
   B. False

3. Physical, psychological, neglect and sexual are four ‘kinds’ of dependent adult abuse.
   A. True
   B. False

4. Invasion of privacy is an example of psychological abuse of a dependent adult.
   A. True
   B. False

5. The Senate Special Commission on Aging estimates that there may be as many as 5 million victims of elder abuse each year.
   A. True
   B. False

6. One study found that domestic elder abuse has increased 175%.
7. In 75% of cases, the perpetrator was a family member.
   A. True
   B. False

8. Two-thirds of the perpetrators were adult children or spouses.
   A. True
   B. False

9. It is estimated that only 1 in 20 incidents of elder abuse actually comes to the attention of law enforcement or human service agencies.
   A. True
   B. False

10. Elder abuse is one of the most under-recognized and under-reported social problems in the U.S.
    A. True
    B. False

11. It is estimated that over 55% of elder abuse is due to self-neglect.
    A. True
    B. False

12. 'Dependent adult' means a person 18 years of age or older who is unable to protect the person's own interests or unable to adequately perform or obtain services necessary to meet essential human needs.
13. A 'caretaker' is defined as a related or non-related person who has the responsibility for the protection, care, or custody of a dependent adult as a result of assuming the responsibility voluntarily, by contract, through employment, or by order of the court.

A. True
B. False

14. Legislatures in 40 states have passed some form of elder abuse prevention laws.

A. True
B. False

15. Bruises and lacerations, broken or fractured bones are all examples of symptoms of abuse.

A. True
B. False

16. A family history of substance abuse is rarely a cause of dependent adult abuse.

A. True
B. False

17. Congress enacted the Medicaid program in 1985 to provide a comprehensive range of medical services to America's disabled and poorest citizens.

A. True
B. False

18. Some causes of dependent adult abuse are caregiver stress and impairment of the dependent elder.
19. The Medicaid program is 100% federally-funded and provides the same benefit coverage throughout the country.
   A. True
   B. False

20. Institutional neglect or substandard care includes failure to prevent malnutrition and dehydration.
   A. True
   B. False