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Elder Abuse, Neglect, and Exploitation:

Red flags and how to help older adults

Agenda

- Elder abuse, aging process, systems issues
- Forms of mistreatment
- If you see red flags: Ask, Report, Act
- What happens once you report

You're a mandatory reporter, right??

RCW 74.34 requires professionals to report if they have **"suspicion"** or **"reason to believe"** that abuse, neglect, abandonment, or financial exploitation of a vulnerable adult has occurred.

You're required to REPORT

- You do not need to have proof or evidence.
- Investigating the situation is not your job!
- *If you fail to report, it is a misdemeanor offense.*
- *You can be found liable for damages and can lose your license!*

Three main causes of elder abuse

- **Dependency**
  - The victim often depends on the abuser for physical care, ADLs
  - The abuser often depends on the victim for financial support.
- **Isolation:** controls victim, keeps abuse/exploitation hidden
- **Interpersonal power and control**
  - All abusive relationships, at any age, are about power and control
  - More vulnerable = more likely to be taken advantage of…

To understand elder abuse, first…

You have to understand the aging process

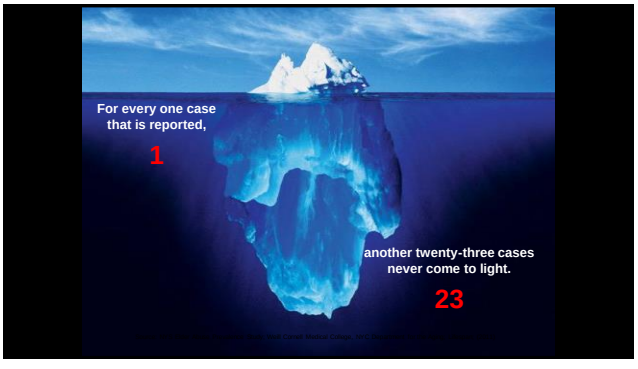
- Aging = susceptibility to abuse/neglect
- Especially functional changes: difficulty defending self, dependent on others for help, fear of losing independence = more vulnerable
- People providing care = people in your personal space, can be dehumanizing, infantilizing, demeaning
- Biggest fear = loss of independence: "I'm an American dammit"

Increased vulnerability: physical changes

- Makes people more dependent on others for assistance, increasing the opportunity for abuse, neglect and exploitation to occur,
- AND makes it harder for them to recognize and accurately report it,
- AND makes it challenging for it to be seen and substantiated,
- AND makes it more difficult to recover from it.

Prevalence

- Estimated frequency ranges from 2 to 10 percent.
- 1-2 million Americans age 65+ have been mistreated by someone they depended on for care or protection.
- 84% of elder abuse is committed by a relative… most often the victim's adult child.



Why don't victims report it?

- **Dependence:** reliance on the abuser/exploiter, that they may be abandoned
- **Fear of retaliation:** it will get worse if they say anything
- **Lack of knowledge:** what is actually abuse, what help there might be, where/how to get help

Why don't others report it?

- **Families** – conflict/dysfunction, fear of getting in trouble themselves, thinking it might make things worse, don't know who to call
- **Friends/neighbors** – don't know who to call, reluctance to get involved, "not my business"
- **Professionals** – uneducated around signs, lack of knowledge about the requirement to report even suspected issues

Risk Factors

- Dementia puts elders at high risk of abuse:
  - Nearly 50% experience some kind of abuse
  - 47% experience mistreatment by caregivers
- Mental illnesses and/or substance disorders often affect perpetrators and/or victims

Dementia ≠ capacity loss

- **Early to moderate stages:** typically less able to understand, appreciate options in making decisions.
- **Moderate to later stages:** many can still reason, express choices.

"Red flags"

Dr Laura Mosqueda talked about not liking the term "red flags" as it can make people jump to conclusions:

"What we want is for these things to prompt us to ask more questions – if the answer is 'I don't know' or it's unclear or inconsistent, that's not good enough."

A sudden change is a medical problem

"A sudden change in behavior is a medical problem until proven otherwise" – Laura Mosqueda

- Unexplained injuries; stories are implausible, vague, or changing,
- Delay in seeking care, or
- Recently healed injuries that were never treated.

- So it's important to document what is reported at the time of visit.
- **Differential diagnosis – need to have elder abuse on our list and be sure to rule it out so that we don't miss it.**

Forms of mistreatment

- Abuse
  - Physical abuse
  - Sexual abuse
  - Verbal, emotional and psychological abuse
- Neglect
  - Self Neglect
- Abandonment
- Financial Exploitation
- Undue Influence

RED FLAGS: Physical Abuse

- Fractures, sprains, strains
- Bruises, welts, cuts, sores, burns
- Injuries in unusual locations, shapes
- Multiple injuries in various healing stages
- Suspicious explanation
- Delay seeking care

Physical abuse can be

- Impacting someone with your hands: pushing, shoving, hitting, slapping, poking, pinching, pulling hair
- Impacting someone with an object: doing any of the above using an item such as a cane, ruler, stick, brush, etc.
- Impacting someone orally: biting them or spitting on or at them

Physical abuse can also be

- Confining or restraining a person inappropriately
  - Restraining them to a bed or chair
  - Locking them in a room or barriers to prevent movement
- Criteria for the use of restraints are very specific and must be for the safety of the older adult:
  - Should never used as punishment or for staff convenience.
  - Use of restraints must be reviewed regularly.

"Care" forms of physical abuse

- Over-medicating or under-medicating the person, not giving medication as prescribed
- Not treating or under-treating pain
- Unnecessary therapies or procedures
- Antipsychotics or sedatives for people with dementia ,when environmental changes and supports may better address anxiety, agitation or behaviors.

Things to consider

- Victim vulnerabilities, functional status
- Caregiver abilities, issues
- Pattern/history of healthcare use
  - e.g. son says they refuse to go see the doctor
  - but did they go to the doctor before the son moved in?

Medical workup needed

- Blood tests – helpful to see if they are malnourished, dehydrated, if meds not taken, tox screen
- Care plans, documentation – e.g. with multiple falls, what actions did they take to try to address the issue?
- Asking doctor for labs – may have to educate them that there are concerns about ruling out if abuse or neglect has occurred, this will help us to identify or exclude some issues.

RED FLAGS: Sexual Abuse

- Fear of being touched
- Bruising on breasts, inner thighs, around arms
- Unexplained infections, STDs
- Bleeding in genital areas or mouth
- Difficulty walking or sitting
- Torn, stained, and/or bloody clothing, underwear, bedding
- Inappropriate (enmeshed) relationships between older adult and abuser

Sexual abuse can be

Contact offenses:

- oral, anal, and vaginal rape,
- unwanted touching, sexualized kissing, fondling,
- forcing a person to touch another person sexually or to perform a sexual act

Non-contact offenses:

- sexual harassment and threats,
- forced pornography viewing,
- exhibitionism,
- coerced nudity as a form of humiliation or for explicit photographing

RED FLAGS: Verbal, emotional, psychological

- Elder appears depressed and/or anxious
  - sleep/appetite disturbance
  - decreased social contact
  - loss of interest in self
  - apathy
  - suicidal ideation
- Caregiver (and/or elder) is evasive, anxious, or even hostile

Verbal, emotional, psychological abuse

- Words or actions that put a person down, are hurtful, make the person feel unworthy
- Not considering a person's wishes
- Not respecting a person's belongings or pets
- Denying access to friends or family
- Threats, e.g. to put them "in a home"
- Treating an older adult like a child

Most harmful

- The World Health Organization found that many older adults report psychological/emotional abuse to be the most harmful. (WHO, 2002)
- Many reported that physical scars could heal but emotional scars were the most difficult to deal with.

RED FLAGS: Neglect

Some things are more obvious:

- Malnutrition
- Dehydration
- Inadequate, dirty, or inappropriate clothing
- Odor, lack of basic hygiene
- Untreated or improperly treated wounds

RED FLAGS: Neglect

Some are less obvious:

- Home cluttered, filthy, in disrepair, fire/safety hazards
- Lacking adequate facilities (stove, fridge, heat, water, electricity)
- Misuse, disregard, and/or absence of medicines, medical care, assistive devices (eyeglasses, dentures, hearing aids)
- Person with dementia left unsupervised
- Bed-bound person left without care

Neglect: active vs passive

Difference of motivation:

- Active neglect: deliberate withholding of care, basic necessities.
- Passive neglect: failure to provide proper care due to lack of knowledge, experience, or ability:
  - Caregivers may be doing the best they can, may not have the knowledge, skills, or resources to provide adequate care, or
  - May be misguided by inaccurate or outdated information, e.g. restraints keep the older person safe.

Neglect can be

- Withholding care or medical attention
- Leaving a person in an unsafe place
- Over- or under-medicating
- Not providing food, liquids
- Not providing proper clothing, hygiene, or toileting assistance
- Untreated injuries or wounds, including bedsores

RED FLAGS: Self-Neglect

Same signs as those for neglect – also:

- Eccentric or idiosyncratic behaviors
- Self-imposed isolation
- Marked indifference to self
- Refusal of help in general, including health care services
- Should not rule out the possibility of other forms of elder abuse also being present or having occurred

RED FLAGS: Abandonment

- Leaving a senior who is unable to care for him or herself in some way alone and without any way to get help:
  - Left at home alone when they need 24/7 care,
  - Taken to the ER and left there alone, or
  - Left alone in a public place.
- Often it is just the senior's own report that a caregiver has left them without any other assistance.
- Need to look into other types of neglect, abuse, exploitation also.

RED FLAGS: Financial Exploitation

Changes in will, Power of Attorney or title documents:

- Sudden or unexplained changes
- Elder is unaware of or unable to comprehend transaction or impact on finances
- Typically done using new attorney unknown to elder
- Done without involvement of existing or already-named POA or executor

RED FLAGS: Financial Exploitation

Missing funds or decrease in assets:

- Funds wired out of country for mysterious reasons
- On-line transfers though elder doesn't use computer
- Lottery, mail fraud, internet scams

RED FLAGS: Financial Exploitation

Changes in long-time banking or investment patterns:

- Suspect is added to older adult's accounts as joint account holder
- Financial products or services unsuitable for an older adult's circumstances, such as long-term annuities
- Fraudulent investments (Ponzi or pyramid schemes)

RED FLAGS: Financial Exploitation

Inappropriate spending:

- Significant gifting to suspect, inconsistent with elder's gifting history
- Caregiver receiving additional reimbursement for care and companionship beyond contracted amount
- Elder purchasing items that they otherwise wouldn't buy
  - e.g. luxury items, boats, new cars, etc.

RED FLAGS: Financial Exploitation

Changes in appearance, health, habits, living standards:

- Inability or failure to meet basic needs, purchase medicines or medical assistive devices, or to seek medical care (can't afford it)
- Disparity between assets/income vs. appearance/condition
- Missing personal property, cash, valuables, mail
- Unpaid bills

RED FLAGS: Financial Exploitation

Behavior of Exploiter:

- Cashing older adult's check or using credit/debit card without authorization, or forging signature
- Controlling elder's money but failing to provide for elder's needs, "living off" elder
- Isolating and controlling elder:
  - Accompanying to bank to make significant withdrawals
  - Controlling credit/ATM cards, checks, communication

Undue Influence

- Array of tactics by perpetrator to take over elder's free will and obtain their "consent" to transfer of assets
- Method to commit Theft
- Pattern of manipulative behaviors: "Process not an event"

RED FLAGS: Undue Influence

Perpetrator behaviors

- Isolate from other people and information, keep unaware
- Intermittent acts of kindness
- Prey on vulnerabilities
- Create dependency, lack of confidence in own abilities
- Create fear, induce shame and secrecy

RED FLAGS: Caregivers

- Verbally aggressive or controlling
- Demeaning, insulting, uncaring
- Overly concerned about spending money (vs. meeting elder's needs)
- Infantilizes, dismisses, or speaks for the elder
- Provides answers/info different than info provided by the elder
- Overly protective and closely monitors interactions, or
- Lack of concern/interest
- Isolating the elder

RED FLAGS: Chart Notes

- Impaired patient presenting alone
- ER visits for injuries or unexpected worsening of chronic illness/condition
- "accident prone"
- "non-compliant with medications"
- "resistant to medical care"
- "anxiety disorder"
- "help-rejecting behaviors"

Tips to screen for elder abuse

- Make it a routine part of your intake practice to ask every client questions about abuse – and to rule out the possibility of abuse.
- Assure that all discussions are private.
- The primary focus is on patient safety.

Older adults usually will not volunteer information about experiencing abuse or neglect unless specifically asked.

Before you ask: set the stage

- Attend to the environment.
- Choose a setting where the older adult is comfortable, at ease.
- Do everything possible to ensure that the conversation will not be overheard or interrupted.

Before you ask: connect with the person

- Be mindful of hearing difficulties, language barriers, cultural and religious values.
- Be attentive, sit facing the person, make eye contact.
- Use clear and simple language.
- Establish rapport.
- Make sure they know this is a safe conversation.

Before you ask: "normalize" it

Statement of fact can be helpful before direct questioning

- "I don't know if this is a problem for you, but because so many people I see are dealing with abusive relationships, I have started asking about it routinely."
- "Because there is help available for anyone being abused or exploited, I now ask all the people I meet with about the possibility if it is occurring to them."

As you ask…

Watch what you say and how you say it:

- Maintain a relaxed, non-judgmental, supportive demeanor.
- Talk less and listen more:
  - Allow them to talk at their own pace.
  - Take time to allow them to respond.
- Avoid comments that may seem like putting down the alleged or suspected abuser.
- Offer support and discuss options but do not give advice.

Questions to ask the older person

- Has anyone at home ever hurt you?
- Has anyone ever made you do things you did not want to do?
- Has anyone taken something that belongs to you without asking?
- Does anyone scold or threaten you, recently or in the last few years?

Questions to ask the older person

- Have you ever signed documents you do not understand?
- Are you afraid of anyone that lives with or cares for you?
- Are you alone often?
- Has anyone ever failed to assist you when you needed help?

Just ASK

It is acceptable to simply ask,

"Have you been mistreated or disrespected in any way?"

Notice inconsistencies and discrepancies.
Ask clarifying questions.

Supporting Safety

- Validate person's experiences
- Name it as abuse: No one has the right to abuse you.
- Identify abuse as a problem:
  - The abuser is at fault and was wrong.
  - You did not deserve this or cause it.

Supporting Safety

- Provide information
- Educate about the dynamics of abuse:
  It's not temporary, and it will get worse.
- Affirm person's right to safety/care
- Identify and refer to resources: There are safe options and help.

Supporting Safety

- Establish follow-up process
- Respect autonomy, confidentiality (to the extent possible)
- Plan for safety/emergencies
- Report as required by law

Documentation tips

Capture details and specifics – these may be evidence later:

- Assessment findings – risk factors and signs of abuse/neglect.
- Statements (direct quotes) or behavior by the older adult, others.
- Protective factors (e.g., strengths, capacities, coping skills).
- Priorities, needs and preferences of the older adult with regard to lifestyle and care decisions.

Documentation tips

Also capture details around your decisions and actions:

- Involvement of substitute decision makers;
- Plan of care/interventions per older adults' priorities/needs;
- Collaborations with team members and referrals to specialists;
- Applicable legal documents being relied on; and
- Evaluation of plan/interventions.

What happens once you report

Law Enforcement

- Patrol officer sent to interview reporter, collect evidence.
- If case appears to be criminal, it is assigned to a detective.
- Detective investigates.
  - *Detective may or may not have specialized training.*

What happens once you report

Detective investigates

- Interviews victim, witnesses
- May videotape interview of victim
- Often obtains victim's medical and care records
- May obtain capacity evaluation of victim
- Interviews suspect

What happens once you report

- If detective finds sufficient evidence, refers case to:
  - County prosecutor – if felony, or
  - Municipal or District Court prosecutor – if misdemeanor
- Prosecutor:
  - Files charges,
  - Declines to file, or
  - Asks for additional investigation

What happens once you report

Adult Protective Services / DSHS

- Contacts reporter, takes down information
- If case meets criteria in 74.34, assigns to investigator, who:
  - Interviews victims and others, gathers information
  - Obtains financial and medical records
  - Makes finding of substantiated, unsubstantiated, inconclusive
    - Fair hearing, appeals process

If you want to know what happened…

- Law enforcement: call the assigned detective or sergeant of the involved agency
- If charges were filed: call the relevant prosecutor's office
- APS: call the assigned investigator and/or supervisor

Remember . . .

- **You must immediately report to authorities**
- **You do not need to have proof or evidence**
- ***Investigating the situation is not your job!***

Thank you!

If you're not sure if you should report, you probably should.

For additional resources or information, call me and consult!

Aging Care Consultation Services

Helping you solve your puzzle so all the pieces fit into place

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